

# NATIONAL Assessment Centre Services

Form 1 (Jan 2005)

Date In: 19/12/2017 14:05	Job description	Date & Time Completed	Done by
Ref No: NA/II17024024/K4	SAS e-filing		
Veh No: SLT41614	E-mail (within 8hrs, A/C 2hrs)		
DOA: 17/12/2017 06:30	i-Motor Claim Form		
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: SLK3360R 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)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time Actions

NA1707820

## Invoice Preparation Checklist

Am't (\$) 1st Bill Am't (\$) Add On

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:



**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 ability.
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 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 Report	19/12/2017 14:05
Date Of Accident	17/12/2017 06:30
Exact Location Of Accident	CHANGI T3 DEPARTURE LEVEL
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLT4161U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHENG BOON HUI
NRIC No	S0172710I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97387346
Alternative Phone No	OTHERS-97570362

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

**Insurance Company**

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494194
Cover Note Number	

**Driver**

Name of Driver	CHENG BOON HUI
NRIC No	S0172710I
Date Of Birth	01/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97387346
Fax Number	
Contact Number	OTHERS-97570362
Email Address	NOEMAIL

Address	25 LORONG G TELOK KURAU #05-01
Postcode	426194
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK3360R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KAMALUDEEN BIN MOHAMED
NRIC/Passport Number	S7530503F
Contact Number	92713047
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	CHENG TZE KANG
Phone Number	97387346
Email Address	



## 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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

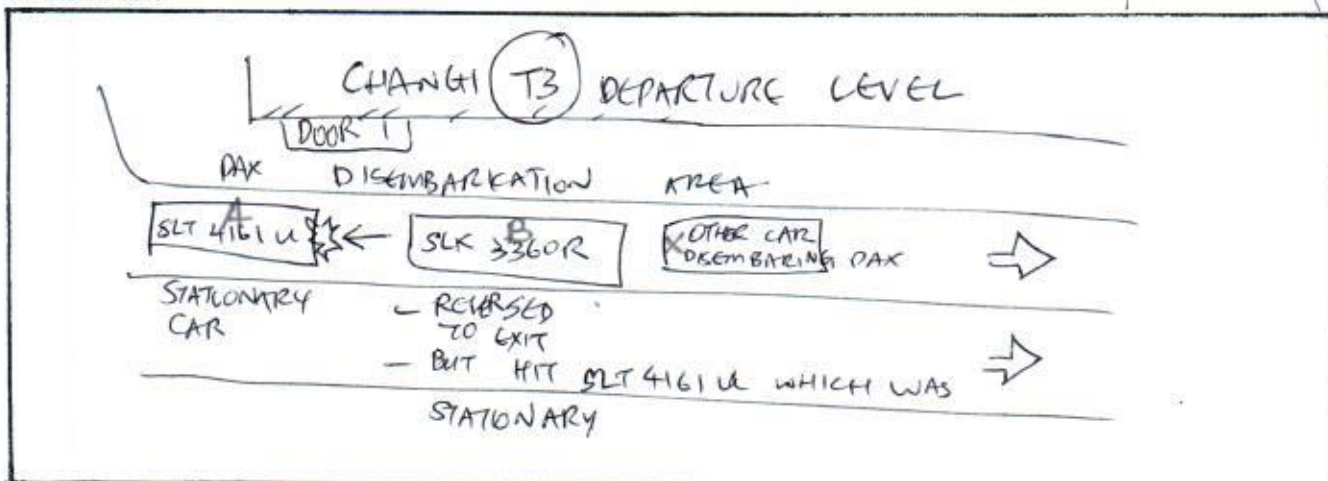
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/12/2017

### Sketch Plan



**Describe Circumstances of the Accident**

PLS SEE SKETCH

- SLT 4161W STATIONARY, ABOUT TO DESEMBARK PAX
- SLK 3360R REVERSED TO HAVE SUFFICIENT ROOM TO EXT LANE
- IN THE MIDST OF REVERSE, IMPACTED SLT 4161W BY SLK 3360R  
IMPACT ONTO SLT 4161W.

