

NATIONAL Assessment Centre Services

Date In: 12/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/0021008431/13	SAS e-filing		
Veh No: SLA7507H	E-mail (within 5 days, AD 2hrs)		
DOA: 30/07/21 1245	i-Motor Claim Form		
<input checked="" type="radio"/> OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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 ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2103664	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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 willful 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	12/08/2021 10:27 (SGT)
Date of Accident	30/07/2021 12:45 (SGT)
Exact Location of Accident	Lor 8 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7507H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG KIM CHOON(SUN JINCHUN)
NRIC No	SXXXX612G
Email Address	sngkimchoon@gmail.com
Mobile Phone No	(Phone) +65-96260650
Alternative Phone No	+65-96260650

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120034701801
Cover Note Number	-

DRIVER

Name of Driver	SNG KIM CHOON(SUN JINCHUN)
NRIC No	SXXXX612G

Date Of Birth	16/09/1953
Occupation	Indoor
Date Of Driving Pass	13/08/1971
Driving experience	49 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96260650
Alt. Phone Number	+65-96260650
Email Address	sngkimchoon@gmail.com
Address	122 ONAN ROAD
Address complement	-
Postcode	424534
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	Side Swipe
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 vehicle 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	Joo Chiat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003459999
Alt. Police Station Phone No	(Fax) +65-64474181
Police Station Address	267 Onan Road Singapore 424773
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	OVERWRITE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

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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.

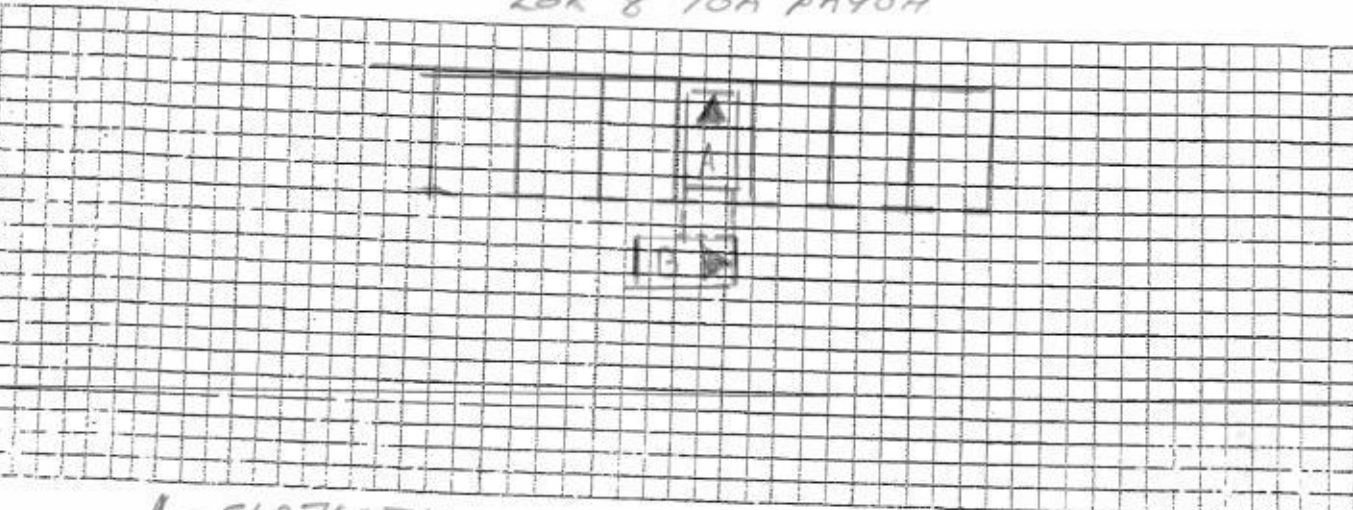
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

LOR 8 TOA PAYOH



A - SLP7507H


B - UNKNOWN

Describe Circumstances of the Accident


Pls refer to the attached statement & statement.

Declaration

We declare the foregoing particulars are true in every respect.

 11/8
Policyholder's Signature / Date &
Time

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

 12/08/21
Witnessed by Reporting Centre
Personnel

Complain against Driver of SMRT Taxi No: SHB668T

2 messages

Kim Choon Sng <sngkimchoon@gmail.com>

Tue, Aug 10, 2021 at 9:15 PM

To: taxisfeedback@smrt.com.sg

Dear Sirs,

I am the driver and owner of the vehicle with licence plate number SLP7507H which was involved in an accident at the car park of Toa Payoh Lorong 8 Market/Food Centre on 30 July 2021.

