

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 120024572

Date In: 21/8/20-12:00	Job description	Date & Time Completed	Done by
Ref No: NA/HC2009127/24	SAS e-filing		
Veh No: JLM3850D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 20/8/20 22:20	i-Motor Claim Form	M71101706-001	21/8/20 12:15
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: JLM3850D	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

NA2004644	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
	*N5: Courtesy Car / Tpt 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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 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	31/08/2020 12:02
Date Of Accident	29/08/2020 22:20
Exact Location Of Accident	PIE TWDS TUAS AFTER STEVENS RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM5850D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYDIA HO JYH YUN
NRIC No	SXXXX083I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673196
Alternative Phone No	OFFICE-93673196
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067694334-05
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG KIAN CHIN JIMMY
NRIC No	SXXXX921Z
Date Of Birth	01/12/1959
Occupation	INDOOR
Date Of Driving Pass	13/10/1983
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97679301
Fax Number	
Contact Number	OFFICE-97679301
EMail Address	NOEMAIL

Address	BLK 4 GHIM MOH ROAD #06-272
Postcode	270004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200830/7022.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK9564P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHOW HING
NRIC/Passport Number	
Contact Number	93875903
Address	
Postcode	



Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJZ5091Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name NG KIAN CHIN JIMMY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGM5850D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## 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



PTE tuds Tuas

Veh A: SGM5850D  
 Veh B: SGT9564P  
 Veh C: Unknown  
 Veh D: Unknown  
 Veh E: SJZ50912

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200830 / 7022

## DECLARATION

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

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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.:



<b>Vehicle No.</b>	SGM5850D		<b>Model / Make</b>	Toyota Altis
<b>Date of Accident</b>	29/8/2020			
<b>Time of Accident</b>	2220 HRS			
<b>Location of Accident</b>	Along PIE towards Tuas after Stevens Road			
<b>Exact purpose use during accident</b>	Private use			
<b>Name of Owner</b>	Lydia Ho Jyh Yun			
<b>Telephone No.</b>	H/P : 93673196	Home :	Office :	
<b>NRIC</b>	S1520083I			
<b>Address</b>	Blk 70 Redhill Close #14-88 S(1500702)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5067694334-05			
<b>Name of Driver</b>	As Above If No, Ng Kean Chin Jimmy			
<b>NRIC</b>	S1355921Z		Any Passengers : -	
<b>Date of birth</b>	1/12/1959			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	13/10/1983			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 97679301	Home :	Office :	
<b>Address</b>	4 Ghim Moh Road #06-272 S(270004)			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state Friend		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>	Ng Kean Chin Jimmy 97679301			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?	Traffic Police	
<b>Vehicle B No.</b>	SGK956AP		Any Passengers : -	
<b>Name of Driver</b>	Chan Chau Hing		Contact No. : 93875903	
<b>Vehicle C No.</b>	Unknown		Any Passengers : -	
<b>Vehicle D No.</b>	Unknown		Any Passengers : -	
<b>Vehicle E no.</b>	SJZ5091Z		Any Passengers : -	
<b>Vehicle F No.</b>			Any Passengers : -	
<b>Vehicle G No.</b>			Any Passengers : -	
<b>Witness Name</b>			Witness Contact :	
<b>Accident Portion</b>	Front & rear portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	ngjimmy.ke@gmail.com			
<b>PARTICULAR WORKSHOP</b>	Twinstar Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg			





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/08/2020 22:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG KIAN CHIN JIMMY			Address: 4 GHIM MOH ROAD #06-272 SINGAPORE 270004		
ID Type / ID No.: NRIC NO / S1355921Z			Contact No.: Home/Office: Mobile: 97679301		
Nationality: SINGAPORE CITIZEN			Email: ngjimmy.kc@gmail.com		
Sex: Male	Age: 60	Date of Birth: 01/12/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Training officer			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: 29/08/2020 22:20	Type of Location: Approaching a bend
Location:  PIE				
Weather: Clear		Road Surface: Slightly wet	Road Speed Limit: 80 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGK9564P	Car	HONDA				0
SGM5850D	Car					0
SJZ5091Z	Car	HONDA		White		0



# SINGAPORE POLICE FORCE



T/20200830/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200830/7022

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHOW HING	ID No.	S1522162C
Related Vehicle	SGK9564P (Car)	Contact No.	93875903
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NG KIAN CHIN JIMMY	ID No.	S1355921Z
Related Vehicle	SGM5850D (Car)	Contact No.	97679301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ZAKARIAH BIN KASSIM	ID No.	S1159121C
Related Vehicle	SJZ5091Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

### Brief Details.

The accident occurred along the centre lane of PIE towards Jurong just after the Whitley Road exit at approximately 10:20 pm. I was the fourth car in a 5 cars chain collision. I was on the centre lane and suddenly saw the car in front of me, SJZ5091Z driven by S1159121C Zakariah Bin Kassim stopping suddenly. I applied emergency breaking and my car collided lightly into the rear of the white Honda in front of me. Almost immediately thereafter, I felt a car, SGK9564P driven by S1522162C Chan Chow Hing slamming into the back of my car resulting in spillage of my personal effects from the storage box located at the front. After checking the extend of the damages to all three cars and checking that the drivers from the





**SINGAPORE  
POLICE FORCE**



T/20200830/7022

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200830/7022

**CONTINUATION OF REPORT**

other 2 cars are not injured, we exchanged particulars and furnished my particulars to the police officer who arrived at the scene. The police officer after noting that my car could still be driven allowed me to carry on with my journey home.



**SINGAPORE  
POLICE FORCE**



T/20200830/7022

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Report No. T/20200830/7022

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/08/2020 22:13

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5067694334-05

**Cover :** Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGM5850D          |
| Chassis Number  | : MR053ZEC107133694 |
| 2. Name of Policyholder   | : LYDIA HO JYH YUN  |
| 3. Effective Date of Insurance  | : 23 Oct 2019       |
| 4. Expiry Date of Insurance   | : 22 Oct 2020       |
| 5. Persons or Classes of Persons entitled to drive#   |                     |
| (a) The Policyholder.   |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                     |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: LYDIA HO JYH YUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN MOH HONG CREDIT PTE LTD (00000614344)  
Date of Issue : 03 Oct 2019 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive