

NATIONAL Assessment Centre Services. [last 1 Jan 2021]

NA 450095230

Date In: 9/10/2020 17:04	Job description	Date & Time Completed	Done by
Ref No: NA 450095230	SAS e-filing		
Veh No: SLG 9586D	E-mail (3 days free, A/C 2 hrs)		
DOA: 28/10/2020 16:15	I-Motor Claims Form	NA 450095230-001	28/10/2020 17:32
OID: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SMR 8603D	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 repair.

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

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

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date: ()	Time: ()	Location: ()
Weather: ()	Witness: ()	Police: ()
Other: ()		

NA 2005789

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Anchor: ()

Est. 1: ()

Est. 2: ()

Est. 3: ()

Est. 4: ()

Est. 5: ()

Est. 6: ()

Est. 7: ()

Est. 8: ()

Est. 9: ()

Est. 10: ()

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	29/10/2020 17:04
Date Of Accident	28/10/2020 16:15
Exact Location Of Accident	BOON TIONG ROAD MSCP DECK 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9536D
Insured/Policyholder	
Name Of Registered Owner	WAN SIEW KAY
NRIC No	SXXXX958I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859514
Alternative Phone No	OTHERS-96859514

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKING IN THE CARPARK

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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083116577-04
Cover Note Number	

Driver

Name of Driver	WAN SIEW KAY
NRIC No	SXXXX958I
Date Of Birth	18/11/1940
Occupation	INDOOR
Date Of Driving Pass	05/05/1964
Driving Experience	56 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859514
Fax Number	
Contact Number	OTHERS-96859514

Address 9A BOON TIONG ROAD
#28-505
Postcode 162009

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 COLLIDED INTO PARKED VEHICLE
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? NO
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 BUKIT MERAH WEST NPC
Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201028/2099

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 SMR8503D
Vehicle Make/Model/Colour MERCEDEZ BENZ
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.
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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:

[Signature] 29/11/20
2.30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]
2.30 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 29/11/2020
Resh Luthans

SKETCH PLAN

DRK 2A BODU TOWF KARD MSCP.



A) SLC 9536 D

B) SMR 8503 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201028/2099

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: 28/10/2020 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: DECK 2A BOON TENG ROAD MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 7536 D
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5083116577-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI Avante
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking in the Car Park
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WAN SIEW KAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 502709581 CONTACT: 96859514
 c) ADDRESS: 7A Boon Teng Rd #2-505
Singapore 162009

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

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

b) ROAD SURFACE: (DRY / WET / OTHERS) NA Dry in CP

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: BM NPC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMR 8503D MODEL: Mercedes

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: Not Contactable

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SMR 8503D MODEL: Mercedes

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: Not Contactable

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email =

VIDEO



SINGAPORE POLICE FORCE



T/20201028/2099

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20201028/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 18:48	Vide Report No.: A/20201028/0080	Station Diary No.: 41
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Informant's Particulars

Name of Informant: WAN SIEW KAY			Address: APT BLK 9A BOON TIONG ROAD #28-505 SINGAPORE 162009		
ID Type / ID No.: NRIC NO / S0270958I			Contact No.: Home/Office: Mobile: 96859514		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 79	Date of Birth: 18/11/1940	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 28/10/2020 16:15	Type of Location: Car Park
Location: BOON TIONG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9536D	Car	HYUNDAI	HD AVANTE 1.6 A	Grey		0
SMR8503D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9536D	NTUC Income Insurance Co-Operative Limited	5083116577-04	29/04/2020	28/04/2021



**SINGAPORE
POLICE FORCE**



T/20201028/2099

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20201028/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WAN SIEW KAY	ID No.	S0270958I
Related Vehicle	SLC9536D (Car)	Contact No.	96859514
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.

On 28/10/2020 at about 1814hrs, I was driving my vehicle bearing SLC9536D at Block 11A Boon Tiong Road multi story car park when I went to deck 2A, I wanted to park at a lot. I then drove my vehicle to one of the lot and I reversed my vehicle into the lot.

After I made the reverse into the lot, I discovered that the lot was too far to where I was going and hence I drove off the lot and made a reverse that was nearer to the lot that I wanted. While I was reversing to my desired lot, I was not sure if I had hit onto the vehicle that was parked beside me. After I parked my vehicle, I then left the carpark without checking.

However I received a call from the police and they told me that my vehicle was involved in an accident and has requested for me to head back to the carpark. When I reached the carpark, the police asked me what happened and I explained to the police that I was reversing my vehicle and I may had hit onto the vehicle without my knowledge as there was no impact and hence I left after I parked. There were scratches on my car however I was not sure if it was caused by the incident as my car is old and is there were old scratches on it. After I spoke to the police, I then walked to the other vehicle bearing SMR8503D and saw that there was a dent at the left fender on the vehicle. I was then asked to make a police report regarding the incident.

I wish to add that there was no in-car camera on my vehicle at all.



**SINGAPORE
POLICE FORCE**



T/20201028/2099

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201028/2099

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:

D /

Sgt 1 TAN YEW ANN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/10/2020 18:48

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 45

SIGNATURE

Claim Handling

Accident MT/1108355

Policy No.	5083116577-04	Vehicle No.	SLC95360	GST Registration No.
Certificate No.				
Policyholder Name	WAN SIEW KAY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading
Contact No.(Mobile)	96859514	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	29/10/2020 17:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/10/2020	Time of Accident hh:mm	16:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BOON TONG ROAD MSCF DECK 2A			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 9A #28-505	Address 2	BOON TONG ROAD	Address 3
Address 4	SINGAPORE 162009	Address Type	Singapore address	Post Code
Unit No.	28-505	Related Policy Number	5083116577-04	

▼ OI Driver Info

Driver Name	WAN SIEW KAY	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0270958	Driver DOB
Register Date of Driver License	11/01/1971	Driver Age	79	Driving Experience
Contact No.(Mobile)	96859514	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 9A #28-505	Address 2	BOON TONG ROAD	Address 3
Address 4	SINGAPORE 162009	Address Type	Singapore address	Post Code
Unit No.	28-505			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLC95360	Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
			29/10/2020 17:31	Claim Close Date

DD-MX	Insured Name	WAN SIE
96859514	Contact No. (Home)	6484017
wanfrank2002@yahoo.com	OT Vehicle Number	SLC9536
SLC95360 / SMR8503D ON 28 Oct 2020		

Print: A4 letter

Save Submit

Attachment

Accident No.	NT1108355	Claim no.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2020 17:23

[illegible]

7 Attachment List

[illegible]

Video List

Uploaded By/Date

Folder Date

File Name

?

Display in New Window

Scan and uploading

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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083116577-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLC9536D**
Chassis Number : KMHDU41BR8U473162
2. Name of Policyholder : WAN SIEW KAY
3. Effective Date of Insurance : 29 Apr 2020
4. Expiry Date of Insurance : 28 Apr 2021
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WAN SIEW KAY
NAMED DRIVER (1)	: WAN WYE YEEN JOANNE
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 : TEY CHUI GIONG (00000521932)
Date of Issue : 22 Mar 2020 15:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive