

NATIONAL Assessment Centre Services.

Jan 1 Jan 03

SN0821/T0005

Date In: 29/01/2021 15:48	Job description	Date & Time Completed	Done by
Ref No: 1160/2100141214	SAS e-Milling		
Veh No: 820 8838D	E-mail (by date time, A/C time)		
D.O.A: 28/01/2021 17:51	I-Motor Claims Form	MT/1119242-001	21/01/2021 15:59
OD TP Reporting Only	I-Motor W/O (W/Inlet, OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/VLH22		

Preferred Wkup / INC Assign Wkup / QW:	Tel:	Fax:
TP Binding/Type:	Veh No: 8MM 3455.R	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 repair.
() 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: ()
()
()
()
()

NA200968	Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$30
		5) PF: Follow-Through Survey (Resurvey)	\$30
		6) TT: Towing Allowance	\$75
		7) NI: Idea DA + SMRT Survey	\$160
		8) NTUC Additional Services	
		OR:	
		• NS: Courtesy Car / Tpl Allowance	\$3
		• NG: Repair Coordination	\$10
		• NT: Post Repair Inspection	\$25
		• ND: DV / Collect Excess Coordination	\$3
		• TE (NI) / TP (NI) / INC (NI) / Last INC	\$20
		9) NI: Idea Mobile	
		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	29/01/2021 15:48 (SGT)
Date of Accident	28/01/2021 17:57 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	SLIP ROAD TOWARDS PIE (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD8838D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOH SENG
NRIC No	SXXXX311Z
Email Address	teoma@singnet.com.sg
Mobile Phone No	(Phone) +65-98348863
Alternative Phone No	+65-98348863

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5106590475-01
Cover Note Number	-

DRIVER

Name of Driver	LIM KOH SENG
NRIC No	SXXXX311Z

Date Of Driving Pass	09/03/1981
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98348863
Alt. Phone Number	+65-98348863
Email Address	teoma@singnet.com.sg
Address	40A, CARISBROOKE GROVE
Address complement	-
Postcode	558857
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	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?	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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210206/2138

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	SMM3425R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE MIN KEONG
NRIC No	SXXXX222A
Contact Number	(Phone) +65 98348863

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

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)	-

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;

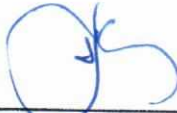
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

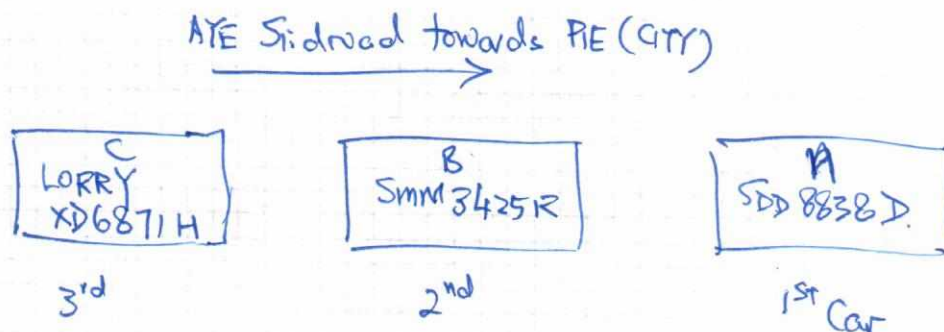
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
29/1/21

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I, LIM KOW SENG (S11453112) HEREBY REPORT AN ACCIDENT THAT TOOK PLACE AT THE SLIPROAD (A/E) TOWARDS PIE (CITY) AT AROUND 5:57 PM ON 28 JAN 2021.

WHILE MY CAR WAS MOVING SLOWING (ALMOST STATIONARY) AT THE LOCATION MENTIONED ABOVE, THE CAR (SMM 3425R) BEHIND HIT THE BUMPER OF MY CAR (SDD 8838D).

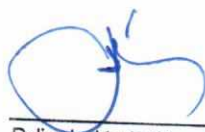
LATER, I REALISED THAT A CHAIN COLLISION TOOK PLACE DUE TO A LORRY (XD 6871H) FAILED TO STOP IN TIME THAT HIT THE CAR (SMM 3425R) WHICH RESULTED IN THE LATER CAR HIT ONTO THE BUMPER OF MY CAR (SDD 8838D).

AS FAR AS I KNOW, THERE WAS NO INJURIES AT THE TIME OF ACCIDENT.

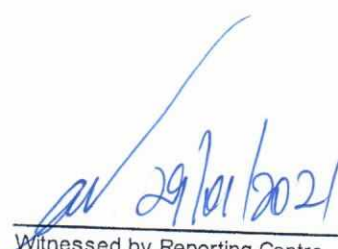
POLICE REPORT 7/20210206/2128

Declaration

We declare the foregoing particulars are true in every respect.

