

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA 120096360

Date In: 11/12-15:34	Job description	Date & Time Completed	Done by
Ref No: KA 114C 201923/24	SAS e-filing		
Veh No: JK B7085	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/10/20-15:10	i-Motor Claim Form	17/11/08 687-001	11/12 15:30
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: 54F4726

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

Injury: _____

Date/Time Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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	02/11/2020 15:34
Date Of Accident	31/10/2020 15:10
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7008S
Insured/Policyholder	
Name Of Registered Owner	TYE FOT LIN
NRIC No	SXXXX797F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91112480
Alternative Phone No	OFFICE-91112480

Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI ULTRA (PI)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109848398-01
Cover Note Number	

Driver

Name of Driver	TYE FOT LIN
NRIC No	SXXXX797F
Date Of Birth	24/02/1974
Occupation	INDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91112480
Fax Number	
Contact Number	OFFICE-91112480
Email Address	NOEMAIL

Address	BLK 112 BEDOK RESERVOIR ROAD #13-260
Postcode	470112
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : LAI MEI TZE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20201102/7033.

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	SHF477G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TYE FOT LIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB7008S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LAI MEI TZE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB7008S

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


A: SKB70085
B: JHF477H
Plc twds chngi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 9/2021102/7033.

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: (31/10/20) (DD/MM/YYYY), TIME: (15:10) (HH:MM)

LOCATION: PIE twds changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB70085
b) INSURANCE COMPANY: NITUC
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: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 9112480
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*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) ☒ NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHF4776 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)
(2)

1. Lai Mei Tze
(km91e)

* No of passenger
(Including driver)
(3+)

* No of passenger
(Including driver)
()

email = pauline

fax =

video = ✓ (CP)



SINGAPORE POLICE FORCE



G/20201102/7033

1 of 2

POLICE REPORT (NP299)

Report No. G/20201102/7033

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 02/11/2020 12:58	Vide Report No.	Station Diary No.
Name Of Informant TYE FOT LIN	Address 112 BEDOK RESERVOIR ROAD #13-260 SINGAPORE 470112	
ID Type / ID No. NRIC NO / S7480797F	Contact No. Home/Office: Mobile: 91112486	
Nationality SINGAPORE CITIZEN	Email Address angietye@gmail.com	
Occupation Administration manager	Sex Female	Age 46
Institution/School Name	Date of Birth 24/02/1974	Race Chinese
Date/Time Of Incident 31/10/2020 15:10 - 31/10/2020 15:10	Location Of Incident 112 BEDOK RESERVOIR ROAD #13-260 SINGAPORE 470112	

Brief details.

The incident occurred when it was drizzling on Upper Thomson flyover, PIE towards Changi Airport. Due to traffic congestion, my car that I was driving was stationary. As I was about to move off, the rear of my car was hit by a vehicle coming from behind. There was no honking or screeching of brakes.

Subjects Involved	
Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2020 12:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201102/7033

Person Name	TYE FOT LIN		
ID Type	NRIC NO	ID No	S7480797F
Gender	Female	Age	46
Race	Chinese	Language	English
Occupation	Administration manager	Address	112 BEDOK RESERVOIR ROAD #13-260 SINGAPORE 470112
Mobile No	91112486	Is Informant A Victim?	Yes
Person Name	Lai Mei Tze		
ID Type	NRIC NO	ID No	S9081889I
Gender	Female	Age	30
Race	Chinese	Language	Chinese
Occupation	Purchasing clerk	Address	112 Bedok Reservoir Road #13- 260 SINGAPORE 470112
Mobile No	88184209	Relation To Informant	Niece
Person Name	TYE FOT LIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

02/11/2020 12:58

Classification Of Case: