

Date In	26 / 12 / 17	15:46	Job description	Date & Time Completed	Done by
Ref No	NAI 171 17024376 / h4		SAS e-filing		
Veh No	SKW 8398 Z		E-mail (withins 3hrs/ANC 2hrs)		
DOA	25 / 12 / 17		1-Motor Claim Form		
QD <input checked="" type="checkbox"/> Reporting Only			1-Motor W/O (within 30 days TP 40%)		
			1-Photo Uploaded		
TP Insurer			Assessment/Survey Report		
			Ass't Report by Fax/ Hand to Owner/ Weir		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	SLR 4601 C
Owner / Driver: (	INC (	/ Non-INC (
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

Claimant's Particulars:-	MA1707976	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Act Bill
Driver/Owner:		1) AR: Accident Reporting (\$30)		30.00	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$30)			
Damaged Portion:		3) TF: Towing Fee	\$40.00		
QC Checked by (Engr-In-Charge):		4) FI: Follow-Through Survey	\$120		
		5) FI: Follow-Through Survey/Resurvey	\$20		
		For claimant's use: INC Only (over 10 Jan 2018)			
		6) TR: Re-inspection	\$75		
		7) N1: Ideal DA - SMRT Survey	\$180		
		8) NTUC Additional Services:-			
		OP:			
		*N3: Courtesy Car / Taxi Allowance	\$5		
		*N6: Repair Coordination	\$10		
		*N7: Post Repair Inspection	\$20		
		*N8: DV: Traffic/Police Coordination	\$5		
		TP (N11) TP IN & INC against DV	\$20		
		9) N12: Ideal Road	\$5		
		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 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	26/12/2017 15:46
Date Of Accident	25/12/2017 18:15
Exact Location Of Accident	SLE SLIP RD TO YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8398Z
Insured/Policyholder	
Name Of Registered Owner	LIN YONGSHUN
NRIC No	S2660198C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94576092
Alternative Phone No	OFFICE-94576092

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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	M493620
Cover Note Number	-

Driver

Name of Driver	LIN YONGSHUN
NRIC No	S2660198C
Date Of Birth	25/12/1962
Occupation	INDOOR
Date Of Driving Pass	11/10/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94576092
Fax Number	
Contact Number	OFFICE-94576092
EMail Address	NOEMAIL

Address	BLK 922 HOUGANG ST 91 #09-33
Postcode	530922
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4601C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KWOK MUN
NRIC/Passport Number	S1495568B
Contact Number	91013738
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LIN YONGSHUN

Approximate Age

Injuries Sustain

NECK & SHOULDER

Injured person in which vehicle?

SKW8398Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 lodgment 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:

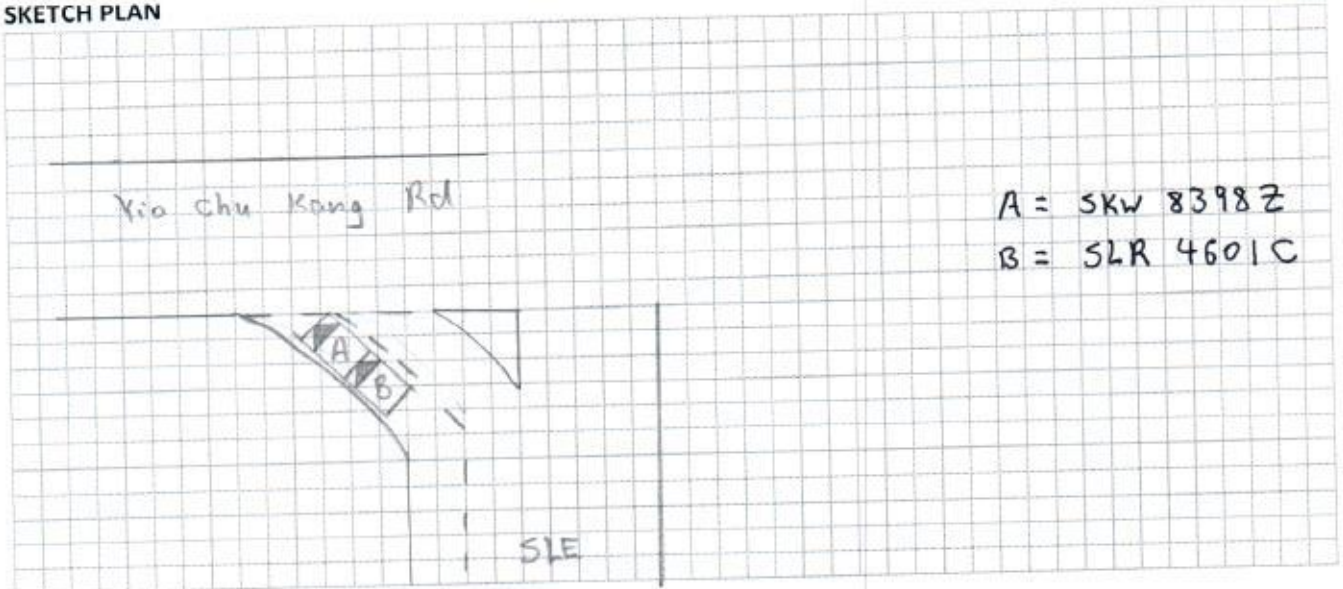
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = SKW 8398Z

