

# NATIONAL Assessment Centre Services. [Part 1 Jan 2003] SM 0921260003

Date Inc: 26/2/21 10:58	Job description	Date & Time Completed	Done by
Ref No: MAJ IMC 21002638/64	SAS e-Ming		
Veh No: SMP 9835K	E-mail (within 3hrs, A/C 2hrs)		
IP: 8/2/21 16:10	I-Motor Claim Form	MT/1122513 <sup>001</sup>	26/2/21 17:41
IP: (IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: ( ) Veh No: YN 1706X 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 repolter.

( ) 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: ( )

Date of Incident	Location	Time	Done by

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$73	
	7) NI: Idau DA + EMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$23	
	*NI: DV / Collect Excess Coordination \$3	
	TP (N11): TP (N-n INC) against INC \$20	
	9) N12: Idau 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 ..... 26/02/2021 10:58 (SGT)  
Date of Accident ..... 08/02/2021 16:10 (SGT)  
Exact Location of Accident ..... 53 Ubi Ave 1, Singapore 408934  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP9835K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH PEI ZONG  
NRIC No ..... SXXXX549D  
Email Address ..... GOHPEIZONG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82885033  
Alternative Phone No ..... +65-82885033

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... 5113562427-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... GOH PEI ZONG  
NRIC No ..... SXXXX549D  
Date Of Birth ..... 01/05/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	09/02/2010
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82885033
Alt. Phone Number .....	+65-82885033
Email Address .....	GOHPEIZONG@GMAIL.COM
Address .....	BLK 841 JURONG WEST ST 81 #03-127
Address complement .....	-
Postcode .....	640841
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210226/7000

#### 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 .....	YN1706X
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 :

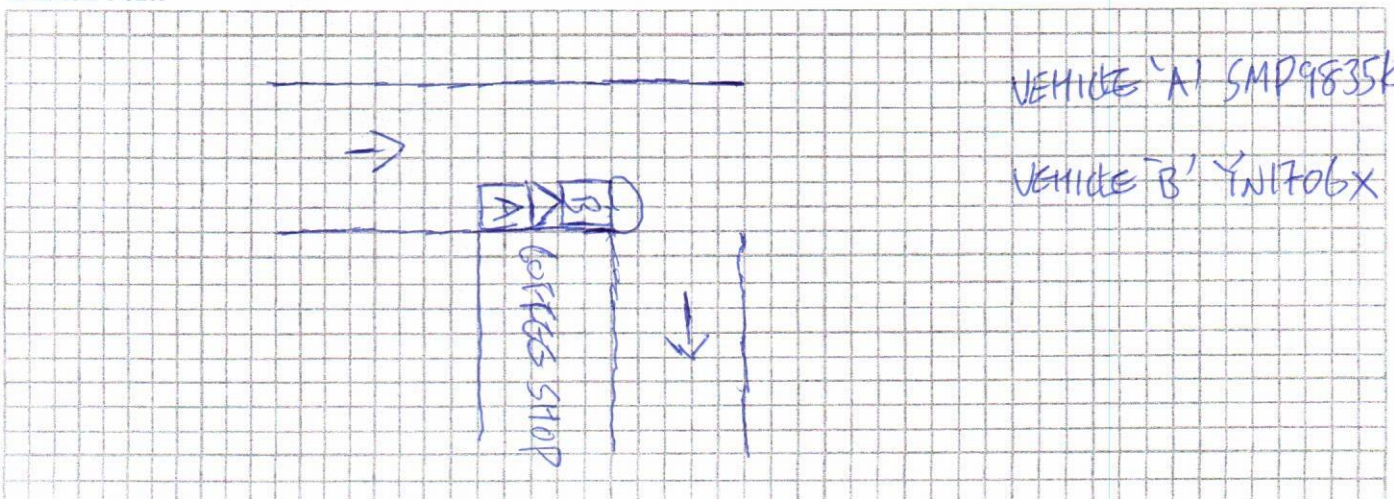
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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





**Describe Circumstances of the Accident**


REFER TO POLICE ~~TO~~ REPORT


REPORT NO : T/20210226/7000

**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/20210226/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210226/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2021 09:49	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: GOH PEI ZONG		Address: 841 JURONG WEST STREET 81 #03-127 SINGAPORE 640841	
ID Type / ID No.: NRIC NO / S9115549D		Contact No.: Home/Office: Mobile: 82885033	
Nationality: SINGAPORE CITIZEN		Email: GOHPEIZONG@GMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 01/05/1991	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2021 16:10	Type of Location: Straight Road
Location:  UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP9835K	Car	HONDA	VEZEL	Red	Seriously Damaged	0
YN1706X	Lorry	MITSUBISHI		White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20210226/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210226/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP9835K	NTUC	5113562427-01	25/10/2020	24/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	GOH PEI ZONG		ID No.	S9115549D
Related Vehicle	NIL		Contact No.	82885033
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

**Brief Details.**

On the stated date and time, I was involved in a hit and run accident. My vehicle was park outside the coffee shop at 53 Ubi ave 1 , Paya Ubi Industrial Park. I was told that i could not claim anybody without proof. It was until yesterday , 25/02/2021 , i spotted a cctv from the estate management that was pointing the direction of the incident that took place. I seek the management for help and was told to file a police report as it was a hit and run case. After some searching from the cctv , i was provided with the footage captured from the management on how the accident happened. From the footage , There is a big lorry parked infront of me and suddenly , the lorry move backwards and hit onto my car and resulted damage from top to bottom of my car front portion. From the footage itself , we can clearly see that the driver/attendent of the lorry was aware of what happened as they were outside of the lorry handling delivery but had ignored of the collision. As the management search further from the exiting gentry system , it was said that the lorry number plate (YN1706X) was captured leaving the gentry of the estate at around 5.08pm. i hold a copy of the footage from the management and a picture of the said lorry from the exiting gentry. I seek help from the police to resolved this matter for me. Thank you very much!





**SINGAPORE  
POLICE FORCE**



T/20210226/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210226/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
26/02/2021 09:49

Classification Of Case:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

08/02/2021 10:50

Vehicle No.(For Motor)

SMP9835K

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113562427-01		GOH PEI ZONG	S9115549D	GPC	drivo CLASSIC	SMP9835K	SMP9835K	25/10/2020	24/10/2021

Continue



Date of Accident : 08/02/21 Accident Time: 1610 hrs (24-HR-Format)  
Accident Place : 53 UBI AVE 1 PAYA UBI INDUSTRIAL PARK  
Vehicle Reg. No. (Car Plate No.) : SMP9835K  
Vehicle Make/Model : HONDA VEZEL 1.5  
Insurance Company : NTUC Policy No. 5113562427-01  
Owner or Company Name / IC No. : LOH PEI ZOH  
Owner or Company Contact No. : 82885033 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LOH PEI ZOH  
DRIVER'S Date Of Birth : 01/05/91 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 841 #03-127 JURONG WEST ST 81  
DRIVER'S Contact No. / Alt No. : 1) 82885033 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : gohpeizong@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): 0  
Was there any video Captured by car camera: YES \ NO ESTATE CCTV  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>YN1706X</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>MITSUBISHI</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____