

Date In: <b>24/03/2021 10:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA210037114</b>	SAS calling		
Veh No: <b>SE 8034G</b>	E-mail (by date time, AIC time)		
D.O.A: <b>12/03/2021 14:15</b>	1-Motor Claim Form	<b>MT/1124541-002</b>	<b>24/03/2021</b>
OD: TP: Reporting Only	1-Motor W/O (with/without OD time, TP time)		<b>10:54</b>
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Visor		

Preferred Wkep / INC Assgn Wkep / OW: ( )

TP Insurer: ( ) Vch No: **SE 8034G** 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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Access: ( \$ ) 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: ( )

( )

( )

( )

Driven/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) All Accident Reporting (350)	
	2) DA + Driver Assessment (\$100)	INC FEE \$105.43
	3) TP Towing Fee	\$12.00
	4) PT Follow-Through Survey	\$3.00
	5) PT Follow-Through Survey (3x survey)	\$3.00
	6) TIR - Inspection	\$7.00
	7) NI Use DA + SMRT Survey	\$16.00
	8) NIUC Additional Services	
	9) NIUC Courtesy Car / Tpl Allowance	\$3
	10) NIUC Post Repair Inspection	\$10

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	24/03/2021 10:54 (SGT)
Date of Accident	12/03/2021 19:15 (SGT)
Exact Location of Accident	Tanjong Pagar, Singapore
Additional Location Information	PLAZA LOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8034G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STNEO AGENCY
Company Reg No	5XXXX876X
Email Address	neosaythiam@hotmail.com
Mobile Phone No	(Phone) +65-90062733
Alternative Phone No	+65-90062733

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2398

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106204170-02
Cover Note Number	-

### DRIVER

Name of Driver	NEO SAY THIAM @ CHENG KENG KENG
NRIC No	SXXXX986F

Date Of Birth	24/07/1959
Occupation	Outdoor
Date Of Driving Pass	18/12/1979
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90062733
Alt. Phone Number	-
Email Address	neosaythiam@hotmail.com
Address	BLK 210 CHOA CHU KANG CENTRAL @02-156
Address complement	-
Postcode	680210
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collided into Parked 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)	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	Dover Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007788999
Alt. Police Station Phone No	(Fax) +65-67762859
Police Station Address	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210313/2096

#### 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	SJU2897L
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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



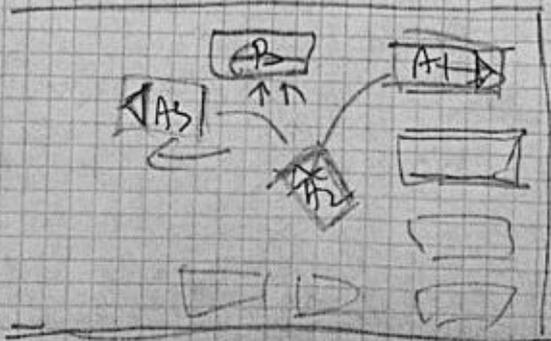
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Tanjong Pagar Plaza (OADULE Park)

