

# NATIONAL Assessment Centre Services.

part 1 Jan 2021 SN0921220004

Date In: 02/02/2021 10:32	Job description	Date & Time Completed	Done by
Ref No NA/INC 21001538/h4	SAS e-filing		
Veh No SGF 541R	E-mail (within 3hrs, AIC 2hrs)		
DTA 18/12/2020 09:15	I-Motor Claim Form	MT/111 4717-002	02/02/2021 11:46
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/Worker		

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

TP Particulars: Vch No: GBF 4898U 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Action: ( )



## 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	02/02/2021 10:32 (SGT)
Date of Accident	18/12/2020 09:15 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	MRT STATION DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF541R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JACKSON LAM WAN PENG
NRIC No	SXXXX006D
Email Address	JACKSONLAM8888@GMAIL.COM
Mobile Phone No	(Phone) +65-89337409
Alternative Phone No	+65-89337409

#### 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	Comprehensive
Fleet Policy	No
Policy Number	5112402922
Cover Note Number	-

#### DRIVER

Name of Driver	NUNG SOON FATT
NRIC No	SXXXX842C
Date Of Birth	03/08/1972
Occupation	Outdoor

Date Of Driving Pass .....	10/08/2005
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88509656
Alt. Phone Number .....	-
Email Address .....	JACKSONLAM8888@GMAIL.COM
Address .....	BLK 204 SERANGOON CENTRAL #11-106
Address complement .....	-
Postcode .....	550204
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Opening Door of Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT F/20210113/2097

#### 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 .....	GBF4898U
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

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

YIO CHU KANG  
MRT  
DROP-OFF  
POINT

A: SGF 541R  
B: GBT 4898U



### Describe Circumstances of the Accident

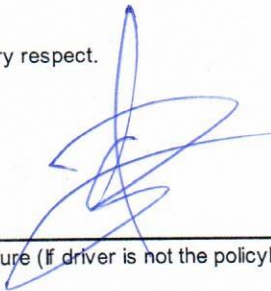
On stated date and time, I was dropping a passenger at Yio Chu Kang MRT drop-off point. The passenger alighted from the left side of my vehicle (SGF 541R). Vehicle B (GBF 48984) knocked onto the left door of my vehicle.

### 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**



F/20210112/2097

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20210112/2097

Police Station Of Origin  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Date/Time Report Made 12/01/2021 20:04		Vide Report No.		Station Diary No. 28	
Name Of Informant NUNG SOON FATT		Address APT BLK 204 SERANGOON CENTRAL #11-106 SINGAPORE 550204			
ID Type / ID No. NRIC NO / S7226842C		Contact No. Home/Office		Mobile 88509656	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Driver		Sex Male	Age 48	Date of Birth 03/08/1972	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 18/12/2020 09:30		Location Of Incident 3000 ANG MO KIO AVENUE 8 YIO CHU KANG MRT STATION SINGAPORE 569813			

**Brief details.**

I am a Gojek driver. On 18/12/2020 @0930, I had sent a female Chinese passenger in her 20's to Yio Chu Kang MRT station. Upon reaching the destination, the passenger who was seated at the rear passenger seat had opened the left rear passenger door and alighted from my vehicle. When the said passenger was opening the door, the vehicle's door had hit onto another van (GBF4898U) front right portion who was travelling on the next lane and dented marks could be seen on the said vehicle. The said female passenger then just closed my car's door and left. I was then approached by the van driver and

Signature Of Officer Recording The Report:

F / SI ABDUL RASHID BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/01/2021 20:04

Officer In-Charge Of Case:  
F / Serangoon N.P.C /  
SI ABDUL RASHID BIN ABDULLAH  
Contact No.: 64880999

Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 101





**SINGAPORE  
POLICE FORCE**



F/20210112/2097

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210112/2097

we decided to settle the matter thru insurance claiming. I have already reported the matter to my company. I was then informed by the owner of the vehicle that the other party had sent a letter of insurance claiming to him and the owner forwarded the letter to me to settle the matter as I was the one driving the vehicle on the day of the incident. I wish to state that I was not the one who had caused the damaged to the van and the passenger should be the one bear the responsibility. I had brought up the matter to my company and was advised to lodge a police report regarding the matter before they could release the details of the passenger to me.

