

NATIONAL Assessment Centre Services.

(part 1 Jan'03)

SM 0921150007

Date In: 5/1/21 13:42	Job description	Date & Time Completed	Done by
Ref No NA/INC 21090139/h4	SAS e-filing		
Veh No SMV 2772	E-mail (within 3hrs, AIC 2hrs)		
DTA 2/1/21 13:45	I-Motor Claim Form	MT/1116226-001	5/1/21 18:41
(1) <input checked="" type="radio"/> 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: SMJ 3078A 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: *

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Assessor's Comments:	
Tel: *	
Fax: *	

NA2100850

Invoice/Repairation/Charges

1) AR: Accident Reporting (\$30);	30
2) DA: Damage Assessment (\$100); INC (\$30)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) VT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idea DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
ON:	
*NS: Courtesy Car / Tpt Allowance \$5	
*NG: Repair Co-ordination \$10	
*NT: Post Repair Inspection \$25	
*NR: DV / Collect Excess Coordination \$5	
TP (NI): TP (Non INC) against INC \$20	
9) NI2: Idea Mobile \$0	

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MAJIN

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 05/01/2021 13:42 (SGT)
Date of Accident 02/01/2021 13:45 (SGT)
Exact Location of Accident 1 Commonwealth Ln, Singapore 149544
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV277Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JUNNIE FOO BEIQI
NRIC No SXXXX177D
Email Address JUNNIEFOO@GMAIL.COM
Mobile Phone No (Phone) +65-92768277
Alternative Phone No +65-92768277

VEHICLE PARTICULARS

Manufacturer BMW
Model 116d
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 5101986364-02
Cover Note Number -

DRIVER

Name of Driver JUNNIE FOO BEIQI
NRIC No SXXXX177D
Date Of Birth 16/05/1983
Occupation Indoor

Date Of Driving Pass	28/03/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92768277
Alt. Phone Number	+65-92768277
Email Address	JUNNIEFOO@GMAIL.COM
Address	22 JLN LEMPENG #01-06
Address complement	-
Postcode	128803
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20210104/7023

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	SMJ3078A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSEPH
Contact Number	(Phone) +65-96353048

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

WITNESS DETAILS

WITNESS 1

Name EDWIN TAN SIANG HIN
Phone (Phone) +65-92957799
Email -

SKETCH PLAN

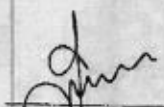
IMPORTANT NOTICE

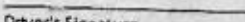
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

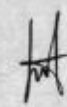
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

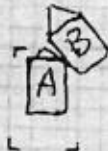
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



ALFA / Alpha Credit

A: SMV 2772 stationary at parking lot
B: SMJ 3078A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report
D 20210104/7023

vehicle SMV 2772 stationary at car park at
One Commonwealth lane parking lot in front of
Alpha Credit #01-24, was hit & run by SMJ 3078A.

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**



D/20210104/7023

1 of 3

POLICE REPORT (NP299)

Report No. D/20210104/7023

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 04/01/2021 12:51	Vide Report No.	Station Diary No.	
Name Of Informant JUNNIE FOO BEIQI	Address 22 JALAN LEMPENG #01-06 SINGAPORE 128803		
ID Type / ID No. NRIC NO / S8317177D	Contact No.	Mobile:	
	Home/Office:	92768277	
Nationality SINGAPORE CITIZEN	Email Address junniefuo@gmail.com		
Occupation Sales Manager	Sex Female	Age 37	Date of Birth 16/05/1983
			Race Chinese
Institution/School Name	Language English		
Date/Time Of Incident 02/01/2021 13:40 - 02/01/2021 13:45	Location Of Incident 22 JALAN LEMPENG #01-06 SINGAPORE 128803		

Brief details.

Dear Sir/Mdm,

My car BMW 116D registered vehicle name SMV277Z was hit and run on 2/1/2021 by an E Class SMJ 3078A Joseph from Alpha Credit #01-24 Contact number: 96353048 at the following location: One Commonwealth Lane parking lot in front of Alpha Credit #01-24

My colleague Edwin 92957799 witness the entire hit and run incident. As per recorded from our shop

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20210104/7023

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210104/7023

CCTV. The bang sound was extremely loud however the Joseph the owner claimed he did not know that he had hit on my car. This hit and run accident caused my entire headlamp to be broke into pieces bumper was badly damaged.

