

NATIONAL Assessment Centre Services.

SM 0921260025 - 01

Date In: 6/2/21 10:17	Job description	Date & Time Completed	Done by
Ref No: MA/INC 21001780164	SAS e-filing		
Veh No: 335 4239 J	E-mail (within 2hrs, A/C 2hrs)		
IPDA: 512/21 14:55	I-Motor Claim Form	MT/1120246-001	6/2/21 16:48
OT: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SLU 7439 U	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 rep/aler.

() 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: _____

Damage:	

NA 2101421	Invoice/Registration Check/Insurance/Police/Additional
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*NS: Courtesy Car / Tpt Allowance \$3
	*NG: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$3
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$30
	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 06/02/2021 10:17 (SGT)
 Date of Accident 05/02/2021 14:55 (SGT)
 Exact Location of Accident 409 Saujana Rd, Block 409, Singapore 670409
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS4239J

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner GOI SIEW KEE
 NRIC No SXXXX569H
 Email Address MATTHEWLINS82@GMAIL.COM
 Mobile Phone No (Phone) +65-87862099
 Alternative Phone No +65-87862099

VEHICLE PARTICULARS

Manufacturer Suzuki
 Model Swift
 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 - Claiming third party
 Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 5118451974
 Cover Note Number -

DRIVER

Name of Driver LIN JUNHUI
 NRIC No SXXXX905G
 Date Of Birth 08/01/1982

Date Of Driving Pass	20/09/2002
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87862099
Alt. Phone Number	-
Email Address	MATTHEWLINS82@GMAIL.COM
Address	BLK 519 JELAPANG RD #09-171
Address complement	-
Postcode	670519
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head on 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	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR YANDAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	SLU7439U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Name of Driver	YVONNE SOH YING YAN
NRIC No	SXXXX302A
Contact Number	(Phone) +65-92385699
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	LIN JUNHUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJS4239J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR YANDAR
Phone	(Phone) +65-92700129
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

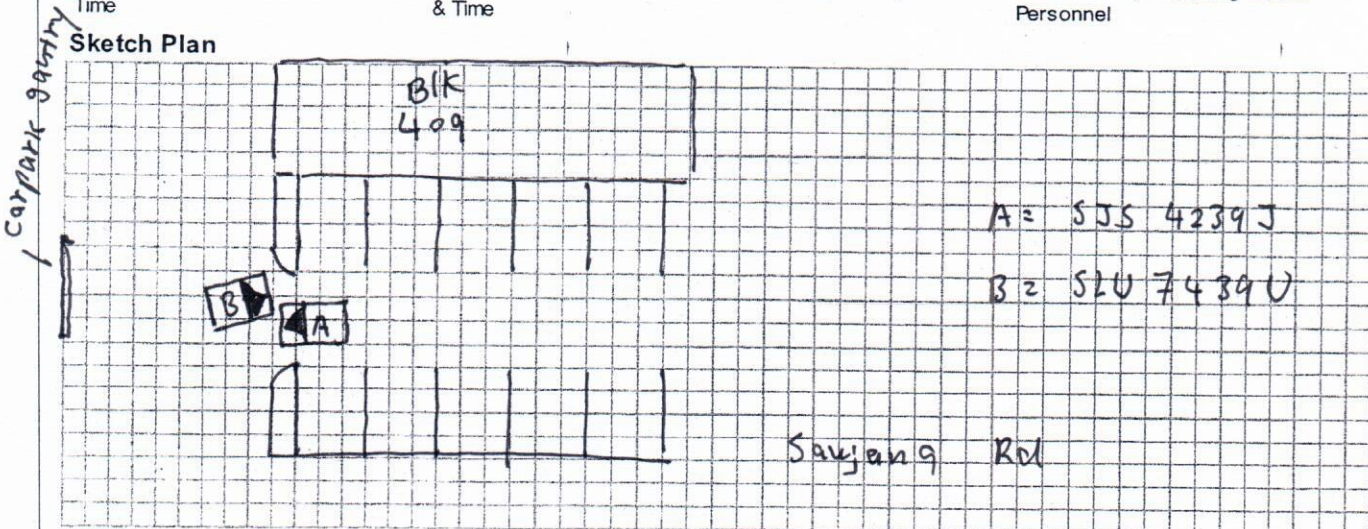
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On 5 Feb 2021 at about 1455hrs, I was driving and fetching my passenger namely: Mr Yandar hp: 9270 0129 at blk 413 Suijama Road. I was driving on the left side of the road besides blk 409 Suijama Road and I saw another car SLH 74394 Honda Jazz (grey) driving in the middle of the road towards my car after entering the carpark gantry. I quickly horned at her to stop and I stopped immediately.

Unfortunately, the other car was not able to stop on time and hit head on collision on to my front right side. I checked on my passenger and he is all right. I and the other driver then checked on the damage on the car and injury. I saw visible injury (bruises) on her left arm and my front right palm area felt pain and I am in a state of shock.

I then called for an ambulance. A short while later, ambulance QX 1244 D came to check on us and advised us to see GP if feel pain. Traffic police came also to ask and understand the accident. We then activated our own towing crew.