Signature Of Officer Recording The Report:

F / SI ABDUL RASHID BIN ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Serangoon N.P.C /  
SI ABDUL RASHID BIN ABDULLAH  
Contact No.: 64880999

Signature Of Informant:

Date/Time:  
12/01/2021 20:04

Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 151



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/12/2020 11:29"/>							
Vehicle No.(For Motor)	<input type="text" value="SGF541R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112402922		JACKSON LAM WAN PENG	S7807006D	GPC	drivo CLASSIC	SGF541R	SGF541R	06/09/2019	29/03/2021
<input type="button" value="Continue"/>										



## ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 12 / 2020) (DD/MM/YYYY), TIME: (9 : 15) (HH:MM)

LOCATION: YIO CHU KANG MRT DROP-OFF POINT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 541R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Corolla  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8933 7409  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8850 9656  
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: HIRER

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: GBF 4898U 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)

(2)

F

\* No of passenger  
(Including driver)

( )

\* No of passenger  
(Including driver)

( )

Email = jacksonlam8888@gmail.com

Fax =

VIDEO = NO



# **Cheonghoh Law Corporation**

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.ct/2KB02-10597.20  
Your Ref: To be advised

22 January 2021

~~CERTIFICATE OF POSTING~~

JACKSON LAM WAN PENG (LAN WANGPING)  
289A Compassvale Crescent #12-317  
Singapore 541289

Dear Sirs

**TRAFFIC ACCIDENT INVOLVING YOUR VEHICLE SGF 541 R AND GBF 4898 U ON 18 DECEMBER 2020 AT 9:15 AM ALONG YIO CHU KANG MRT DROP OFF POINT**

We act for **KARSON BEAUTY HUB**, the owner of the above said motor vehicle no. **GBF 4898 U**.

We understand that you are the owner of motor vehicle **SGF 541 R** and that your insurers are NTUC Income Insurance Co-Operative Ltd.

On behalf of our client, we had written to the Traffic Police / GIA Record Management Centre (GIA RMC) for a copy of your report on the above accident. We were however informed that you and/or your authorised driver, agent and/or servant had failed to notify your insurers of the accident.

It is in your own interest to forthwith attend at the office of your insurers to make the motor accident report and to notify them of the above accident or to report to the Traffic Police where the accident involved a foreign registered vehicle. Please do so immediately upon receipt of this letter.

If you fail to heed our advice, our client will, in due course, file a claim against you directly for the damages and if necessary, commence legal proceedings against you to recover his losses. In such an event, you will be called upon to pay our client's damages together with interests and legal costs out of your own pocket.

To avoid such a consequence, please report the above accident to the Traffic Police and/or to your insurers immediately upon receipt of this letter. We wish to add that if our inquiry with the Traffic Police and/or the GIA Record Management Office in the next 7 days disclose that you have not reported to the Traffic Police and/or to your insurers the accident and your report has not been forwarded to GIA Record Management Office by your insurers, our client shall proceed to look to you for the satisfaction of his claim.

Kindly ignore this letter if you have already submitted your accident report to your insurers.

Yours faithfully

**CHEONGHOH LAW CORPORATION**

Lee Cheong Hoh  
**CHEONGHOH LAW CORPORATION**

cc: client (via Fax : 68417639) - GBF 4898 U



# **Cheonghoh Law Corporation**

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number

Our Ref: LCH.ct/2KB02-10597.20

20.01.21

BY FAX NO. 63381504 AND BY HAND

NTUC Income Insurance Co-Operative Ltd  
73 Bras Basah Road #05-01  
NTUC Trade Union House  
Singapore 189556

~~BY CERTIFICATE OF POSTING~~

Jackson Lam Wan Peng (Ian Wangping)  
289A Compassvale Crescent #12-317  
Singapore 541289

BY CERTIFICATE OF POSTING

Dear Sirs

We are instructed by Karson Beauty Hub to notify you of a road traffic accident on 18.12.20 at about 9:15 am at Yio Chu Kang MRT drop off point involving our client's vehicle registration number GBF 4898 U and vehicle registration number SGF 541 R driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

**Cheonghoh Law Corporation**

encs:

This is a computer-generated document and requires no signature

cc: client (via e-mail/fax only) - GBF 4898 U



Your Ref: SGF541R

Our Ref: MT/CA/TP/036/1114717-001/JL/JT

06 Jan 2021

**REMINDER**

JACKSON LAM WAN PENG  
BLK 289A #12-317  
COMPASSVALE CRESCENT  
COMPASSVALE CAPE  
SINGAPORE 541289

Dear Sir/Madam

**CLAIM NUMBER: MT/1114717-001**

**ACCIDENT INVOLVING SGF541R / GBF4898U on 18 Dec 2020**

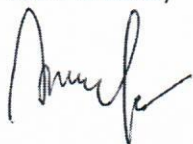
We refer to our letter of 23 Dec 2020.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Juliana Lee at 6430 7936 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance