

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

SA10821100002

Date In: 27/01/2021 10:59	Job description	Date & Time Completed	Done by
Ref No: NBS/INC210013024	SAS e-illing		
Veh No: SMW 3139P	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 26/01/2021 11:58	I-Motor Claims Form	mr/1112957001	27/01/2021 16:01
QID: TP 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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBG 1751Z 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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury:

11/12/100866

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Vehicle Comments:

Ref 1:

2/3

1) Allt Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PF: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idea DA + EMRT Survey	\$160
8) NTUC Additional Services	
ON:	
• NI: Courtesy Car / Tpl Allowance	\$3
• NI: Repair Coordination	\$10
• NI: Post Repair Inspection	\$23
• NI: DV / Collect Excess Coordination	\$3
• TP (NI) / TP (Non INC) at least ONE	\$35
• NI: Idea Mobile	\$0
Invoice dated	
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	27/01/2021 10:59 (SGT)
Date of Accident	25/01/2021 11:55 (SGT)
Exact Location of Accident	Park Cres, Singapore
Additional Location Information	MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3139P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH BOON CHUAN (ZHUO WENCHUAN)
NRIC No	SXXXX867D
Email Address	jack.toh@gmail.com
Mobile Phone No	(Phone) +65-98002378
Alternative Phone No	+65-98002378

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	5120580391
Cover Note Number	-

DRIVER

Name of Driver	TOH BOON CHUAN (ZHUO WENCHUAN)
NRIC No	SXXXX867D

Date Of Driving Pass	21/07/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98002378
Alt. Phone Number	+65-98002378
Email Address	jack.toh@gmail.com
Address	BLK 93B TELOK BLANGAH STREET 31 #19-183
Address complement	-
Postcode	102093
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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210126/2041

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	GBG1751Z
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	

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

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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

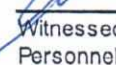
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 26/01/2021

Policyholder's Signature / Date & Time

 27/01/2021

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

 27/01/2021

Witnessed by Reporting Centre Personnel

Sketch Plan


NAKAMURA RUFAR TO VIEW ATTACH

Describe Circumstances of the Accident

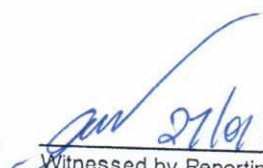
REFER TO POLICE REPORT 7/2021 0126/2021

Declaration

I/We declare the foregoing particulars are true in every respect.

 26/01/2021
Policyholder's Signature / Date &
Time

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

 26/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 01 / 2021) (DD/MM/YYYY), TIME: (11 : 55) (HH:MM)

LOCATION: Park Cres Multi Storey Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMW3139P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5120580391
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA VENZA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: TOH BOON CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8003867D CONTACT: 98002378
c) ADDRESS: 93B, TELOK BLANGAH ST 31, #19-1P3, S102093

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: A. ARJUN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (22 / 01 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/07/2003

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: TELOK BLANGAH NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 1751Z 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:

Email = jack.toh@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20210126/2041

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20210126/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 13:32		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: TOH BOON CHUAN			Address: APT BLK 93B TELOK BLANGAH STREET 31 #19-183 SINGAPORE 102093		
ID Type / ID No.: NRIC NO / S8003867D			Contact No.: Home/Office: Mobile: 98002378		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 22/01/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name
Occupation: Project Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/01/2021 11:55	Type of Location: Car Park
Location: PARK CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Vehicle Side Swipe while Stationery				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1751Z		NISSAN	NV200 DX-2 1.6 Auto	Grey		0
SMW3139P	Car	HONDA	Vezel 1.5X CVT	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210126/2041

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20210126/2041

CONTINUATION OF REPORT

Vehicle Owner				
Name	TOH BOON CHUAN		ID No.	S8003867D
Related Vehicle	SMW3139P (Car)		Contact No.	98002378
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 25/01/2021 at about 1100hrs, I parked my vehicle bearing registration plate number (SMW3139P, White Honda Vezel) at Park Crescent Multi-Storey Carpark at Deck 4 (Unsure of Carpark lot no.) and I headed back home at about 1230hrs.

At about 1430hrs, I went to B/93B Telok Blangah Street 31 Multi-Storey Carpark to collect my vehicle and I found out that my vehicle right fender was damaged as well as the right bodykit lips were detached from my vehicle body. Subsequently, I viewed my In-Car footage and found out that a vehicle acted very suspicious during the timing of 1155hrs, he drove 3/4 of his vehicle body into the lot a couples of time and was having difficulties parking into the lot. Subsequently, the driver did not managed to parked his vehicle and he just drove off.

I wished to state that this is the first time such incident had happened to me.



**SINGAPORE
POLICE FORCE**



T/20210126/2041

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20210126/2041

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:
D /
Sgt 2 ALFRED TAN JUNWEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/01/2021 13:32

Classification Of Case:

Claim Handling

Accident MT/1118957

Policy No.	5120580391	Vehicle No.	SMW3139P	GST Registration No.
Certificate No.				
Policyholder Name	TOH BOON CHUAN (ZHUO WENCHUAN)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98002378	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	27/01/2021 15:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/01/2021	Time of Accident hh:mm	11:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PARK CRESCENT CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 93B #19-183	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 102093	Address Type	Singapore address	Post Code
Unit No.	19-183	Related Policy Number	5120580391	

▼ OI Driver Info

Driver Name	TOH BOON CHUAN (ZHUO WENCHUAN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8003867D	Driver DOB
Register Date of Driver License	21/07/2003	Driver Age	41	Driving Experience
Contact No.(Mobile)	98002378	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 93B #19-183	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 102093	Address Type	Singapore address	Post Code
Unit No.	19-183			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMW3139P	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

OD-MX

Insured Name

TOH BOC

Contact No.(Mobile)

96608653

Contact No.

6278252

(Home)

Email Address

OI

Vehicle Number

SMW313

Claim Description

SMW3139P / GBG1751Z ON 25 Jan 2021

Preferred Workshop

Contact No.

Finalisation

Date Registered

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

27/01/2021 15:58

Claim Close Date

ROSLI WAHAB

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1118957	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/01/2021 16:01	
 Path *				
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Category * <input type="text" value="Please Select"/>	Confidential <input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 16:01	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 15:59	SAS	Normal	SAS 20

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

25/01/2021 16:53

Vehicle No.(For Motor)

SMW3139P

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"/>	5120580391		TOH BOON CHUAN (ZHUO WENCHUAN)	S8003867D	GPC	drivo CLASSIC	SMW3139P	SMW3139P	15/01/2021	14/01/2022