Particulars of the other party

Yvonne Soh Ying Yan

lic no: S9107302A

hp: 92385699

The purpose of lodging this report is to claim the other party insurance. I wish to state that both of the cars involved has dashcam camera recording.

Declaration

I/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

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 : SN0921260005 Vehicle Registration No: SJS4239J
Name (as shown in NRIC) : Lin Junhui NRIC/FIN/Passport No : S8201905G
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Blk 519 Jelapang Road #09-171 Singapore (670519)
Contact (Tel) : _____ Mobile No.: 87862099
Email Address : matthewlin582@gmail.com
Date of Accident : 05 Feb 2021 Time of Accident : 1455hrs
Place of Accident : Blk 409 Saujana Road open carpark
Insurance Company: NTUC Income

(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:

I have visited a doctor and given three days MC.
A traffic accident report T/20210206/2087 has been
lodged by me. I have checked and retrieve my car
dashb^d dashboard camera footage which capture the entire
accident occurrence. That is all.


Policyholder / Driver's Signature
Date: 8 Feb 2021


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



UNIHEALTH 24-HR CLINIC
(JURONG EAST)

Blk 135 Jurong Gateway Road #01-317 Singapore 600135
Tel: 6970 5868 Fax: 6261 5368 Website: unihealthclinic.com.sg

Medical Certificate

Date : 05 Feb 2021

MC No. : 0000006048

This is to certify that :

Name : LIN JUNHUI

NRIC : S8201905G

is Unfit for Duty for 3 days
from 05 Feb 2021 to 07 Feb 2021 inclusive.



DR XIE HUIZHUANG
MB BCh BAO (HONS)
Dip O&G, RCPI

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



**SINGAPORE
POLICE FORCE**



T/20210206/2087

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20210206/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 16:07		Vide Report No.:		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: LIN JUNHUI			Address: APT BLK 519 JELAPANG ROAD #09-171 SINGAPORE 670519		
ID Type / ID No.: NRIC NO / S8201905G			Contact No.: Home/Office: Mobile: 87862099		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 08/01/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2021 14:55	Type of Location: Car Park
Location: SAUJANA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS4239J	Car				Seriously Damaged	1
SLU7439U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210206/2087

2 of 4

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20210206/2087

CONTINUATION OF REPORT

Passenger			
Name	YANDAR	ID No.	NIL
Related Vehicle	SJS4239J (Car)	Contact No.	92700129
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	LIN JUNHUI	ID No.	S8201905G
Related Vehicle	SJS4239J (Car)	Contact No.	87862099
Hospital/Clinic	UNIHEALTH-24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	05/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	YVONNE SOH YING YAN	ID No.	S9107302A
Related Vehicle	SLU7439U (Car)	Contact No.	92385699
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

Brief Details.

On 05/02/2021 at about 1455hrs, I was driving and fetching my passenger namely Mr Yandar HP: 92700129 at blk 413 Saujana Road. I was driving on the left side of the road besides Blk 409 Saujana Road and I saw another car SLU7439U Honda Jazz (grey) driving in the middle of the road towards my car after entering the car park gantry. I quickly horned at her to stop and I stopped immediately.

Unfortunately the other car was not able to stop on time and head on collision on to the front right side. I checked on my passenger and he is all right. I and the other driver then checked on the damage on the car and injury. I saw visible injury (bruises) on her left arm and my front right palm area felt pain and I am in a state of shock.

I then called for ambulance. A short while later ambulance QX1244D came to check on us and advised us



**SINGAPORE
POLICE FORCE**



T/20210206/2087

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20210206/2087

CONTINUATION OF REPORT

to see GP if feel pain. Traffic police came also to ask and understand the accident. We then activated our own towing crew.

I wish to state that both of the cars involved has dashcam camera recordings.

I had lodged my own GIA report and my camera had recorded the scene, the footage did captured the whole incident.



**SINGAPORE
POLICE FORCE**



T/20210206/2087

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Report No. T/20210206/2087

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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:

J /

Sgt 3 CHERYL YEO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

06/02/2021 16:07

Classification Of Case:

Authentication Stamp

NP168

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118451974

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJS4239J**
Chassis Number : JSAEZC11S00550650
2. Name of Policyholder : GOI SIEW KEE
3. Effective Date of Insurance : 17 Aug 2020
4. Expiry Date of Insurance : 16 Aug 2021
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

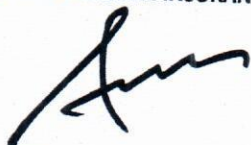
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOI SIEW KEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : I INSURANCE AGENCY (00000572538)
Date of Issue : 11 Aug 2020 15:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 2 / 21) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)

LOCATION: Blk 409 Sgugang Rd carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS4239J
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Suzuki Swift 1.3 Auto 2019
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: Goi Siew Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8786 2099
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lin Junhui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: child

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU7439U MODEL: _____
b) DRIVER'S NAME: Yvonne Soh Ying Yan
c) NRIC/FIN/PASSPORT: S9107302A CONTACT: 9238 5699

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Witness Mr Yandar hp 92700129

Email = matthewllns82@gmail.com

attached scene
photo.

fax =

video = Yes.