

Date In: 26/2/18 09:03	Job description	Date & Time Completed	Done by
Ref No: NA/ 111 18003553/h4	SAS e-filing		
Veh No: SJN 3284 K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/2/18 21:15	i-Motor Claim Form		
OD / TP / Repairing 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: 5GK 2660R	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

NA1801251	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist. INC Only (w/c 16 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (N-in-INC) against INC		
Pat. 1:	9) N13: Idas Mobile \$0		
Pat. 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 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 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	26/02/2018 09:03
Date Of Accident	03/02/2018 21:15
Exact Location Of Accident	CAUSEWAY TWDS JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3284K
Insured/Policyholder	
Name Of Registered Owner	LING NICKO LACESTON
NRIC No	S7780126Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631586
Alternative Phone No	OFFICE-96631586

Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY SEDAN 2.5GT AWD 5AT ABS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M489901
Cover Note Number	-

Driver

Name of Driver	LING NICKO LACESTON
NRIC No	S7780126Z
Date Of Birth	02/09/1977
Occupation	INDOOR
Date Of Driving Pass	25/02/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96631586
Fax Number	
Contact Number	OFFICE-96631586
EMail Address	NOEMAIL

Address	BLK 103 BEDOK RESERVOIR RD #06-418
Postcode	470103
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	5
Passenger 1	NAME: : TAY LEE FEN GENDER: : FEMALE
Passenger 2	NAME: : LING NICOLE GENDER: : FEMALE
Passenger 3	NAME: : LING NICKI GENDER: : FEMALE
Passenger 4	NAME: : LING NISHA GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK2660R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 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 = SJN 3284K
B = SGK 2660R

Causeway twds JB checkpoint

$B = 56K 2660R$

Causeway leads JB checkpoint

Please Refer to Police Report

Please Refer to Police Report

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

6j

فصل

[Signature]



SINGAPORE POLICE FORCE



T/20180221/2184

1 of 3

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

Report No. T/20180221/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 21:39	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LING NICKO LACESTON			Address: APT BLK 103 BEDOK RESERVOIR ROAD #06-418 SINGAPORE 470103	
ID Type / ID No.: NRIC NO / S7780126Z			Contact No.: Home/Office: Mobile: 96631586	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 02/09/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/02/2018 21:15	Type of Location: Straight Road
Location: Along Road 1 CAUSEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGK2660R	Car	MAZDA		Red	No Damage	3
SJN3284K	Car	SUBARU	LEGACY SEDAN 2.5GT AWD 5AT ABS	Black	No Damage	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180221/2184

2 of 3

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

Report No. T/20180221/2184

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN3284K	INDIA INTERNATIONAL INSURANCE PTE LTD	M489901	13/03/2017	12/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LING NICKO LACESTON	ID No.	S7780126Z
Related Vehicle	SJN3284K (Car)	Contact No.	96631586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 above mentioned time and date, I was driving my vehicle bearing the registration plate number SJN3284K along causeway, towards JB checkpoint on the second most left lane. At this point of time, my vehicle was behind another vehicle SGK2660R and it was very congested. As such, there was an instance whereby vehicle SGK2660R had abruptly braked, which caused the front of my vehicle to slightly collided onto the rear of vehicle SGK2660R. After which, both of us alighted the vehicle and we discovered there was no damages to both of our vehicles. Subsequently, both of us decided not to pursue the matter and we did not exchanged our particulars and left the said vicinity.

However on 21/02/2018, I discovered a letter that was addressed to me informing me that the above mentioned incident was an alleged hit and run accident. I would like to state that as there were no damages to both of our cars and we were both not injured, and as such I was shocked to receive this letter. I would also like to state that I have an in-car camera inside my vehicle, however I am unsure whether did it captured the accident.



**SINGAPORE
POLICE FORCE**



T/20180221/2184

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

3 of 3

Report No. T/20180221/2184

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 LEE WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2018 21:39

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7780126Z**
 Name
LING NICKO LACESTON

Birth Date: **02 Sep 1977**
 Issue Date: **21 Apr 2004**

001201426G




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7780126Z**

Name
LING NICKO LACESTON

Race
CHINESE

Date of birth
02-09-1977

Country/Place of birth
MALAYSIA


Sex
M




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASS

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Feb 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 1998

Licence No: **S7780126Z**



NP 426A

5408584

S7780126Z

NRIC No. **S7780126Z**

Date of issue
09-01-2015

Address
**APT BLK 103 BEDOK RESERVOIR ROAD
 #06-41B
 SINGAPORE 470103**




INDIA

INTERNATIONAL INSURANCE PTE LTD

In service since 1987

IDAC	HOTLINE
STA Inspection	65556888
VICOM Assessment Centre	1800-2255822

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (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: 87396SE
Comprehensive

Insured/ Named Drivers Excess: \$1000/- Sect 1
Unnamed Drivers Excess: \$1500/- 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.

M489901

1. Index Mark and Registration
Number of Vehicle

SJN 3284 K

2. Name of Policy Holder

Ling Nicko Laceton

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

13th March 2017

4. Date of Expiry of Insurance

12th March 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 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).

Date of Issue: SJ/18.01.2017

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

M.X. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP


Authorized 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: Sunmex

Hire Purchase Company: United Overseas Bank Limited

INDIA INTERNATIONAL INSURANCE PTE LTD

CO. REG. NO.: 198703792K

64 CECIL STREET #04/05/06-02 IOB BUILDING SINGAPORE 049711 TEL: 6347 6100 FAX: 6224 4174 • 6225 7743 WEB: www.iii.com.sg
POSTAL ADDRESS: ROBINSON ROAD P.O. BOX NO. 738 SINGAPORE 901438

Our Ref: MC2018/2132/CM
Your Ref: SJN3284K

Date: 22 February 2018

Ling Nicko Lacion
Blk 103 Bedok Reservoir Road
#06-418 S(470103)

BY REGD & NORMAL POST

Dear Sir,

**ACCDT INVL SJN3284K (III) & SGK2660R ON 03.02.2018 ALONG WOODLANDS CAUSEWAY
BRIDGE TWDS MALAYSIA CHECKPOINT**

We do not appear to have been notified of the above accident and hence are unable to deal with the third party claim(s). If the accident did in fact happen kindly ensure that an accident report is filed immediately with any of the IDAC or Reporting Centres and provide us with the following:

- (i) Copy of police report, if lodged
- (ii) Copy of accident report and
- (iii) Explanation for the non-reporting of the accident **within 24 hours** of the accident or by the **next working day** in compliance with the "Notification Clause" of the policy (copy enclosed for easy reference).

Please note that if we do not receive copies of the police and/or accident report and satisfactory explanation latest by the date indicated below this communication will serve as our formal communication to deny indemnity to you and/or driver at the time of accident, in respect of all claims arising out of the above accident.

Kindly note that under the Motor Vehicles (Third Party Risks & Compensation) Act, we are statutorily liable to satisfy any third party claim for damages for personal injuries and related expenses. Should we be required to satisfy any third party injury claim required under law, we reserve our rights to seek full recovery from you for all amounts incurred by us in accordance with the "Avoidance of Certain Terms & Rights of Recovery" clause of the Policy.

If you are not the driver of insured vehicle at the material time please bring this letter to the attention of the driver concerned for compliance. Further, kindly let us have the driver's name, NRIC and contact details (Phone nos. and Email ID).

Kindly revert latest by: 02.03.2018.

Yours faithfully


C Meenachi
Motor Claims Dept.
Email : meenachi@iil.com.sg
DID : 6347 6073

Cc: SUNMEX ENTERPRISE [By Email]