

NATIONAL Assessment Centre Services (part 1 of 2) **SMW 923/K000A**

Date In: <b>20/01/2023 15:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>N/A 23000699</b>	SAS e-filing		
Veh No: <b>SMW 8216</b>	E-mail (within 3hrs, AIC this)		
D.O.A: <b>20/01/2023 01:00</b>	I-Motor Claim Form		
OD: <b>(79) / Reopening Only</b>	I-Motor W/O (W/Iniz: OD 2hrs, 3P 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/asp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: Fax: 1

TP Particulars: Veh No: **SMW 8216** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note-Bst Status (WO): N: 0-30%, 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 repair.

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

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

Remarks: ( ) (INC 40/line: 0788/0015)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date	Time	Actions

Invoice Preparation Charge/dis	AMT	TRF/BIN
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$150	
5) FT: Follow-Through Survey (Resurvey)	\$50	
*Resurveying against INC Only (up to 2023)		
6) TR: Re-inspection	\$70	
7) NI: 1st DA + SMPT Survey	\$140	
8) NTUC Additional Services:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$10	
*NI: DV / Collect Excess Coordination	\$5	
*NI: (1) TP (then INC) against INC	\$10	
9) NI: 1st Mobile		
(Invoice dated)	Fee Charged	

Checked by (Engr-In-Charge): \_\_\_\_\_

TP Insurer: \_\_\_\_\_

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# 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 Actual 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	20/01/2023 15:23 (SGT)
Reported by	Both
Date of Accident	20/01/2023 01:00 (SGT)
Exact Location of Accident	117 Jurong East Street 13, Block 117, Singapore 600117
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2873G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NEO SENG HAI
NRIC No	SXXXX938D
Email Address	senghai_neo@singnet.com.sg
Mobile Phone No	(Phone) +65-98320268
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0005943_03

### DRIVER

Name of Driver	NEO SENG HAI
NRIC No	SXXXX938D
Date Of Birth	01/12/1957
Occupation	Indoor

Date Of Driving Pass .....	16/05/1979
Driving experience .....	43 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98320268
Alt. Phone Number .....	-
Email Address .....	senghai_neo@singnet.com.sg
Address .....	BLK 117 JURONG EAST STREET 13 #08-147
Address complement .....	-
Postcode .....	600117
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 .....	DRIZZLING
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) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230120/2019

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SMW8216S
Vehicle Manufacturer .....	Nissan
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.
2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

