

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA10074344**

Date In: <b>29/12-17:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>1001402000915874</b>	SAS e-filing		
Veh No: <b>57P16237</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>26/12-08:33</b>	i-Motor Claim Form	<b>27/11/101624-001</b>	<b>29/12 17:32</b>
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>Claimant's Particulars:-</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> In Bill	<b>Am't (\$)</b> Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments:-**

Sat. 1:

Sat. 2 / 3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	29/08/2020 17:18
Date Of Accident	26/08/2020 08:30
Exact Location Of Accident	SLIP RD SUMANG WALK TWDS SUMANG LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1623T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	5XXXX782W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196800
Alternative Phone No	OFFICE-96196800

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095109171-02
Cover Note Number	

### Driver

Name of Driver	TAN AH HONG
NRIC No	SXXXX811C
Date Of Birth	28/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1995
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92772949
Fax Number	
Contact Number	OFFICE-92772949
EMail Address	NOEMAIL

Address	BLK 214 LORONG 8 TOA PAYOH #15-745
Postcode	310214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -
<b>General Information of the Accident</b>	
Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 231 LORONG 8 TOA PAYOH , <b>POSTCODE:</b> 310231 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2529999 - <b>FAX NO:</b> 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
REFER TO POLICE REPORT - T/20200826/2045.	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

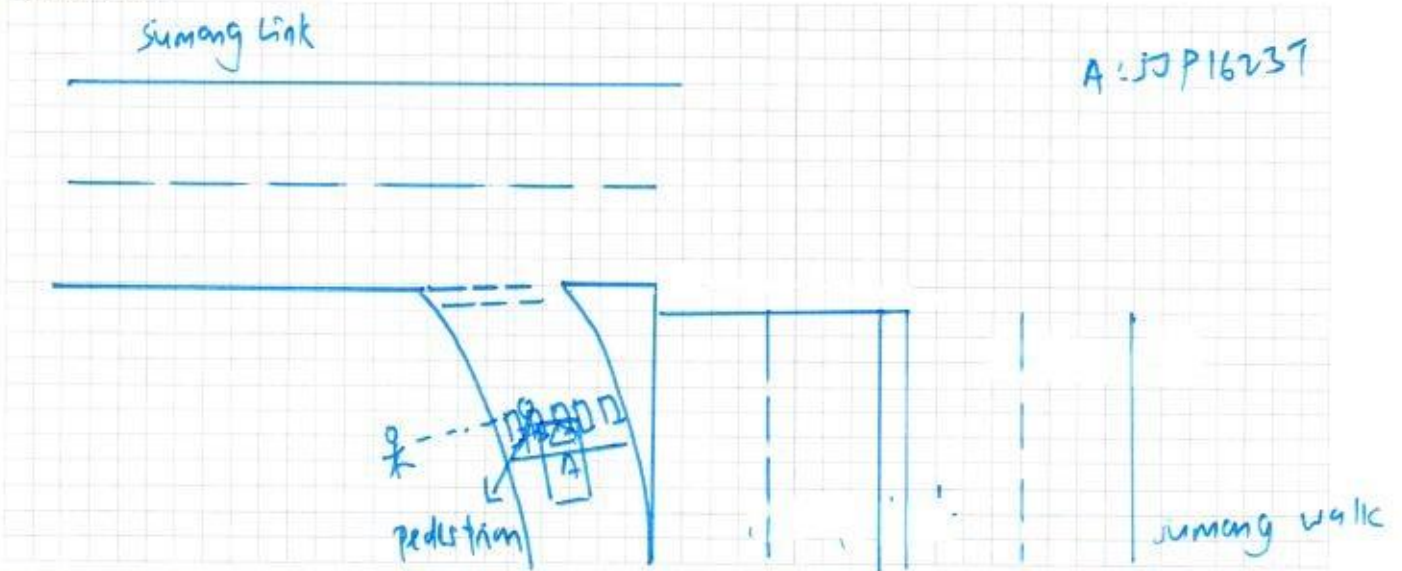


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - 7/220826/245.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 8 / 20 (DD/MM/YYYY), TIME: 08 : 30 (HH:MM)

LOCATION: hulang Walk tuds hulung Link

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JPI623T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Mike's Transport (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 989 6800  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 927 22949  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 0

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Airer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) 0  
b) ROAD SURFACE: (DRY / WET / OTHERS) 0

6. WAS ANYBODY INJURED (YES / NO) 0

7. a) REPORTED TO POLICE (YES / NO) 0

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = lianpuay@gmail.com

fax =

VIDEO = ✓ (7P)



# SINGAPORE POLICE FORCE



T/20200826/2045

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

1 of 3

Report No. T/20200826/2045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2020 13:28	Vide Report No.: F/20200826/0059	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: TAN AH HONG	Address: APT BLK 214 LORONG 8 TOA PAYOH #15-745 SINGAPORE 310214
ID Type / ID No.: NRIC NO / S6910811C	Contact No.: Home/Office: Mobile: 92772949
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 51 Date of Birth: 28/02/1969	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/08/2020 08:30	Type of Location: Bend
Location:  SUMANG LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Pedestrian	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP1623T	Car	HYUNDAI	HD AVANTE 1.6 A	Black	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





**SINGAPORE  
POLICE FORCE**



T/20200826/2045

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

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Report No. T/20200826/2045

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN AH HONG	ID No.	S6910811C
Related Vehicle	SJP1623T (Car)	Contact No.	92772949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Cyclist</b>			
Name	TAN HANG MENG	ID No.	NIL
Related Vehicle	NIL	Contact No.	94313026
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving my vehicle (SJP1623T) along Sumang Walk on the single lane road turning into Sumang Link and stopped before the zebra crossing. I then saw two pedestrians crossing as well as a bicycle going past. I then checked my blind spots and right side for any oncoming vehicle and slowly proceeded to pass the zebra crossing. That was when I heard a impact sound on my left side. I then stepped out of my vehicle and realized my car had hit onto a cyclist. We then both called for police assistance.

Ambulance services then arrived first and attended to the cyclist. Ambulance then assessed that the cyclist was okay. The traffic police then arrived on scene and interviewed both me and the cyclist. I also talked with the cyclist and we agreed to settle this matter privately and just pay for the price of the bicycle. I was then issued a case card for today vide: F/20200826/0059 and was referred to TP IO : Stephanie (96208032). My in-car camera was recording and the memory card was seized by the traffic police,





**SINGAPORE  
POLICE FORCE**



T/20200826/2045

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

3 of 3

Report No. T/20200826/2045

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 MUHAMMAD DANIAL BIN ADNAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Signature Of Informant:

Date/Time:  
26/08/2020 13:28

Classification Of Case:

Authentication Stamp  
NP168