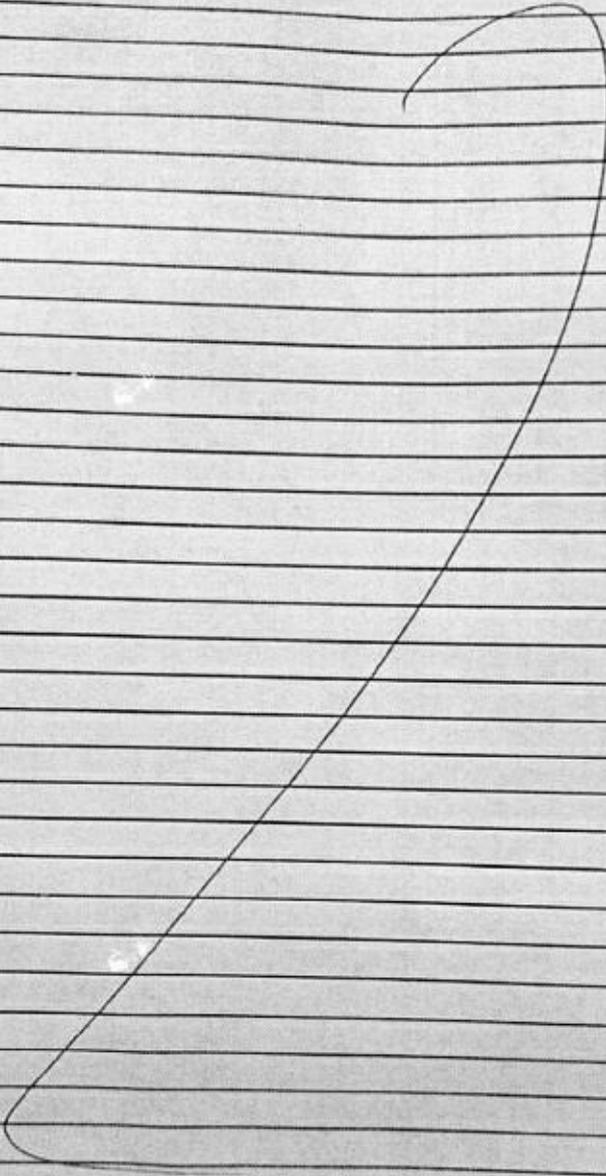


A) SLE 80346

B) SJU 2897L

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7170240313/2016



Declaration

We declare the foregoing particulars are true in every respect.



✓  
Policyholder's Signature / Date & Time  
23/3

Driver's Signature (if driver is not the policyholder) / Date & Time  
23/3/21 12.30pm

Witnessed by Reporting Centre Personnel  
24/03/2021

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/2011) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: Tanjong Pagar Plaza, Leaning Bay

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 8034 G
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mercedes C199
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: Nino Say Thiam (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 52370816X CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Nino Say Thiam @ Chuan (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* No of passenger  
(including driver)  
( )

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SJU 2897L 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)  
( )

\* No of passenger  
(including driver)  
( )

email = Nino Say Thiam @ Hornmar.com  
VIDEO



Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2021 17:56		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: NEO SAY THIAM			Address: APT BLK 210 CHOA CHU KANG CENTRAL #02-156 SINGAPORE 680210		
ID Type / ID No.: NRIC NO / S1381986F			Contact No.:		Mobile: 90062733
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 24/07/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/03/2021 07:15	Type of Location: Parking Lot
Location:  TANJONG PAGAR PLAZA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE8034G					Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210313/2096

2 of 3

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20210313/2096

**CONTINUATION OF REPORT**

**Brief Details.**

On the 12/03/2021 at about 0715hrs, I had parked my vehicle in a Loading and Unloading area of 7 Tanjong Pagar Plaza (behind Tanjong pagar market at Blk 6). I had parked my vehicle SLE8034G head in first on the far left of the loading and unloading area. I had then went to the toilet subsequently. I had then returned back to my vehicle to carry on my journey. However, when I wanted to reverse out, there was a car which had blocked my vehicle closely behind. As on my right hand side of the loading and unloading had a lorry that parked on it, I had no choice to do a 3-point-turn in order to go out of my lot, as I had horned several times in hopes that the said car owner would rush back and move his or her vehicle but to no avail. After maneuvering out of the very tight space, I had managed to go out of my lot, however I had accidentally hit onto the vehicle's left hand side ever so slightly. I had then immediately rushed off. I was contacted by Traffic Police on the 13/03/2021 and informed that I have to lodge this report regarding this incident. I wish to further state that there are no visible damage on my car.



**SINGAPORE  
POLICE FORCE**



T/20210313/2096

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

3 of 3

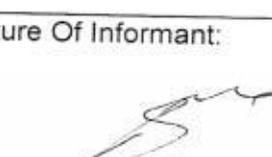
Report No. T/20210313/2096

**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: D / Sgt 2 MOHAMAD FARHAN BIN MOHAMED	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2021 17:56
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/1124541

Policy No.	5106204170-02	Vehicle No.	SLE8034G	GST Registration No.
Certificate No.				
Policyholder Name	STNEO AGENCY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	16/03/2021 11:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/03/2021	Time of Accident hh:mm	20:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TANJONG PAGAR PLAZA			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?
YIED OD Excess		YIED TP Excess		
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	16/03/2021 11:50:59 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 210 #02-156	Address 2	CHOA CHU KANG CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-156	Related Policy Number	5106204170-02	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	STNEO AGENCY	Insured NRIC
Contact No.(Mobile)	90062733	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLE8034G	TP Vehicle Number
Claim Description	SLE8034G / SJU2897L ON 12 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	24/03/2021 10:58	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
<input type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1124541	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2021 10:59
Path *		Category *	Confidential Urgen

- No file chosen
- 

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:59	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:59	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:59	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:59	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:59	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	Photos		Normal	Photos 2021-3-24
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Mar 2021 10:58	SAS		Normal	SAS 2021-3-24

Video List

Uploaded By/Date	Folder Date	File Name		Sou
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Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106204170-02		STNEO AGENCY	53390876X	GPC	drivo CLASSIC	SLE8034G	SLE8034G	12/12/2020	11/12/2021

Continue