

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHA12010144

Date In: 16/11/23 - 16:17	Job description	Date & Time Completed	Done by
Ref No: HA/NC2010144/24	SAS e-filing		
Veh No: 6W2916R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/11/23 - 15:15	i-Motor Claim Form	17/11/23 00:01	16/11/23 16:28
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: 6BE3384	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

HA1206225	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	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 GlA 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	16/11/2020 16:17
Date Of Accident	13/11/2020 15:15
Exact Location Of Accident	BUKIT BATOK RD TWDS CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW2916R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PET PALACE PET SHOP
Co Reg No	5XXXX718M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93638242
Alternative Phone No	OFFICE-93638242

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	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	5075326210-04
Cover Note Number	

### Driver

Name of Driver	OW KOK KONG
NRIC No	SXXXX178D
Date Of Birth	30/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96228348
Fax Number	
Contact Number	OFFICE-96228348
EEmail Address	NOEMAIL

Address	BLK 836 JURONG WEST STREET 81 #13-65
Postcode	640836
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201113/2119.

#### 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	GBE2378Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 OW KOK KONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGW2916R

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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

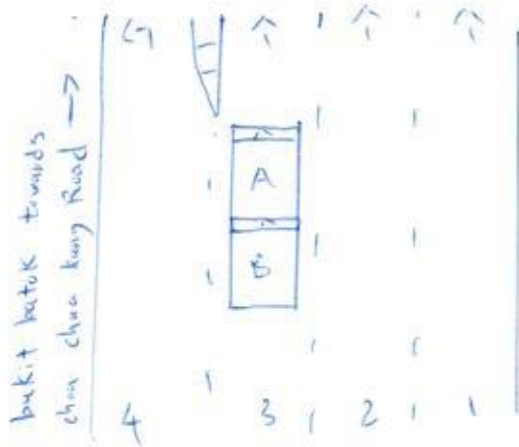


Driver's Signature  
(If driver is not policyholder)  
Date & Time:



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

### SKETCH PLAN



Neh A: SGW 2915 R

Vch B : GBE 2378Y

[illegible]

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:



*[Signature]*

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



Personnel's Signature

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 11 / 2020 (dd/mm/yy) Time of Accident: 15 : 15 (24-HR-FORMAT)

Vehicle No.: SGW 2916 R Vehicle Make & Model: Toyota vios 1.5A

Exact location of Accident: Bukit batok Road towards chon chu kang Road

Policyholder's Name/ IC No.: Pet Palace Pet shop

Driver's Name/ IC No.: ow Kok Kong 50138178D (As Above) ☐

Driver's Contact No.: 96228348 Company Contact No.: 93538242

Driver's Address: Blk 836 Jorong west st 81 #13-65 (S640836)

Insurance Company: NTUC Email address (if any): Sales @ garage 13 . com . sg

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use/ ☒ Work purpose

**Occupation (nature of job):** ☐ Indoor/ ☒ Outdoor

**No. of Passengers (Including Driver):** 01

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes/ ☒ No

**Any Injuries:** ☒ Yes/ ☐ No (If YES) Injured Person's Name: ow Kok Kong

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: SGW 2916 R

**Police Report filed:** ☒ Yes/ ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. GSE 2378 Y

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



# SINGAPORE POLICE FORCE



T/20201113/2119

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20201113/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2020 21:25	Vide Report No.:	Station Diary No.: 111
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**Informant's Particulars**

Name of Informant: OW KOK KONG			Address: APT BLK 836 JURONG WEST STREET 81 #13-65 SINGAPORE 640836		
ID Type / ID No.: NRIC NO / S0138178D			Contact No.: Home/Office:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2020 15:15	Type of Location: T-Junction
Location:  BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBE2378Y	Van				Slightly Damaged	0
SGW2916R	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW2916R	NTUC Income Insurance Co-Operative Limited	5075326210-04	12/07/2020	11/07/2021





**SINGAPORE  
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Report No. T/20201113/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OW KOK KONG	ID No.	S0138178D
Related Vehicle	SGW2916R (Car)	Contact No.	96228348
Hospital/Clinic	Unihealth 24-Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/11/2020	Date Discharge	13/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 13 November 2020 at about 3.15 pm, I stopped my vehicle at the traffic junction of Bukit Batok Road and Choa Chu Kang Way as the traffic light was red. I was travelling towards Bukit Panjang. There were a few vehicles in front of my vehicle. Out of sudden, I felt an impact from the back of my vehicle and when I alighted from my vehicle to check. Subsequently I saw a vehicle GBE2378Y had knocked onto the rear of my vehicle. The driver of the other vehicle is a male Chinese and we then exchanged our details and I then left the place.

Later in the evening, I felt discomfort on my shoulders and neck and I then went to see a doctor at Unihealth 24-Hr Clinic located at Block 135 Jurong Gateway Road. I was then given 3 days of MC by the doctor.



**SINGAPORE  
POLICE FORCE**



T/20201113/2119

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20201113/2119

**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 /  
SI TEO LAI HENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/11/2020 21:25

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SN 34

SIGNATURE