Please advise what further information is require for to facilitate this hit and run report

Thank you and regards,

Junnle Foo

S8317177D

Mobile 92768277

Subjects Involved			
Suspect			
Person Name	Joseph		
Gender	Male	Race	Chinese
Language	English	Mobile No	96353048
Complexion	Dark tan		
Victim			
Person Name	JUNNIE FOO BEIQI		
ID Type	NRIC NO	ID No	S8317177D
Gender	Female	Age	37
Race	Chinese	Language	English
Occupation	Sales Manager	Address	22 JALAN LEMPENG #01-06 SINGAPORE 128803

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

04/01/2021 12:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20210104/7023

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210104/7023

Mobile No	92768277	Is Informant A Victim?	Yes
Person Name			
JUNNIE FOO BEIQI (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



6:53

18%

← Joseph Wife



money to you via PayNow.
Register for PayNow to be able
to receive it.)

2:28 pm

I have. 2:29 pm ✓✓

Enter name or mobile no.

+65 92768277



Recipient's Nickname

Junnie Foo



2:32 pm

I havant receive the funds yet.
I need to proceed my repair
already.

3:05 pm ✓✓

Sorry now my husband realised
n advised that he should report
insurance

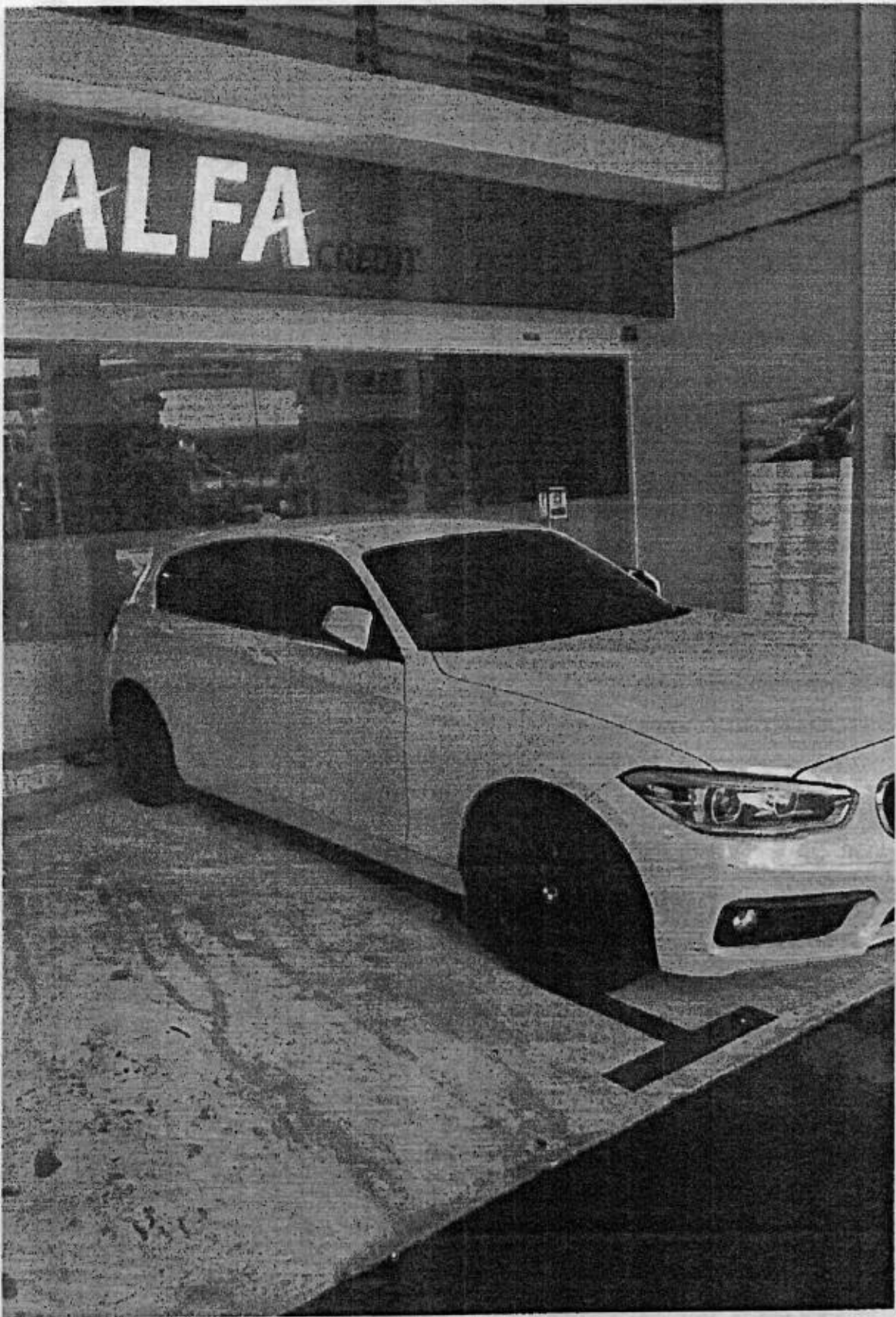
3:29 pm

Ok I will report 3:38 pm ✓✓

Ok thank you 3:39 pm

😊 | Type a message





I, Edwin Tan Siang Hin of IC number S7737212A witnessed the following hit and run accident.

Date : 2/1/2020

Time : 13:40 pm

Location: One Commonwealth lane #01-24 (infornt of Alfa Credit #01-24)

I was standing outside for a good 15mins at back entrance of Cars and Coffee. I notice a middle aged dark tan man doing his car washing infornt of Alfa credit (#01-24) for quite sometime. It caught my attention because this car was parking out of the parking lot hence causing danger to incoming traffic.

This car was parked directly beside a White BMW SMV277Z.

