

NATIONAL Assessment Centre Services. [Part 1 Jan'09] SM 0920CA 0004

Date In: 26/12/20 10:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC 200 14491/64	SAS e-filing		
Veh No: SGM 3893T	E-mail (within 3hrs, AIC 2hrs)		
IPFA: 24/12/20 13:20	I-Motor Claim Form	MT/1115063 001	26/12/20 16:28
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: YN 5044X	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 repolar.

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

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

Remarks: INC 200 14491/64

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

<p>NA2100782</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Date: 2/3</p>	<p>Invoice for National Assessment Centre Services</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) IT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2009)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idea DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p> QD:</p> <p> • N5: Courtesy Car / Tpt Allowance \$5</p> <p> • N6: Repair Co-ordination \$10</p> <p> • N7: Post Repair Inspection \$25</p> <p> • N8: DV / Collect Excess Coordination \$5</p> <p> TP (N11): TP (Inc INC) against INC \$20</p> <p>9) N12: Idea Mobile \$0</p> <p>Invoice dated 2.1.1</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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 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. 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	26/12/2020 10:49 (SGT)
Date of Accident	24/12/2020 13:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM3893T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEETOH YUEN MAY
NRIC No	SXXXX730B
Email Address	MAYSEETOH7777@GMAIL.COM
Mobile Phone No	(Phone) +65-97849171
Alternative Phone No	+65-97849171

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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	5116518896
Cover Note Number	-

DRIVER

Name of Driver	SEETOH YUEN MAY
NRIC No	SXXXX730B
Date Of Birth	24/08/1957
Occupation	Indoor

Date Of Driving Pass	01/01/1990
Driving experience	30 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97849171
Alt. Phone Number	+65-97849171
Email Address	MAYSEETOH7777@GMAIL.COM
Address	138 HILLVIEW AVE #07-04
Address complement	-
Postcode	669599
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	Collision - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	YN5044X
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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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' law yers/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' law yers/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 law yers/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

P1E



DOA: 24/12/20

A: SGM 3893T

B: YN 5044X

Describe Circumstances of the Accident

I was driving along PIE, suddenly lorry hit
me from behind.

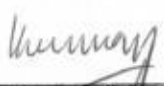
Declaration

We declare the foregoing particulars are true in every respect.


If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1244730B**



Name

SEE TOH YUEN MAY

司徒婉媚

Race

CHINESE

Date of birth

24-08-1957

Sex

F

S1244730B



Country/Place of birth
SINGAPORE

5320065



NRIC No **S1244730B**



Date of issue
05-06-2014

Address

138 HILLVIEW AVENUE
#07-04
SINGAPORE 669599



**SINGAPORE
POLICE FORCE**



J/20201224/2048

1 of 2

POLICE REPORT (NP322)

Report No. J/20201224/2048

Police Station Of Origin
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Date/Time Report Made 24/12/2020 15:19	Vide Report No.	Station Diary No. 51
Name Of Informant SEE TOH YUEN MAY	Address 138 HILLVIEW AVENUE #07-04 SINGAPORE 669599	
ID Type / ID No. NRIC NO / S1244730B	Contact No. Home/Office Mobile 97849171	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ADMINISTRATOR	Sex Female	Age 63
Institution/School Name	Date of Birth 24/08/1957	Race Chinese
Date/Time Of Incident 01/10/2019 10:00	Language English	
	Location Of Incident BOON LAY WAY SINGAPORE ALONG BOON LAY WAY	

Brief details.

On the above mentioned date, time and location, I discovered the below mentioned item is missing and I have yet to make a replacement. Made a search in my home but to no avail.

Property Information

Signature Of Officer Recording The Report:

J / Sgt 2 SITI SUHAILAH BINTE HUSSAIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Bukit Batok N.P.C /
Sr Staff Sgt LUM CHI WAI, MELVIN
Contact No.: 66659999

Authentication Stamp

Signature Of Informant:

Date/Time:
24/12/2020 15:19

Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



J/20201224/2048

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20201224/2048

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S124473 0B	1		One Singapore Driving Licence with bearing NRIC no S1244730B

Signature Of Officer Recording The Report:

J / Sgt 2 SITI SUHAILAH BINTE HUSSAIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Bukit Batok N.P.C /
Sr Staff Sgt LUM CHI WAI, MELVIN
Contact No.: 66659999

Authentication Stamp

Signature Of Informant:

Date/Time:
24/12/2020 15:19

Classification Of Case:

FUPO hotline number: 68429645



[Signature]

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="24/12/2020 10:22"/>							
Vehicle No.(For Motor)	<input type="text" value="SGM3893T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116518896		SEETOH YUEN MAY	S1244730B	GPC	drivo PREMIUM	SGM3893T	SGM3893T	06/03/2020	05/03/2021
<input type="button" value="Continue"/>										

Personal Particulars

Date of Accident: 24/12/20 Time of Accident: 1.20 pm
Exact Location of Accident: PIE towards BT Timah
Owner's Name: See Toh Yuen May NRIC No: 51244730 BHP No: 97849171
Driver's Name: See Toh Yuen May NRIC No: 2 HP No: 4
Date of Birth: 24/8/1957 Driving Licence Passing Date: 30 Occupation: Indoor / Outdoor
Address: _____
Relationship of Driver with Insured: _____ Email Address: maysee toh 777@gmail.com
Vehicle No: SGM 3893T Make & Model: Toyota
Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: 1 + 0 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: YN 5044X Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____