*[Signature]*  
20/1/23 0209 pm

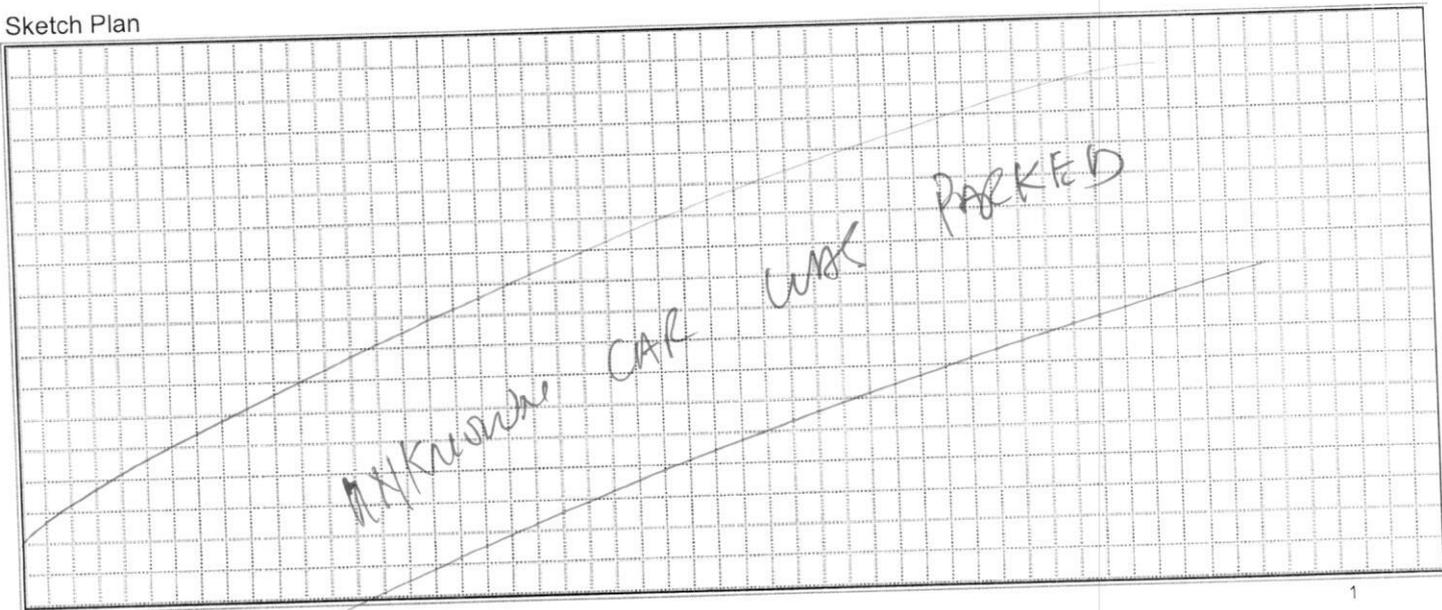
Policyholder's Signature / Date & Time

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

*[Signature]* 20/01/2023

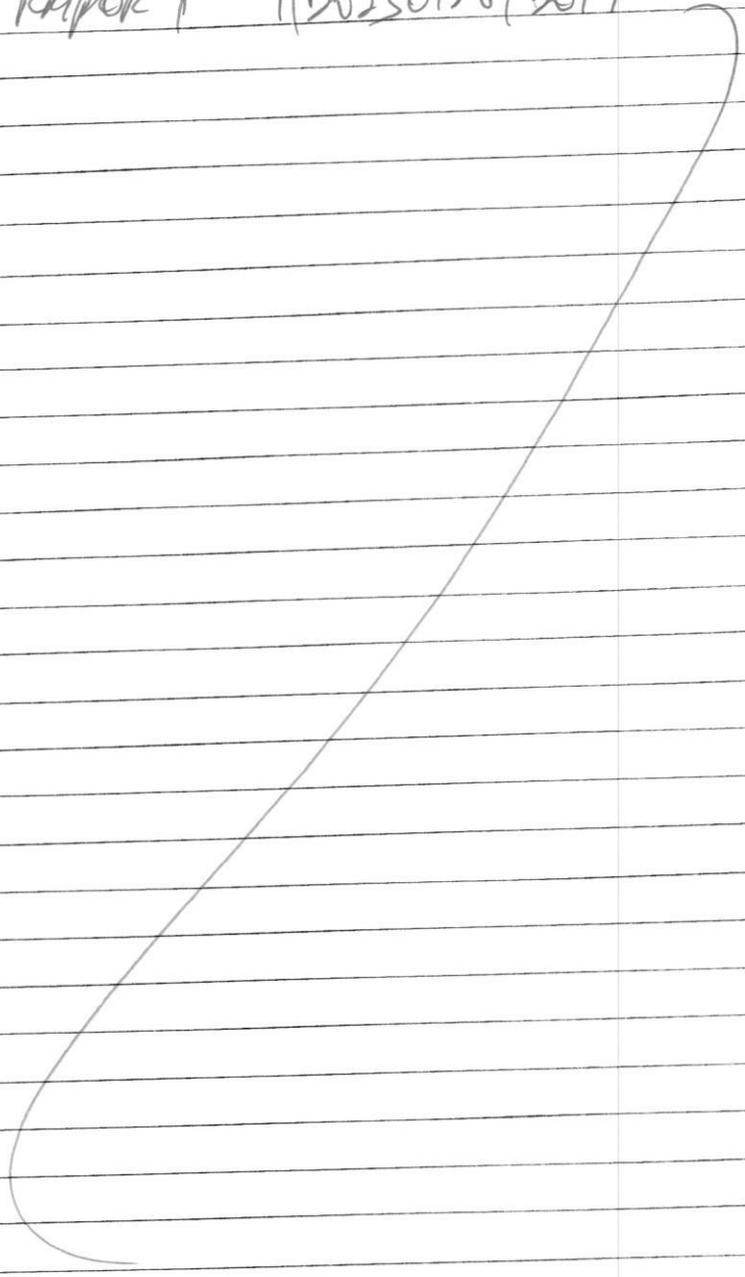
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230120/2019



