

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 07/09/18	Job description	Date & Time Completed	Done by
Ref No NA/181 18016 333/13	SAS e-filing		
Veh No SJU2785B	E-mail (within 8hrs. A/C 2hrs)		
D.O.A 02/09/18 0630	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: (N-51)	Tel:	Fax:
TP Particulars:	Veh No: LAMP POST	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

NA1805694	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services :-		
	OD*		
	*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	

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	07/09/2018 09:08
Date Of Accident	02/09/2018 06:30
Exact Location Of Accident	TOA PAYOH LOR 4 TWDS TOA PAYOH LOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2785B
Insured/Policyholder	
Name Of Registered Owner	LEONG SAI MUN
NRIC No	S7716902D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92991984
Alternative Phone No	OTHERS-92991984

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	M496678
Cover Note Number	

Driver

Name of Driver	NYIO SHU FENG
NRIC No	S9216873E
Date Of Birth	16/05/1992
Occupation	INDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98581235
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 58 LOR 4 TOA PAYOH #10-55
Postcode	310058
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 PROPERTY
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?	YES
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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	LAMP POST
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NYIO SHU FENG
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SJU2785B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

⑥

Policyholder's Signature
Date & Time:

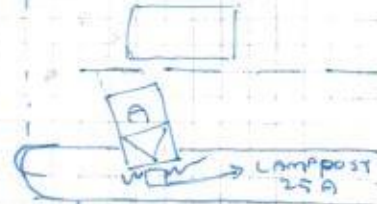
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A - SJU 2785 B

600 TOA PASIR
AGRAH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ALONG TOA PASIR FOR 4 TOWARDS
LOR 1 TOA PASIR DIRECTION.

WHILE DRIVING STRAIGHT SUDDENLY MY VEHICLE LOST
CONTROL AND MY VEHICLE SWERVED RIGHT AND HIT
THE CURB AND HIT ONTO THE LAMP POST.

VEHICLE A - SJU 2785 B

DECLARATION

I/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:

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

sfym 07/09/18



**SINGAPORE
POLICE FORCE**



T/20180904/2137

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784

Tel No: 1800-4849999

Report No. T/20180904/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2018 19:01	Vide Report No.: E/20180902/0074	Station Diary No.: 111
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: NYIO SHU FENG			Address: APT BLK 58 LORONG 4 TOA PAYOH #10-55 SINGAPORE 310058	
ID Type / ID No.: NRIC NO / S9216873E			Contact No.: Home/Office: Mobile: 98581235	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 26	Date of Birth: 16/05/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU2785B	Car			Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU2785B	INDIA INTERNATIONAL INSURANCE PTE LTD			



**SINGAPORE
POLICE FORCE**



T/20180904/2137

2 of 3

Report No. T/20180904/2137

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

ON 2/9/2018 AT ABOUT 0630HRS I WAS TRAVELLING ALONG LOR 4 TOA PAYOH TOWARDS MY HOUSE. WHILE I WAS DRIVING I WAS SUDDENLY DISTRACTED BY A BRIGHT LIGHT . I THEN ACCIDENTLY SWERVED TOWARDS TO THE RIGHT . I LOST CONTROL AND BANGED AT LAMP POST AND THE RAILING . I WAS THEN LATER CONVEYED TO HOSPITAL BY AMBULANCE. I WAS GIVEN 8 DAYS OF HOSPITALIZATION LEAVE .
DAMAGE TO MY CAR : TOTAL LOSS TO MY CAR

POLICE FORCE



T/20180904/2137

3 of 3

Report No. T/20180904/2137

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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: SN005

F /

Insp HENDRA DARMAWAN MOHD ISMAIL

Signature:

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/09/2018 19:01

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 93265045

Classification Of Case:

Authentication Stamp

Vehicle No.	55U 27853	Model / Make	CHEVROLET CRUZE
Date of Accident	02/09/18		
Time of Accident	0630	HRS	
Location of Accident	TOA PAYOH LOR 4 TOWARDS LOR 1		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LIZONH SRI MUN		
Telephone No.	H/P: 92991094	Home :	Office :
NRIC	577169020		
Address	BLK 716 ANH MO KIO AVE 6 #04-4028 S(560716)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	WDIA Insurance		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, NY10 SHU FENG		
NRIC	59216873E	Any Passengers :	NIL
Date of birth	16/05/1992		
Occupation	Outdoor / Indoor		
Driving License Pass Date	14/03/2018		
Gender	Male / Female		
Contact No.	H/P: 98581235	Home :	Office :
Address	58 LOR 4 TOA PAYOH #10-55 S310058		
Driver have any own vehicle	(No) If yes, Reg No.		
Relationship	Employee, If no, state friends.		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who? Driver, minor head injury.		
Name And Contact No.	NY10 SHU FENG 98581235		
Name And Contact No.			
Police Report	No, If Yes, Where? 51 Any Mo Kio Ave 9 569784		
Vehicle B No.		Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E No.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9216873E



Name

NYIO SHU FENG

杨曙凤

Race

CHINESE

Date of birth

16-05-1992

Sex

F

Country of birth

SINGAPORE

S9216873E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9216873E

Name

NYIO SHU FENG

Birth Date: 16 May 1992

Issue Date: 14 Mar 2018



002782914B



4123549

NRIC No: S9216873E



Date of issue

31-10-2007

Address

APT BLK 58 LORONG 4 TOA PAYOH
#10-55
SINGAPORE 310058

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 14 Mar 2018

NP 428A



Licence No: S9216873E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7716902D



Name

LEONG SAI MUN
(LIANG SHIMIN)

梁世民

Race

CHINESE

Date of birth

05-06-1977

Sex

M

S7716902D

Country of birth

SINGAPORE



3899097



NRIC No. S7716902D

Date of issue

12-06-2006

Address

APT BLK 716 ANG MO KIO AVENUE 6
#04-4028
SINGAPORE 560716

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: **75280SE**
Comprehensive

Insured/ Named Drivers Excess: **\$600/- Sect 1**
Unnamed Drivers Excess: **\$1100/- 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.

M496678

1. **Index Mark and Registration
Number of Vehicle**

SJU 2785 B

2. **Name of Policy Holder**

Leong Sai Mun

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

25th May 2018

4. **Date of Expiry of Insurance**

24th May 2019

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: **hh/29.03.2018**

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: **Pana Harrison**

Hire Purchase Company: **HL Bank**