 29/1/21
Policyholder's Signature / Date & Time

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

 29/01/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 2021) (DD/MM/YYYY), TIME: (17.57) (HH:MM)

LOCATION: AYE Slip road towards PIE (City)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDD 8838D
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER:
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 520i
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: LIM KOH SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1415311Z CONTACT: 98348863
c) ADDRESS: 40A, CARISBROOKE GROVE (558857)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT:
c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: (25 / 10 / 1960) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 09/03/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMM 3425R MODEL: HONDA
b) DRIVER'S NAME: LEE MIN KEONG
c) NRIC/FIN/PASSPORT: S1730222A CONTACT: 98316981

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: XD 6871 H MODEL: ACTROS
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email: TEOMA @ SINGNET. Com. SG

VIDEO



SINGAPORE POLICE FORCE



T/20210206/2138

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20210206/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 21:04		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: LIM KOH SENG			Address: 40A CARISBROOKE GROVE SINGAPORE 558857		
ID Type / ID No.: NRIC NO / S1415311Z			Contact No.: Home/Office: Mobile: 98348863		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 25/10/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HR DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/01/2021 17:45	Type of Location: Slip Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDD8838D	Car	BMW	520I LED NAV	Blue	Slightly Damaged	0
SMM3425R	Car					0
XD6871H	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210206/2138

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No: T/20210206/2138

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDD8838D	NTUC Income Insurance Co-Operative Limited	5106590475-01	28/02/2020	27/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KOH SENG	ID No.	S1415311Z
Related Vehicle	SDD8838D (Car)	Contact No.	98348863
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
Driver			
Name	LEE MIN KEONG	ID No.	S1730222A
Related Vehicle	SMM3425R (Car)	Contact No.	98316981
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RENGASAMY RAMACHANDRAN	ID No.	F7996758X
Related Vehicle	XD6871H (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20210206/2138

3 of 4

Police Station Of Origin:

Serangoon N.P.C

Report No T/20210206/2138

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

Brief Details.

On 28/01/2021 at about 1757hrs, I was driving my vehicle SDD8838D along AYE slip road towards PIE (City). While my vehicle was moving slowly (almost stationary), a vehicle SMM3425R behind, hit the bumper of my vehicle. Later I then realized that there was a chain collision took place due to a lorry XD6871H, failed to stop in time that hit the car SMM3425R which resulted in the later car onto the bumper of my vehicle.

No one was injured at that point of time.

The rear bumper of my vehicle was badly dented. I have also report the accident to my insurance company.



**SINGAPORE
POLICE FORCE**



T/20210206/2138

4 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No T/20210206/2138

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:
F /
Sgt 3 YUANA BINTE KASSIM

Signature Of Informant:

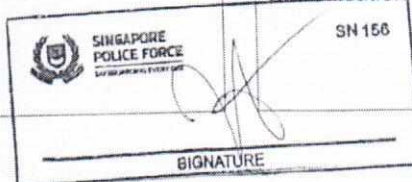
Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2021 21:04

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1119242

Policy No.	5106590475-01	Vehicle No.	SDD8838D	GST Registration No.
Certificate No.				
Policyholder Name	LIM KOH SENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98348863	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	29/01/2021 15:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/01/2021	Time of Accident hh:mm	17:57	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE SLIP ROAD TOWARDS PIE (CITY)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	40A CARISBROOKE GROVE	Address 2	SINGAPORE 558857	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106590475-02	

▼ OI Driver Info

Driver Name	LIM KOH SENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1415311Z	Driver DOB
Register Date of Driver License	01/01/1981	Driver Age	60	Driving Experience
Contact No.(Mobile)	98348863	Contact No.(Office)		Contact No.(Home)
Address 1	40A CARISBROOKE GROVE	Address 2	SINGAPORE 558857	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SDD8838D	Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	LIM KO
Contact No.(Mobile)	98348863	Contact No. (Home)	628041
Email Address	TEOMA@SINGNET.COM.SG	OI Vehicle Number	SDD88
Claim Description	SDD8838D / SMM3425R ON 28 Jan 2021		

Preferred Workshop	<input checked="" type="radio"/> Yes	Insured Liability	Preferred Workshop, Name unknown	GIA report	Received
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Date Registered

Option

29/01/2021 15:45

Claim	Close	Date
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
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367		

Report Taken By

ROS LI WAHAB

Workshop
Repairer

[Print AK letter](#)

Save

Submit

Attachment

Accident No. MT/1119242

Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 29/01/2021 15:59

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select 

NO

Choose File No file chosen

Clear

Please Select 

NO

Choose File No file chosen

Clear

Please Select 

NO

Choose File No file chosen

Clear

Please Select

NO

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NO 1

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NO 1

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:59	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:59	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:59	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:58	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2021 15:58	SAS		Normal	SAS 2

▼ 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

28/01/2021 10:42

Vehicle No.(For Motor)

SDD8838D

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"/>	5106590475-01		LIM KOH SENG	S1415311Z	GPC	drivo PREMIUM	SDD8838D	SDD8838D	28/02/2020	27/02/2021



**SINGAPORE
POLICE FORCE**

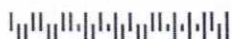
Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 03 Feb 2021

Your Ref :
Our Ref : TP/IP/05979/2021

LIM KOH SENG
40A CARISBROOKE GROVE
SINGAPORE 558857

000017



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SDD8838D ALONG AYER RAJAH EXPRESSWAY ON 28
JAN 2021 @ 5.45 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer SYED ZAYID MUHAMMAD B SYED ABDUL WAHID ALHINDUAN at his / her office number: 65476404 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SM0821150005 Vehicle Registration No: SD088387D

Name (as shown in NRIC) : Lim Kait Shun NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 28/01/2021 Time of Accident : _____

Place of Accident : 2

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To include & upload Police Report T/20210206/7138

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: