

NATIONAL Assessment Centre Services

Wef 1 Jan 2005 **MHA 1103170**

Date In: 11/9/2005	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2005 9226724	SAS e-filing		
Veh No: 5DP83464	E-mail (within 5hrs, AIG 2hrs)		
D.O.A: 11/9/2005 12:00	i-Motor Claim Form	11/11/03170-001	11/12/05
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: SDH87881	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

442204848	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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	Q12:			
	*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 (N-on INC) against INC \$20			
	9) N12: Idac Mobile 30			
Est. 1:	Invoice dated	Fee Charged		
Est. 2 / 3:	Invoice dated	Fee Charged		

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	12/09/2020 17:43
Date Of Accident	12/09/2020 12:00
Exact Location Of Accident	JUNC UPP CHANGI RD EAST & BEDOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8346Y
Insured/Policyholder	
Name Of Registered Owner	LOKE MOU HAN
NRIC No	SXXXX060E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94523685
Alternative Phone No	OFFICE-94523685

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5117059716
Cover Note Number	

Driver

Name of Driver	LOKE MOU HAN
NRIC No	SXXXX060E
Date Of Birth	09/01/1957
Occupation	INDOOR
Date Of Driving Pass	08/07/1981
Driving Experience	39 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94523685
Fax Number	
Contact Number	OFFICE-94523685
Email Address	NOEMAIL

Address	22 LIMAU TERRACE
Postcode	465815
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200912/2063.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH8788T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHAY HWANG
NRIC/Passport Number	SXXXX321A
Contact Number	96339668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LOKE MOU HAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP8346Y

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:

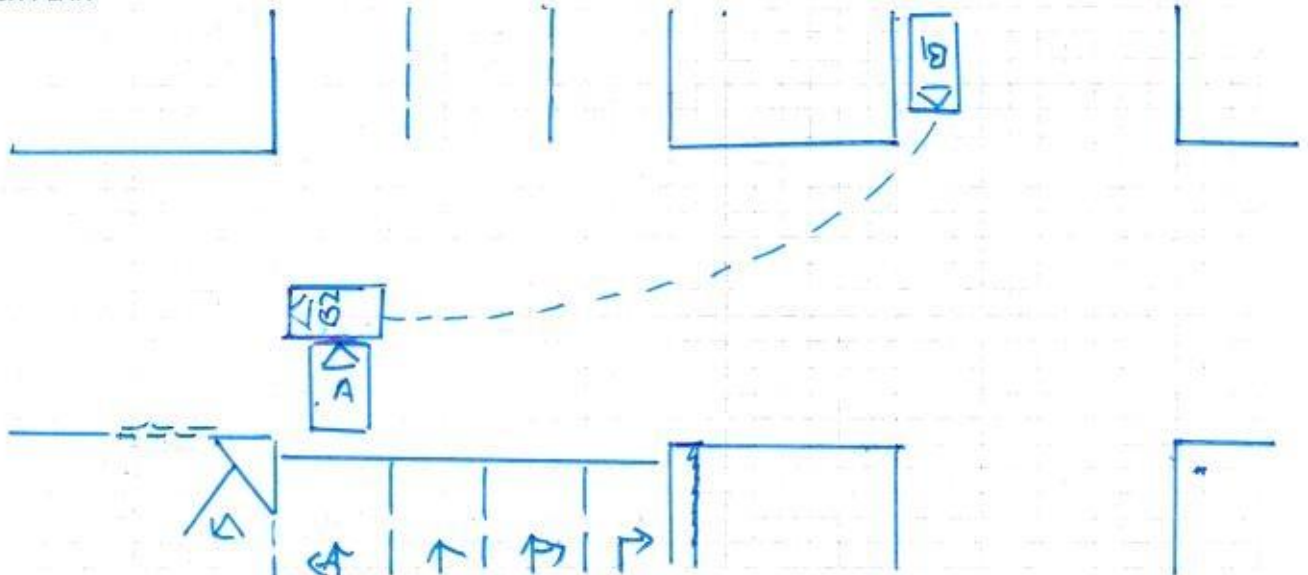


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A: 5JP8346y
B: 5D487887

Junction upper changi rd East e Bedok rd

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/12/2016/2063.