I wish to submit my disappointment and displeasure on the conduct and action of the driver. The taxi had scraped the bumper of my car as I was slowly and carefully reversing out of the parking lot. Before reversing, I had looked back to ensure the road was clear. However, when I was barely half a metre out of the parking lot (and before I could turn my steering wheel), the taxi had suddenly appeared and scraped the bumper of my car.

When I got out of my car to investigate, the driver of the taxi had sped out of the car park. So I was unable to note the licence plate of the taxi to take any follow up action until I was notified of SMRT claims through my motor insurance company this afternoon (UOI).

Typically in any accident, we would expect both drivers to exchange contact details and see whether an amicable settlement could be reached. Your driver failed to do so but instead fled the scene.

This caused me to have unease over the following:-

- a) the driver may not be the authorised driver of the taxi as he had fled in order not to be identified; and
- b) as the driver had not stopped at the accident scene, there was no means for me to ascertain and take photos of the damages. This is to ensure that the claimed damages are indeed the result of contact with my vehicle.

The irresponsible action of the driver in speeding off has given me a poor impression of his character and integrity.

I shall appreciate it if you could investigate and clear this matter.

Yours sincerely,

Sng Kim Choon
Handphone Number: 96260650

Kim Choon Sng <sngkimchoon@gmail.com>

Tue, Aug 10, 2021 at 9:22 PM

To: josephinewong@uoi.com.sg

My e-mail to SMRT (below) and attached police report are fyi.

I will make a report to Idac tomorrow as advised.

Thanks,

Sng Kim Choon
Handphone No: 96260650

[Quoted text hidden]

**PoliceReport.7Aug2021.pdf**

1947K



**SINGAPORE
POLICE FORCE**



T/20210807/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20210807/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2021 16:36	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: SNG KIM CHOON			Address: 122 ONAN ROAD SINGAPORE 424534		
ID Type / ID No.: NRIC NO / S0087612G			Contact No.: Home/Office: Mobile: 96260650		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 16/09/1953	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2021 12:45	Type of Location: Car Park
Location: LORONG 8 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
SLP7507H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7507H	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200347018 01	16/06/2020	15/06/2022



**SINGAPORE
POLICE FORCE**



T/20210807/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3

Report No. T/20210807/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SNG KIM CHOON	ID No.	S0087612G
Related Vehicle	NIL	Contact No.	96260650
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

Brief Details.

Vide TP/IP/36743/2021

On the stated date and time, I parked my vehicle perpendicular inside the parking lot located at the Hawker Centre of the stated location. I could not remember the parking lot number.

At 12:51pm or probably few minutes after, I wanted to reverse out my vehicle. While I was slowly reversing straight out, not even half a meter out of the lot, and have not even steered my steering wheel to any direction, I heard a loud bump at the rear. I went out of the car and made a check and noticed scratches on my rear bumper. There was a maroon SMRT taxi which had passed by and bumped into it. However the driver did not stop to share contact details and seek amicable settlement. I could not see the vehicle number as he had left the location.



**SINGAPORE
POLICE FORCE**



T/20210807/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3


Report No. T/20210807/2062

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: 
G /
Sgt 2 HAMMAAD SHAFIQ BIN MOHAMAD ABU
BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
07/08/2021 16:36

Classification Of Case:

 SINGAPORE
POLICE FORCE


SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 30/07/24 (DD/MM/YYYY), TIME: 12:45 (HH:MM)

LOCATION: LOR 8 TOA PAYOH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP7507H
 b) INSURANCE COMPANY: UDI
 c) POLICY NUMBER: DHOM120034701801
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: SNG KIM CHOON (SUN JINCHUN) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0087612G CONTACT: 96260650
 c) ADDRESS: 122 ONAN ROAD
424534

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 16/09/1953 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 13/08/1971

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: UNKNOWN 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)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = sngkimchoon@gmail.com

fax =

video = yes, overwrite

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)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM120034701801	Excess:	\$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SLP7507H		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	SNG KIM CHOON (SUN JINCHUN)		\$750/-NAMED DRIVERS - OPTION 2
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 16 June 2020 to 15 June 2022

Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# P520445740

Chassis# JM6BN22A8H0153871

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

UNITED OVERSEAS INSURANCE LTD

TBM

FCTTS Date : 04/06/2020

For the Company