

NATIONAL Assessment Centre Services. part 1 Jan 05 SN 09200000H

Date In: 24/12/20 16:52	Job description	Date & Time Completed	Done by
Ref No: MAL/INC 200.14475/h4	SAS e-mailing		
Veh No: SJP 2966 Y	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 23/12/20 14:00	I-Motor Claims Form	MT/1114976 ⁰⁰¹	24/12/20 17:03
OD - TP / 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: **FBE 9645 E** 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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

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

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

Remarks	INC/Non-INC (670/4616)	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	Location	Notes

NA2100774

Item	Amount	Notes
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idno DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q1:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NF: Post Repair Inspection	\$25	
*NR: DV / Collect Excess Coordination	\$3	
*NI: TP (Non INC) against INC	\$20	
*NL: Idno Mobile	\$0	

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 24/12/2020 16:52 (SGT)
Date of Accident 23/12/2020 14:00 (SGT)
Exact Location of Accident Desker Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP2966Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOO SI SENG (ZHU SHISHENG)
NRIC No SXXXX830A
Email Address CSISENG33@GMAIL.COM
Mobile Phone No (Phone) +65-84282022
Alternative Phone No +65-84282022

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5107967621-01
Cover Note Number -

DRIVER

Name of Driver CHOO SI SENG (ZHU SHISHENG)
NRIC No SXXXX830A
Date Of Birth 18/04/1985
Occupation Outdoor

Date Of Driving Pass	27/07/2006
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84282022
Alt. Phone Number	+65-84282022
Email Address	CSISENG33@GMAIL.COM
Address	BLK 80 BEDOK NORTH RD #11-276
Address complement	-
Postcode	460080
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	Side Swipe
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)	1
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201223/2140

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	FBE9645E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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>A = SJP 2966Y</p> <p>B = FBE 9645E</p>
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**SINGAPORE
POLICE FORCE**



T/20201223/2140

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20201223/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2020 21:15	Vide Report No.: A/20201223/0067	Station Diary No.: 147
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Informant's Particulars

Name of Informant: CHOO SI SENG		Address: APT BLK 80 BEDOK NORTH ROAD #11-276 SINGAPORE 460080	
ID Type / ID No.: NRIC NO / S8510830A		Contact No.: Home/Office: Mobile: 84282022	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 18/04/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2020 14:00	Type of Location: Straight Road
Location: DESKER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9645E	Motorcycle	YAMAHA	YBR125	Grey		0
SJP2966Y	Car	HONDA	CITY 1.5L I-VTEC AUTO	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2966Y	NTUC Income Insurance Co-Operative Limited	5107967621-01	11/03/2020	16/03/2021



**SINGAPORE
POLICE FORCE**



T/20201223/2140

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20201223/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO SI SENG	ID No.	S8510830A
Related Vehicle	SJP2966Y (Car)	Contact No.	84282022
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 the 23/12/2020 at about 1400hrs, I was driving my vehicle SJP2966Y out of the parallel parking lot at the right side of Desker Road. I need to maneuver my vehicle towards the left side in order to drive out of the parking lot. As there are vehicles parked in front and back of me I need to move my vehicle several times. While I managed to move half of my vehicle's body out of the lot, when all of a sudden one motorcycle FBE9645E was travelling straight at a fast speed and the right side of the motorcycle collided on to the left side of my vehicle. The rider fell of his motorcycle about 2 car length away and he sustained some injuries, I did not have any injuries. I alighted my vehicle and check with the rider. Short after, ambulance and police arrived. The rider was conveyed to hospital afterwards and the police officer took the memory card of my front view in car camera. The officer also advice me to lodge a police report reference to A/20201223/0067. Hence, I am doing so.



**SINGAPORE
POLICE FORCE**



T/20201223/2140

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20201223/2140

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:
G /
Sgt 2 KOH WEN RUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/12/2020 21:15

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8510830A

CHOO SI SENG
(ZHU SHISHENG)

Birth Date: 18 Apr 1985
Issue Date: 26 Feb 2020

003031396E




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8510830A



Name
CHOO SI SENG
(ZHU SHISHENG)
朱时生

Race
CHINESE

Date of birth
18-04-1985

Sex
M

Country/Place of birth
SINGAPORE

S8510830A




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	27 Jan 2005
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	27 Jul 2006



NP 428A

5980373



NRIC No. S8510830A



Date of issue
29-06-2018

Address
APT BLK 80 BEDOK NORTH ROAD
#11-276
SINGAPORE 460080

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/12/2020 16:44"/>
Vehicle No.(For Motor)	<input type="text" value="SJP2966Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107967621-01		CHOO SI SENG (ZHU SHISHENG)	S8510830A	GPC	drive CLASSIC	SJP2966Y	SJP2966Y	11/03/2020	16/03/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 12 / 20) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: DeSker Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 2966 Y
b) INSURANCE COMPANY: MTUC
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 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: Choo Si Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84282022
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) _____

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: FBE 9645E 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)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = CSISeng33@gmail.com

fax =

VIDEO = Yes SD card with TP.