

Date In: 4/12/20 14:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20013371/14	SAS e-filing		
Veh No: SMR 5732P	E-mail (within 3hrs, A/C 2hrs)		
DDA: 3/12/20 19:55	I-Motor Claim Form	GMT/1112409 ⁰⁰¹	4/12/20 14:35
(D) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GY 5858 U. 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: YBS () / 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 (Ref: 67004616)	Date Claim Complete	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	Action

NA 2100164	Invoice/Repairation Checklist	Am't (\$)	Res'ble (\$)
Client/Ins Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimmg against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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 Submission	04/12/2020 14:02 (SGT)
Date of Accident	03/12/2020 19:55 (SGT)
Exact Location of Accident	54 Pipit Rd, Block 54, Singapore 370054
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5732P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO GIM HWEE
NRIC No	SXXXX997C
Email Address	YEOGIMHWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-93687857
Alternative Phone No	+65-93687857

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117979428
Cover Note Number	-

DRIVER

Name of Driver	YEO GIM HWEE
NRIC No	SXXXX997C
Date Of Birth	04/01/1963
Occupation	Indoor

Date Of Driving Pass	04/03/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93687857
Alt. Phone Number	+65-93687857
Email Address	YEOGIMHWEE@GMAIL.COM
Address	BLK 54 PIPIT RD #05-76
Address complement	-
Postcode	370054
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201204/2032

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY5858U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.
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;

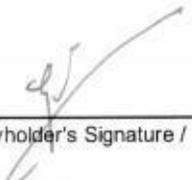
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

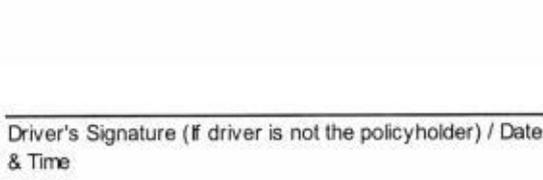
(collectively the "**Purposes**")

(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

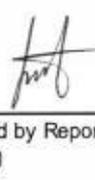
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Sketch Plan

 <p style="text-align: center;">B1K S4 pipit Rd.</p>	<p>A = SMR 5732 P</p> <p>B = GY 5858 U</p>
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**SINGAPORE
POLICE FORCE**



T/20201204/2032

1 of 3

Report No. T/20201204/2032

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 12:47	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: YEO GIM HWEE		Address: APT BLK 54 PIPIT ROAD #05-76 SINGAPORE 370054	
ID Type / ID No.: NRIC NO / S1591997C		Contact No.: Home/Office:	Mobile: 93687857
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 04/01/1963	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2020 19:55	Type of Location: Car Park
Location: PIPIT ROAD			
Weather:		Road Surface:	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:
Type of Collision:			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GY5858U	Van	MERCEDES BENZ		White		0
SMR5732P	Car	MERCEDES BENZ		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201204/2032

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20201204/2032

CONTINUATION OF REPORT

Vehicle Owner			
Name	YEO GIM HWEE	ID No.	S1591997C
Related Vehicle	SMR5732P (Car)	Contact No.	93687857
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/12/2020 at about 1800hrs I parked my car, SMR5732P Mercedes C180 White at the open space carpark of Blk 54 Pipit road. Everything intact.
On the same day at about 2200hrs my daughter's friend, Felix, went to my car and discovered scratches with black paint marks on the front right bumper and front right headlight.
I viewed my in car cam and footage revealed that on 03/12/2020 at about 1956hrs, one white Mercedes Van bearing registration number GY5858U (ION9 3011 BEDOK INDUSTRIAL PARK E #04-2004 S(489977)) made a reverse and hit onto my car. The driver of the said van drove off and did not leave any contact details.



**SINGAPORE
POLICE FORCE**



T/20201204/2032

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Report No. T/20201204/2032

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

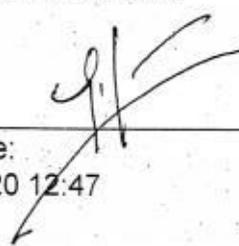
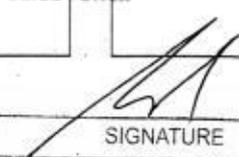
Informant is not able to provide sketch plan

Police Station Of Origin:
MacPherson
54 Pipit Road
370054

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 SYED SYAHID BIN OSMAN IDROS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2020 12:47
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp NP168	 <p>SINGAPORE POLICE FORCE</p>  SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (3/12/21) (DD/MM/YYYY), TIME: (19:55) (HH:MM)

LOCATION: Blk 54 Pipit Rd carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 5732P
b) INSURANCE COMPANY: MC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mer C180 1600 cc.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
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: Yeo Gim Hwee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93687857
c) ADDRESS: _____

* 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) YEARS OF DRIVING EXPERIENCE: _____

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Marperson MPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GY 5858U. 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 passengers
(including driver)
(0)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

email = yeogimhwee@gmail.com

fax =

VIDEO = Yes.

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: 5117979428

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SMR5732P |
| Chassis Number | : WDD2050402R195147 |
| 2. Name of Policyholder | : YEO GIM HWEE |
| 3. Effective Date of Insurance | : 25 Jun 2020 |
| 4. Expiry Date of Insurance | : 16 Nov 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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEO GIM HWEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : CAR INSURANCE AGENCY PTE. LTD. (00000573840)
 Date of Issue : 24 Jun 2020 16:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



 Chief Executive