

NATIONAL Assessment Centre Services.

Part 1 Jan 2021

5409211 T0002

Date In: 29/01/2021 09:13
 Ref No: NY/INC21001378/WT
 Vch No: SCH 83102
 DPA: 28/01/2021 00:30

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 2hrs)		
I-Motor Claim Form	MT/119179-001	29/01/2021 9:26
I-Motor W/O (within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

(1) TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: Onider INC () / Non-INC ()
 Owner / Driver: () Tcl: ()
 Policy No: () Period: () Cover Type: ()
 Date: Time:

Confirmed by: ()
 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: ()

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

Injury: ()
 Discrepancy: ()

NA 2101214

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eugr-In-Charge):

Services	Fee Charged
1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$43
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-Inspection	\$73
7) NI: Idas DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	\$3
*NS: Courtesy Car / Tpl Allowance	\$10
*NS: Repair Co-ordination	\$23
*NS: Post Repair Inspection	\$3
*NS: DV / Collect Excess Coordination	\$20
TP (NI): TP (Non INC) against INC	\$0
9) NI: Idas Mobile	
Invoice dated	Fee Charged
Invoice dated	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 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	29/01/2021 09:13 (SGT)
Date of Accident	28/01/2021 00:30 (SGT)
Exact Location of Accident	Clementi Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8310C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEE LIN
NRIC No	SXXXX101H
Email Address	SLKANSENG1953@GMAIL.COM
Mobile Phone No	(Phone) +65-97522619
Alternative Phone No	+65-97522619

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	5071975020-05
Cover Note Number	-

DRIVER

Name of Driver	LOW KAM SENG
NRIC No	SXXXX282E
Date Of Birth	05/05/1953
Occupation	Outdoor

Date Of Driving Pass	29/01/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-97331101
Alt. Phone Number	-
Email Address	SLKANSENG1953@GMAIL.COM
Address	BLK 307 CLEMENTI AVENUE 4 #05-363
Address complement	-
Postcode	120307
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210128/2009

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	DIVIDER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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' 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

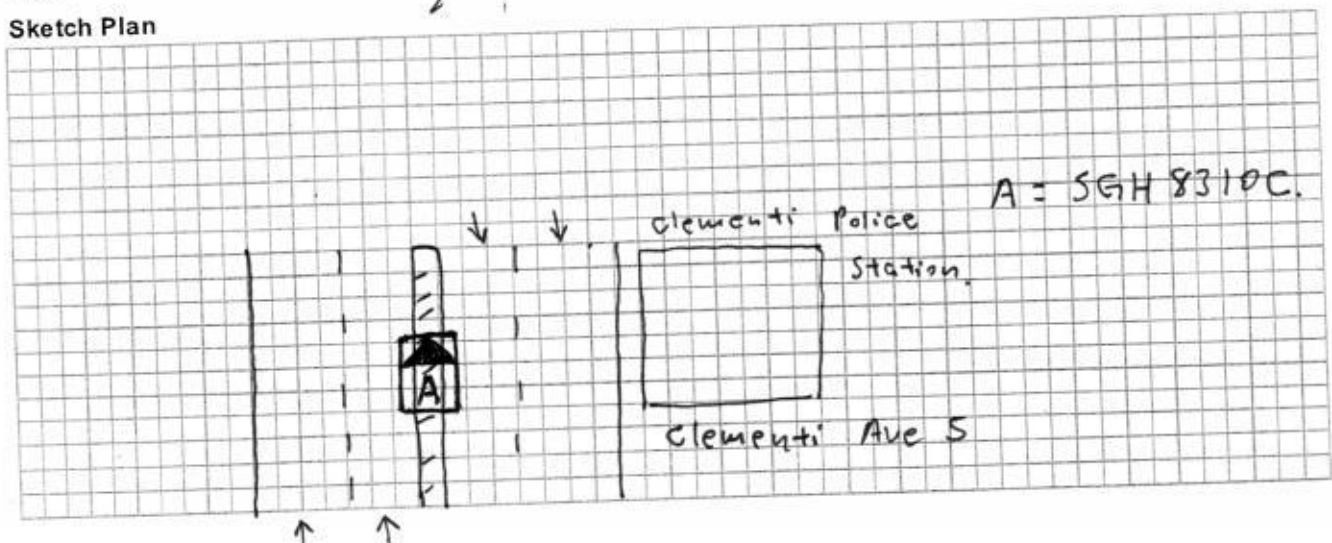
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report T/20210128/2009

Declaration

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210128/2009

1 of 3

Report No. T/20210128/2009

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 02:50		Vide Report No.: D/20210128/0013		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LOW KAM SENG			Address: APT BLK 307 CLEMENTI AVENUE 4 #05-363 SINGAPORE 120307		
ID Type / ID No.: NRIC NO / S0027282E			Contact No.: Home/Office: 97331101 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 05/05/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE TAXI HIRER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/01/2021 00:30	Type of Location: Straight Road
Location: CLEMENTI AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH8310C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210128/2009

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210128/2009

CONTINUATION OF REPORT

Driver Name	LOW KAM SENG	ID No.	S0027282E
Related Vehicle	SGH8310C (Car)	Contact No.	97331101
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 the 28/1/2021 at about 0030hrs, I was driving my Gojek car bearing registration number SGH8310C along Clementi Avenue 5 towards Clementi Avenue 4 and I was on the way home. While on the way, right outside of Clementi Police station, I had lost concentration and mounted the center divider. I had knocked over one reflective bollard that was on the center divider. The bollard was being uprooted.

There was no camera installed in my car at the time of incident. The car was then being towed away afterwards. I am not injured from this incident.

Traffic police had arrived at scene and had given me a case card and my IO is namely Muhaimin (TEL: 65476090).



**SINGAPORE
POLICE FORCE**



T/20210128/2009

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20210128/2009

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 3 LEE LI HWEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/01/2021 02:50

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI
Contact No.: 65476904

Classification Of Case:

SN 37

Authentication Stamp
NP168

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

28/01/2021 17:11

SGH8310C

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071975020-05		TAN SEE LIN	S0061101H	GPC	Third Party, Fire & Theft	SGH8310C	SGH8310C	23/06/2020	22/06/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 1 / 21) (DD/MM/YYYY), TIME: (00 : 30) (HH:MM)

LOCATION: Clementi Ave S

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH 8310C
 b) INSURANCE COMPANY: IMC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 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: Tan see Lin (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: CONTACT: 9752 2619
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Low Kam Seng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9733 1101
 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: Spouse

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: Clementi MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: divider 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)
 ()

attached scene
 photo

Email = sikan.seng1953@gmail.com

fax =

video = Mo.