Declaration

I/We declare the foregoing particulars are true in every respect.

*[Signature]* 0209 pm.

Policyholder's Signature / Date & Time

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

*[Signature]* 20/01/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230120/2019

1 of 3

Report No. T/20230120/2019

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2023 07:57	Vide Report No.: D/20230120/0008	Station Diary No.: 7
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Informant's Particulars			
Name of Informant: NEO SENG HAI		Address: APT BLK 117 JURONG EAST STREET 13 #08-147 SINGAPORE 600117	
ID Type / ID No.: NRIC NO / S1274938D		Contact No.: Home/Office: Mobile: 98320268	
Nationality: SINGAPORE CITIZEN		Email: SENGHAI_NEO@SINGNET.COM.SG	
Sex: Male	Age: 65	Date of Birth: 01/12/1957	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: RETIRED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 20/01/2023 06:15	Type of Location: Car Park
Location: JURONG EAST STREET 13				
Weather: Drizzling		Road Surface: Wet		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
SLU2873G	Car	TOYOTA		White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230120/2019

2 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230120/2019

**CONTINUATION OF REPORT**

**Brief Details.**

On the above date, time and location, I went down to my carpark and realised that the front right side of my vehicle has a dent as if it was being banged by something. Half of my number plate was also bending outwards. My car was parked last night at about 9.15pm and was seen intact.

My car has an in-car camera at the front but I am not sure if it captured the footage of the other vehicle hitting my car. I also saw a police note placed on my car and thus I came down to lodge a police report. I was informed that the police attended to the incident earlier. Nobody was injured.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20230120/2019

3 of 3

Report No. T/20230120/2019

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**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 AMANDA LEE XING JUAN <i>Lee</i>	Signature Of Informant: <i>Adrian</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2023 07:57
Officer In Charge Of Case: TP / GIT / SI MOHAMED SOPHIAN BIN MOHAMED AMIR Contact No.: 91874317	Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 1 / 23 (DD/MM/YYYY), TIME: 01:00 (HH:MM)  
LOCATION: Car park at B11C 117 Jurong East St 13

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLO 2873G  
b) INSURANCE COMPANY: India International  
c) POLICY NUMBER: D 19 MPC0005943 - 02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA Corolla (AUTO / MANUAL)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private use  
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: Neo SENG HAI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1274928/P CONTACT: \_\_\_\_\_  
c) ADDRESS: B11C 117 Jurong East St 13  
#01-147 (600117)

\* 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: 01 / 12 / 1957 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR) Retired  
f) YEARS OF DRIVING EXPERIENCE: 30+

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Not sure  
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: Jurong East NPC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMW 8216 S MODEL: Nissan  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passengers  
(including driver)  
( )

# No of passengers  
(including driver)  
( )

# No of passengers  
(including driver)  
( )

email = senghai-neo@sgynet.com.sg

fax = -

video = -

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SU09231K000A Vehicle Registration No: SLU2813G  
 Name (as shown in NRIC): XIEW JIAN HON NRIC/FIN/Passport No: SXXX938D  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98320718  
 Email Address: \_\_\_\_\_  
 Date of Accident: 20/01/2023 Time of Accident: 01:00  
 Place of Accident: BLK 117 JURONG EAST ST 13 CORPARK  
 Insurance Company: TUWA

**(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:

BLK 117 JURONG EAST ST 13 CORPARK (ACCIDENT LOCATION)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 20/01/2023