B = SLR 4601C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 12 / 17 (DD/MM/YYYY), TIME: 19 : 15 (HH:MM)

LOCATION: SLE slip Rd to Yio Chu Kang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5KW 8398 Z
b) INSURANCE COMPANY: III
c) POLICY NUMBER: _____
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: 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: Lim Yong shun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94576092
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 / 9 / 1996

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) neck & shoulder.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Eunos NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 4601 C MODEL: _____
b) DRIVER'S NAME: Koh Kwok Mun
c) NRIC/FIN/PASSPORT: S 14955 68 B CONTACT: 91013738

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

video: Yes

Email = Soon 1729 @ gmail . com .

fax =



SINGAPORE POLICE FORCE



T/20171226/2049

1 of 3

Report No. T/20171226/2049

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2017 12:36	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LIN YONGSHUN			Address: APT BLK 922 HOUGANG STREET 91 #09-33 SINGAPORE 530922		
ID Type / ID No.: NRIC NO / S2660198C			Contact No.: Home/Office:		Mobile: 94576092
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 25/12/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONSTRUCTION DIRECTOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2017 18:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY YIO CHU KANG ROAD Along SLE, slip road to Yio Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Stopped Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW8398Z	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	Black	Slightly Damaged	0
SLR4601C	Car				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20171226/2049

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Report No. T/20171226/2049

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW8398Z	INDIA INTERNATIONAL INSURANCE PTE LTD	M493620	13/10/2017	12/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIN YONGSHUN		ID No.	S2660198C
Related Vehicle	SKW8398Z (Car)		Contact No.	94576092
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2017	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	KOH KWOK MUN		ID No.	S1495568B
Related Vehicle	SLR4601C (Car)		Contact No.	91013738
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the 25/12/2017 at about 1815hrs, I was driving my vehicle SKW8398Z along SLE. I was on the slip road to Yio Chu Kang Road, and I saw that was a lot of vehicle along the main road, so I stopped my vehicle at the stop line. Suddenly, I felt an impact from the rear. A vehicle SLR4601C has collided into the rear portion of my vehicle. Both drivers alighted and we exchanged particulars. Both vehicles have no passenger and no one was visibly injured. We agreed to settle via insurance claim and left shortly after.

I felt some pain in my neck and shoulder from the accident, and went to see a doctor at Mount Alvernia Hospital on the 26/12/2017. I was given a medical certificate of 5 days.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20171226/2049

3 of 3

Report No. T/20171226/2049

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 LIM WEI SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Authentication Stamp