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: (12 / 9 / 20) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Upper Changi rd East towards New Upper Changi rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP83464
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: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: As above
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: 91523685

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ☒ CLEAR ☐ RAINING ☐ OTHERS

b) ROAD SURFACE: (DRY / WET / OTHERS) ☒ DRY ☐ WET ☐ OTHERS

6. WAS ANYBODY INJURED (YES / NO) ☒ YES ☐ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ YES ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJH 87887 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: _____

Email =

fax =

VIDEO = X

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()



SINGAPORE POLICE FORCE



T/20200912/2063

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20200912/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 16:39	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: LOKE MOU HAN			Address: 22 LIMAU TERRACE SINGAPORE 465815		
ID Type / ID No.: NRIC NO / S1197060E			Contact No.: Home/Office: Mobile: 9452 3685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 63	Date of Birth: 09/01/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 12:00	Type of Location: X-Junction
Location: BEDOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH8788T	Car				Slightly Damaged	0
SJP8346Y	Car	TOYOTA	WISH 1.8 AUTO	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8346Y	NTUC Income Insurance Co-Operative Limited	5117059716	14/04/2020	13/04/2021



SINGAPORE POLICE FORCE



T/20200912/2063

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20200912/2063

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHAY HWANG	ID No.	S0042321A
Related Vehicle	SDH8788T (Car)	Contact No.	9633 9668
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
Driver			
Name	LOKE MOU HAN	ID No.	S1197060E
Related Vehicle	SJP8346Y (Car)	Contact No.	9452 3685
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2020	Date Discharge	12/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12 September 2020 at about 12pm, I was driving along Upper Changi Road East, on the second lane towards New Upper Changi Road. When I approached the cross-junction of Upper Changi Road East and Bedok Road, I saw that the traffic light was green and I proceeded to drive straight towards New Upper Changi Road. However, one blue car from the opposite side of New Upper Changi Road made a right turn into Bedok Road, and this resulted in an accident, whereby the front part of my car collided into the left side of the other car. I was driving one grey Toyota Wish (registration plate: SJP 8346Y) and the other driver was driving one blue Toyota Corolla Altis (registration plate: SDH 8788T). The accident caused the front part of my car to be damaged.

I felt pain in my neck and back, and thus I went to Mount Alvernia Hospital where I was given 5 days of MC. I wish to state that the other driver told me that she had proceeded to make the turn as she thought that she had enough time as the traffic light on her side was amber. I am lodging this report to seek assistance.



**SINGAPORE
POLICE FORCE**



T/20200912/2063

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20200912/2063

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:

G /

Sgt 3 AMIRUL HARITH BIN ABD MAJID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

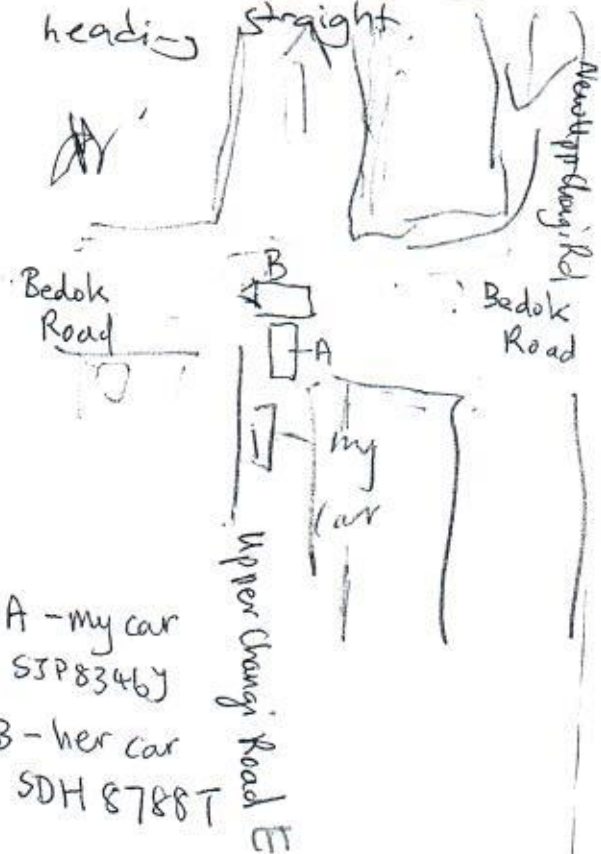
12/09/2020 16:39

Classification Of Case:

Authentication Stamp

NP168

① Vehicle SDH 8788
T, turning right
and being hit by
SJP 8346Y who is
heading straight.



9633 9668
Miss - Lim

A - my car
SJP 8346Y

B - her car
SDH 8788T