

NATIONAL Assessment Centre Services.

Part 1 (Jan 2021) SN09211 T0008

Date In: 29/01/2021 14:30	Job description	Date & Time Completed	Done by
Ref No NA/INC 2100 1400/h4	SAS e-illing		
Veh No SM 3425R	E-mail (within 2hrs, AIG 2hrs)		
DDA 28/01/2021 14:58	I-Motor Claims Form	MT/11192M-001	29/01/2021 14:40
OT: (TP) 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: XD 6371H 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 reporter.

() 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: _____

NA 2101212	1) AR: Accident Reporting (\$30);	30
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$20) 340/343
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	For estimate against INC Only (wof 10 Jan 2021)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$140
	8) NTUC Additional Services:-	
	QD*	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$25
	*NI: Post Repair Inspection	\$3
	*NB: DV / Collect Excess Coordination	\$20
	*NTUC: DV / Collect Excess Coordination	\$20
	*TP (NI) / TP (Non INC) against INC	\$0
	9) NI: Idao Mobile	\$0
	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 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 29/01/2021 14:30 (SGT)
Date of Accident 28/01/2021 17:58 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS MCE BEFORE TUAS FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM3425R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO SIEW KIM
NRIC No SXXXX887C
Email Address DARYLCHEAH96@GMAIL.COM
Mobile Phone No (Phone) +65-98173598
Alternative Phone No +65-98173598

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 5111173388-01
Cover Note Number -

DRIVER

Name of Driver LEE MIN KEONG
NRIC No SXXXX222A
Date Of Birth 23/02/1965
Occupation Indoor

Date Of Driving Pass	25/04/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98316981
Alt. Phone Number	-
Email Address	DARYLCHEAH96@GMAIL.COM
Address	BLK 298C COMPASSVALE STREET #12-86
Address complement	-
Postcode	543298
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT J/20210128/7057

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	XD6871H
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDD8838D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 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 LEE MIN KEONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SHOULDER AND BACK PAIN. SPRAINED WRIST
 Injured person in which vehicle? SMM3425R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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:

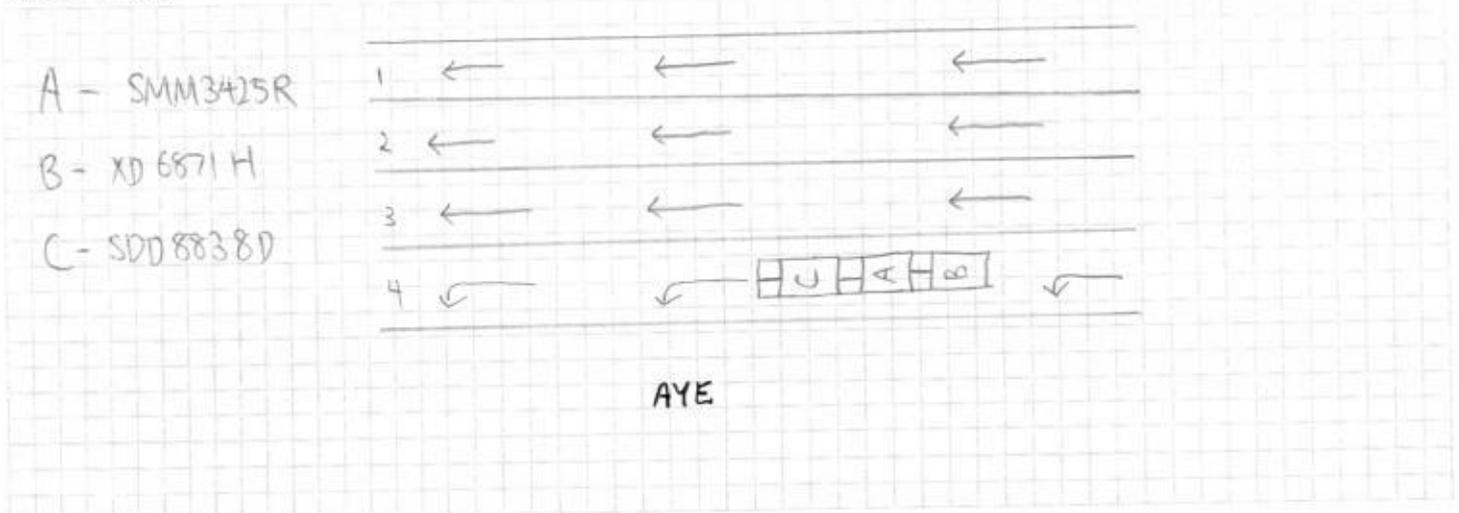
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Foo
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



J/20210128/7057

2 of 2

Report No. J/20210128/7057

SDD8838D was the vehicle my vehicle surged forwards to hit after the impact from the rear.

I felt pain on my neck, back, shoulder and wrist while on the way back home and as such, I went to see the doctor immediately at a nearby clinic Unihealth 24-Hr Clinic (Jurong East) and was given 3 days MC.

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:
28/01/2021 21:21

Classification Of Case:

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M90372806G

Policy Number	: 5111173388-01		
The Policyholder	: FOO SIEW KIM BLK 298C #12-86 COMPASSVALE STREET COMPASSVALE GREEN SINGAPORE 543298		
Period of Insurance	: 21 Aug 2020 To 20 Aug 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,285.28		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: FOO SIEW KIM		
Named Driver (1)	: LEE MIN KEONG		
Named Driver (2)	: N/A		
Make/Model	: HONDA/FIT	Capacity	: 1400cc.
Registration Number	: SMM3425R	Registration Year	: 2009
Chassis Number	: GE61134119	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: N/A	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: SGCARMART FINANCIAL SERVICES PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: Yes		

Memo A : N/A

Endorsement Operative : M8

Agency	: REV AUTO PTE LTD (00000571335)
Date of Issue	: 17 Aug 2020 11:46 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Date of Accident : 28/1/21 Accident Time: 1758 1858 (24-HR-Format)
 Accident Place : AYE (towards MCE) before Tuas Flyover
 Vehicle No. (Car Plate No.) : SMM3425R Make/Model: Honda Fit
 Insurance Company : NTUC Policy No: 511173388-01
 Owner or Company Name /IC No. : FOO SIEW KIM S7075887C
 Owner or Company Contact No. : 98173598 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LEE MIN KEONG
 DRIVER'S Date Of Birth : 23/2/1965 DRIVER'S License Pass Date 25/4/1994
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 298C COMPASSVALE STREET #12-86
 DRIVER'S Contact No./ Alt No. : 1) 9831 6981 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : darycheah96@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): 01

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): Shoulder, back pain. Sprained wrist.

Other Party Driver's Particular (if any)

Vehicle. No: <u>XD 6871H</u>	Vehicle. No: <u>SDD 8838D</u>
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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* NEW – Passenger's name & gender: