

# NATIONAL Assessment Centre Services.

[Part 1 Jan 2005]

SN 09211 P0001

Date In: 25/11/21 09:40	Job description	Date & Time Completed	Done by
Ref No: NAI INC 2100/120/164	SAS e-filing		
Veh No: SLH 1585M	E-mail (within 3hrs, AIC 2hrs)		
IP: 23/11/21 13:15	I-Motor Claim Form	MT/11/18716-001	26/11/21 09:21
(IP) 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/Wksn		

Prof/Prod Wksn / INC Assign Wksn / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SKA 69905	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 repolier.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

Injury: ( )
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Date/Time:	Action:

NAI 2101365	Invoice Details:
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) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$3
	TP (NI1): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	Invoice dated
	Fee Charged
	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 ..... 25/01/2021 09:40 (SGT)  
Date of Accident ..... 23/01/2021 13:15 (SGT)  
Exact Location of Accident ..... Balestier Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH1585M

## INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... STANLEY TAN CHOR SENG  
NRIC No ..... SXXXX741I  
Email Address ..... 57GREENTARA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96881418  
Alternative Phone No ..... +65-96881418

## VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

## INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5119706352  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... STANLEY TAN CHOR SENG  
NRIC No ..... SXXXX741I  
Date of Birth ..... 24/04/1952



Date Of Driving Pass .....	06/05/1980
Driving experience .....	40 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96881418
Alt. Phone Number .....	+65-96881418
Email Address .....	57GREENTARA@GMAIL.COM
Address .....	BLK 635A PUNGGOL DR #11-611
Address complement .....	-
Postcode .....	821635
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### 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/20210123/7016

#### 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 .....	SKA6990S
Vehicle Manufacturer .....	-
Vehicle Model .....	-

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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	STANLEY TAN CHOR SENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLH1585M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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 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**

BALESTIER RD

← X M

→

VEHICLE  
A: SLH 158CM  
B: SKA 69908



**Describe Circumstances of the Accident**

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING  
AT THIS AVENUE. I SLOW DOWN AND STOPPED DUE TO ~~HEA~~ HEAVY  
TRAFFIC. ALL OF A SUDDEN VEHICLE "B" COLLIDED ONTO MY  
VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date: 8

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

Witnessed by Reporting Centre



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

Report No. T/20210123/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2021 15:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: STANLEY TAN CHOR SENG			Address: 635A PUNGGOL DRIVE #11-611 SINGAPORE 821635		
ID Type / ID No.: NRIC NO / S1382741I			Contact No.: Home/Office: Mobile: 96881418		
Nationality: SINGAPORE CITIZEN			Email: 57GREENTARA@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 21/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 13:15	Type of Location: Straight Road
Location:  BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA6990S	Car				Slightly Damaged	0
SLH1585M	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	1





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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH1585M	NTUC Income Insurance Co-Operative Limited	5119706352	05/11/2020	04/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	STANLEY TAN CHOR SENG		ID No.	S1382741I
Related Vehicle	SLH1585M (Car)		Contact No.	96881418
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	23/01/2021		Date	23/01/2021
No. of Days granted Medical Leave	02	Degree of	Slight	
Passenger				
Name	MALE		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the stated date, time and location i vehicle (A) SLH1585M was traveling at Balestier Road towards CTE, I slowed down and came to a stop due to heavy traffic. All of a sudden vehicle (B) SKA6990S collided onto my rear there was an impact. we exchange particular and move on. i have a passenger (Male) on board and asked if his alright. He claim that he is fine. I myself felt a bit of pain on my back body, neck area and chest due to wearing seat belt. I went to consult doctor and was given 2 days MC.





SINGAPORE  
POLICE FORCE



T/20210123/7016

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210123/7016

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 / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
23/01/2021 15:45

Classification Of Case:



## 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:** 5519706352

**Cover :** Third Party

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLH1583M              |
| Chassis Number  | : KMHD841CMHU290461     |
| 2. Name of Policyholder   | : STANLEY TAN CHOR SENG |
| 3. Effective Date of Insurance  | : 05 Nov 2020           |
| 4. Expiry Date of Insurance   | : 04 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.

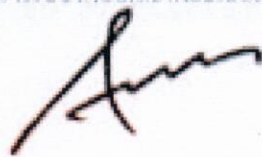
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: STANLEY TAN CHOR SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 05 Nov 2020 11:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Waiting vocational license

Date of Accident : 23/01/2021 Accident Time: 1315HRS (24-HR-Format)  
Accident Place : BALESTIER RD TOWARDS CTE  
Vehicle No. (Car Plate No.) : SLH1686M Make/Model: HYUNDAI ELANTRA  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : STANLEY TAN CHOR SENG S1382741I  
Owner or Company Contact No. : 9688 1418 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : STANLEY TAN CHOR SENG S1382741I  
DRIVER'S Date Of Birth : 21/04/1959 DRIVER'S License Pass Date 06/05/1980  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER  
DRIVER'S Address : 635A PUNGOL DRIVE #11-6611 S821635  
DRIVER'S Contact No./ Alt No. : 1) 9688 1418 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : 57GREENTARA@GMAIL.COM  
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): 02  
  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): YES

### Other Party Driver's Particular (if any)

Vehicle. No: SKA6990S

Vehicle. No: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

\* **NEW – Passenger's name & gender:**