

NATIONAL Assessment Centre Services

Part 1 Jan 2003

SM0920 CE0003

| | | | |
|---|--|-----------------------|----------------|
| Date In: 14/12/20 11:23 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC 20013910/h4 | SAS e-filing | | |
| Veh No SMW 692C | E-mail (within 2hrs, AIC 2hrs) | | |
| DDA 11/12/20 19:45 | I-Motor Claim Form | MT/113752-001 | 15/12/20 15:58 |
| OP: <input checked="" type="radio"/> 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 | | |

Profited Wksp / INC Assign Wksp / QW: (

Tel: 4

Fax:

TP Particulars:

Veh No:

SME 8557C

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 100000-6700-4616) | 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 | Assessor |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|-----------|---|-------------|
| Claimant Particulars | NA2100475 | Invoice Information Checked | 30.00 |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$30) | |
| Damaged Portion: | | 3) TP: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | | 4) PT: Follow-Through Survey \$120 | |
| Auditors Comments: | | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| Tel: 1: | | For claiming against INC Only (wef 10 Jan 2003) | |
| 2/2: | | 6) TR: Re-inspection \$75 | |
| | | 7) N1: Idao DA + SMRT Survey \$160 | |
| | | 8) NTUC Additional Services: | |
| | | ON: | |
| | | *N5: Courtesy Car / Tpt Allowance \$3 | |
| | | *N6: Repair Co-ordination \$10 | |
| | | *N7: Post Repair Inspection \$23 | |
| | | *N8: DV / Collect Excess Coordination \$3 | |
| | | TP (N11): TP (Non INC) against INC \$20 | |
| | | 9) N12: 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 | 14/12/2020 11:23 (SGT) |
| Date of Accident | 11/12/2020 19:45 (SGT) |
| Exact Location of Accident | 541A Bukit Panjang Ring Rd, Singapore 671541 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SMW692C |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | KOH SHI KAI FRANCIS |
| NRIC No | SXXXX884F |
| Email Address | SK.FRANCISKO@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-91918704 |
| Alternative Phone No | +65-91918704 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 5119500903 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | KOH SHI KAI FRANCIS |
| NRIC No | SXXXX884F |
| Date Of Birth | 29/02/1992 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 21/06/2013 |
| Driving experience | 7 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91918704 |
| Alt. Phone Number | +65-91918704 |
| Email Address | SK.FRANCISKOH@HOTMAIL.COM |
| Address | BLK 543 JELAPANG RD #14-60 |
| Address complement | - |
| Postcode | 670543 |
| 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 | Clear |
| Road Surface | Dry |

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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201214/7007

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 | SME8557C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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.
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:

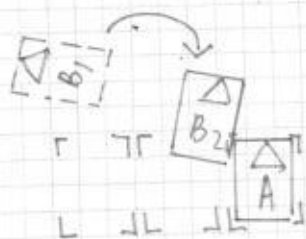
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A: SME 8557C

Vehicle B: SMW 6920



BIK 541A MSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:



**SINGAPORE
POLICE FORCE**



T/20201214/7007

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20201214/7007

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 14/12/2020 10:03 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|----------------------------|-----------------|
| Name of Informant: KOH SHI KAI, FRANCIS | | | Address: 543 JELAPANG ROAD #14-60 SINGAPORE 670543 | | |
| ID Type / ID No.: NRIC NO / S9206884F | | | Contact No.: Home/Office: Mobile: 91918704 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: sk.franciskoh@hotmail.com | | |
| Sex: Male | Age: 28 | Date of Birth: 29/02/1992 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Financial/Investment adviser | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 11/12/2020 19:45 | Type of Location: Car Park |
| Location: BUKIT PANJANG RING ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|-------|-------|------------------|-------|
| SME8557C | Car | TOYOTA | | | Slightly Damaged | 0 |
| SMW692C | Car | HONDA | VEZEL | White | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20201214/7007

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201214/7007

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | KOH SHI KAI, FRANCIS | ID No. | S9206884F |
| Related Vehicle | SMW692C (Car) | Contact No. | 91918704 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

ON 11/12/2020, I PARKED MY VEHICLE - SMW 692 C, IN BLK 541A BUKIT PANJANG RING ROAD MSCP. WHEN I RETURNED TO MY VEHICLE, I THEN REALISED THAT MY VEHICLE'S FRONT LEFT PORTION WAS DAMAGED. I PROCEEDED TO RETRIEVE THE VIDEO FROM MY IN-CAR CAMERA AND SAW THAT VEHICLE NUMBER - SME 8557 C, HAD GRAZED ONTO MY VEHICLE WHILE REVERSE PARKING. I THEN TOOK SOME PICTURES OF BOTH HIS AND MINE VEHICLE'S DAMAGED PORTIONS.



**SINGAPORE
POLICE FORCE**



T/20201214/7007

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201214/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

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

Date/Time:
14/12/2020 10:03

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

11/12/2020 10:56

Vehicle No.(For Motor)

SMW692C

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|---------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5119500903 | | KOH SHI KAI FRANCIS | S9206884F | GPC | drivo CLASSIC | SMW692C | SMW692C | 30/10/2020 | 29/10/2021 |

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 12 / 2020 (DD/MM/YYYY), TIME: 19:45 (HH:MM)

LOCATION: BK 541A Bukit Panjang Ring Road MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMW692C
 b) INSURANCE COMPANY: NHUL
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Vezel
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Koh Shi Kai, Francis (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 89206884F CONTACT: 91918704
 c) ADDRESS: 443 Jelapang Road #14-60 S(670543)

* 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: 29 / 02 / 1992 (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)

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 8557C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
(unknown)

* No of passenger
 (including driver)
()

email = zoomautowerks@gmail.com

fax =