**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

19/12/2017



TYPE OF CLAIM: ☐ OD ☐ OD/UL ☐ DS

MCA:

fau

## MOTOR ACCIDENT REPORT

Date Of Report: 19.12.17 Time: 1320 Date Of Accident: 17.12.17 Time: 0630  
Exact Location Of Accident: CHANGI AIRPORT T3 DEPARTURE PAX DISSEMBARK AREA DRI  
Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /  
Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SLT4161U Co. Reg No (for Co. Vehicle)/NRIC/PP/FIN No: S01727101  
Name Of Registered Owner: CHENG BOON HUI  
Mobile Number: 9737346 Alternative No: 97570362 Email Address: CHENGND@GMAIL.COM

## Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model:   
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):   
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☐  
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: INDIA INT INS PTE LTD  
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐  
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No:

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: CHENG BOON HUI NRIC/ Passport / FIN No: S01727102  
Date Of Birth: 01.02.1951 Occupation: Indoor ☐ Outdoor ☐  
Date Of Driving Pass: Gender: Male ☒ Female ☐  
Mobile Number: 97570362 Fax No: Alternative No: 9737346  
Address: 25 TELOK KURAU LOR G 05-01 Postal Code: 426194  
Email Address: CHENGND@GMAIL.COM  
Was driver an employee of the Insured's Company? Yes ☐ No ☐ State relationship of the driver with the insured:

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident:  
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):  
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):  
Was any body injured in the Accident? No ☒ Yes ☐ No. of Passengers (incl driver in your vehicle):  
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:  
Was any other material or property (e.g. other vehicle) damaged? No ☒ Yes ☐  
Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒  
Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):  
Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SLK 336OR Vehicle Make/Model/Colour: TOYOTA / ESTIMA / SILVER  
Details Of Properties Damage in Accident:   
Name of Driver: KAMALUDEEN BIN MOHAMED  
NRIC/Passport/FIN Number: S75 30503 F Contact Number: 92713047  
Address: Postal Code:  
Insurance Company Name: AXA  
Nature Of Damage: No. Of Passenger (Including Driver):

## DETAILS OF ACCIDENT INDEPENDANT WITNESS

Name: Name:  
Phone Number: Phone Number:  
Email Address: Email Address:

## DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)

Name: Approximate Age:  
Address: Postal Code:  
Injuries Sustained: Injured person in which vehicle:  
Were seat belt worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐



Witness

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7928775Z



Name

CHENG TZE KANG

钟之康

Race

CHINESE

Date of birth

19-09-1979

Sex

M

Country of birth

SINGAPORE

S7928775Z

4472735



NRIC No. S7928775Z

Date of issue

07-10-2009

25 LORONG G TELOK KURAU #05-01

SINGAPORE 426194

NRIC No: S7928775Z

Date: 14/04/2012

No: 7067697

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S01727101



Name  
CHENG BOON HUI

钟文辉

Race  
CHINESE

Date of Birth  
01-02-1951

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S01727101

Name  
CHENG BOON HUI

Birth Date: 01 Feb 1951

Issue Date: 30 Sep 2003





0050936



NRIC No. S01727101



Blood Group: O+ Date of Issue: 20-08-1991

25 LORONG G TELOK KURAU #05-01  
SINGAPORE 426194

NRIC No: S01727101 Date: 12/04/2012 No: 7033379


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE: 09 Oct 1970

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S01727101





## 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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

<p>Agency Code: <b>15309SE</b> <b>Comprehensive</b></p>	<p>Insured/ Named Drivers Excess: <b>\$750/- Sect 1</b>            Unnamed Drivers Excess: <b>\$1250/- Sect. 1 &amp; additional \$2500/- Sect. 1 for age &lt; 21 years or &gt; 65 years &amp;/or S'pore D.L. &lt; 2 years</b>            Windscreen Excess: <b>\$100/-</b></p>
<p><b>CERTIFICATE NO. M494194</b></p>	
<p>1. <b>Index Mark and Registration Number of Vehicle</b></p>	<p><b>SLT 4161 U</b></p>
<p>2. <b>Name of Policy Holder</b></p>	<p><b>Cheng Boon Hui</b></p>
<p>3. <b>Effective date of the Commencement of Insurance for the purposes of the Act</b></p>	<p><b>27 October 2017</b></p>
<p>4. <b>Date of Expiry of Insurance</b></p>	<p><b>26 October 2018</b></p>
<p>5. <b>Person or Classes of Persons entitled to drive*</b></p>	<p>(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.</p> <p>(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.</p>
<p>6. <b>Limitations as to use*</b>            Use only for social, domestic and pleasure purposes and for the Policyholder's business.  <b>The Policy does not cover</b> use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p>	
<p>*Limitations 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.</p>	

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)

Date of Issue **IS 30/10/2017**

for **India International Insurance Pte. Ltd.**  
(APPROVED INSURERS)

**M X 1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP**

  
Authorised Signatory

### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **DQ**

Hire Purchase Company: **Maybank**