NP168

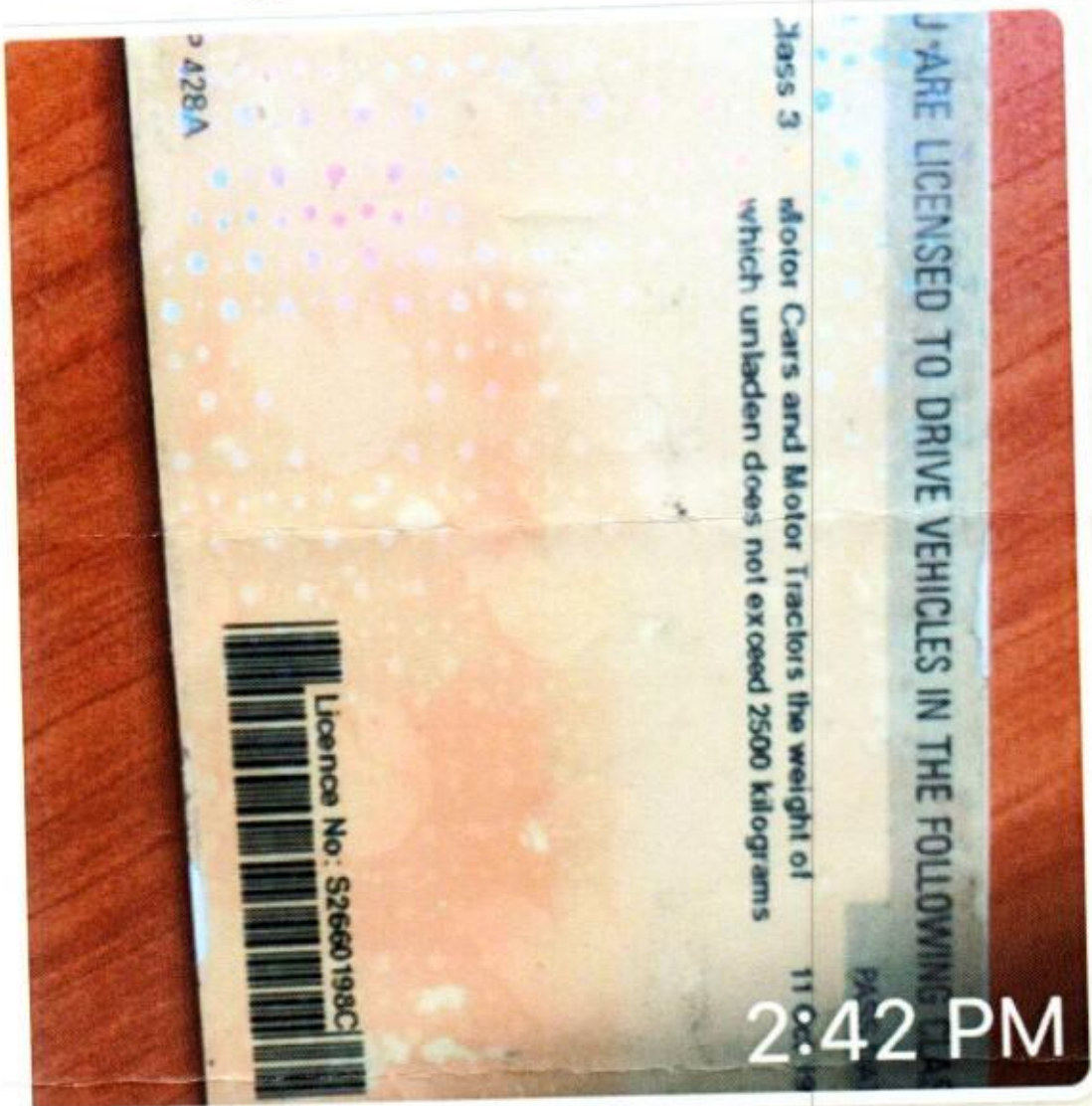
Signature Of Informant:

Date/Time:

26/12/2017 12:36

Classification Of Case:

SIGNATURE



2:42 PM



2:42 PM

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

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

11 Oct 1996

NP 428A



Licence No: S2660198C



INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078006-X
64 Cecil Street #04/ #05/ #06-02 10B Building Singapore 049711
Office (65) 63476100 Email: insure@iui.com.sg
Fax (65) 62244174 Website: www.iui.com.sg

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.

Agency Code: **6130ISE**
Comprehensive

Insured/ Named Drivers Excess: **\$750/- Sect 1**
Unnamed Drivers Excess: **\$1250/- Sect. 1 & additional \$2500/- Sect. 1 for age < 21 years or > 65 years &/or S'pore D.L. < 2 years**
Windscreen Excess: **\$100/-**

CERTIFICATE NO.

M493620

1. Index Mark and Registration Number of Vehicle

SKW 8398 Z

2. Name of Policy Holder

Lin Yongshun

3. Effective date of the Commencement of Insurance for the purposes of the Act

13th October 2017

4. Date of Expiry of Insurance

12th October 2018

5. Person or Classes of Persons entitled to drive*

- (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.
- (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.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover 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.

*Limitations rendered imperative 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).

Date of Issue: **SJ/20.09.2017**

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

M.X. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP

Authorized Signature

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: **M Plus**

Hire Purchase Company: **NA**