I witnessed this car SMJ3078A a dark grey colour E class SMJ3078A hit and run onto a BMW (White)116D SMV277Z with a loud bang while he was turning out from the lot after his car was washed. I Immediately took my phone out trying to capture the car plate however the car accelerated and speed of at a high speed hence I was unable to capture this car plate. But I recognize his car plate number SMJ3078A as this car is often parked outside Alpha Credit (#01-24)

I went over to check on the damaged done onto the car. The white BMW SMV277Z was badly damaged. The headlamp on driver side was broken into pieces as the floor is scattered with the debris from the headlamp. The bumper is also bad scratch dued to the impact. The loud bang also triggered the security on duty and other colleagues attention immediately.

I am contactable via my direct mobile number 92957799 should you require further information.

Thank you

Yours Sincerely,



Edwin Tan Siang Hin

Date of Accident: 02/01/2020 Accident Time: 13:45 (24-HR-Format)
Accident Place: One Commonwealth Lane parking lot
Vehicle Reg. No. (Car Plate No.): SWV277Z
Vehicle Make/Model: BMW 116D
Insurance Company: NTUC income Policy No. 5101986364-02
Owner or Company Name /IC No.: Junnie Foo Bei Qi
Owner or Company Contact No.: _____ Owner's Hp 92768277 Company Tel _____
DRIVER'S Name / IC No.: Junnie Foo Bei Qi
DRIVER'S Date Of Birth: 16 May 1983 DRIVER'S License Pass Date 28 March 2014
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address: 22 Jalan Lempeng #01-06 Singapore 128803
DRIVER'S Contact No./ Alt No.: 1) 92768277 2) _____
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address: Junnie@carsandcoffee.com.sg
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 0

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (If any)

Vehicle Reg. No: <u>SMJ 3078A</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>E class</u>	Vehicle Make/Model: _____
Name Driver: <u>Joseph</u>	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>96353048</u>	Driver's Contact & Add: _____

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) 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"/>	5101986364-02		JUNNIE FOO BEIQI	S8317177D	GPC	drivo CLASSIC	SMV277Z	SMV277Z	03/05/2020	02/05/2021