

NATIONAL Assessment Centre Services (wef 1 Jan 2005) <b>19 MAY 18/28585</b>			
Date In: <b>03/10/2018 19:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/TH/80/7973/4</b>	SAS e-filing		
Veh No: <b>SKP 5223 B</b>	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: <b>03/10/2018 14:15</b>	I-Motor Claim Form		
OD / TP: <b>Reporting Only</b>	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: <b>SMB 3045 L</b>	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

<b>NA1806362</b> <b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat 1: Cat 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: 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:-				
OI:				
*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 \$0				
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	03/10/2018 19:54
Date Of Accident	03/10/2018 14:15
Exact Location Of Accident	PIE TOWARDS BUKIT BATOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5223B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIU CHONG TIEK
NRIC No	S0125994F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92316941
Alternative Phone No	OTHERS-92316941

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	D18MPC0001354
Cover Note Number	

### Driver

Name of Driver	CHIU CHONG TIEK
NRIC No	S0125994F
Date Of Birth	17/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316941
Fax Number	
Contact Number	OTHERS-92316941
EMail Address	NOEMAIL



Address	BLK 142 TECK WHYE LANE #04-275
Postcode	680142
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SMB3045L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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:

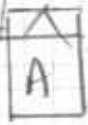
NRIC/FIN No.:



# SKETCH PLAN

PIKE TOWARDS BUKIT BATOK

STATIONARY  
Lorry



A) SKP 5223B

B) SMB 3045L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/10/2018 AT ABOUT 14:15 HRS I WAS TRAVELLING ALONG PIKE TOWARDS BUKIT BATOK. I WAS TRAVELLING AT 2ND LANE OF 4 LANE ROAD EXTENDING LEFT LANE FROM FOR I ALREADY SAW A LORRY WHICH WAS STATIONARY AT THAT TIME MY LEFT SIDE WAS A BUS WHO WAS OVERTAKING TO THE 2ND LANE & I TRY TO GO TO THE 3RD LANE BUT I COULD NOT MOVE BECAUSE OF HEAVY TRAFFIC AND MY FRONT LEFT OF MY CAR SKP 5223B RUBB AGAINST THE LEFT REAR OF A BUS SMB 3045L AND I WANT TO FILE TO MAKE A REPORT THAT ALL.

THE BUS SUPERVISOR SAYS HE WILL INVESTIGATE & GET BACK TO ME.

## 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:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

03/10/2018

*[Signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: 03/10/2018 (DD/MM/YYYY), TIME: 2:15 (HH:MM)

LOCATION: P.I.E to Ward St Bt Bt

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 522313  
 b) INSURANCE COMPANY: India International Insurance  
 c) POLICY NUMBER: D18MP Cans 1354  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Jazz  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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: CHW CHONG TEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 5012571A F CONTACT: 92316941  
 c) ADDRESS: Apt 1314 142 Teck Whye Lane  
680142

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. No of passengers  
(including driver)  
( )

- DRIVER  
 a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17/03/1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/12/1962

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passengers  
(including driver)

- a) VEHICLE NUMBER: SMB 3045 L MODEL: Bus

- b) DRIVER'S NAME: \_\_\_\_\_

- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

- e) DRIVER'S NAME: \_\_\_\_\_

- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = NO.

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0125994F



Name

CHIU CHONG TIEK

Race

CHINESE

Date of birth

17-03-1954

Country/Place of birth

SINGAPORE

Sex

M



6000681



NRIC No S0125994F



Date of issue

15-08-2018

Address

APT BLK 142 TECK WHYE LANE  
#04-27B  
SINGAPORE 680142

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0125994F

CHIU CHONG TIEK

Birth Date: 17 Mar 1954

Issue Date: 18 Oct 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EXPIRY DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

17 Dec 1992

NP 428A



## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D18MPC0001354</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	: SKP5223B	
Chassis No	: JHMGK3850FX200228	
2. Name of Policyholder	: CHIU CHONG TIEK	
3. Effective date of Insurance	: 17 Sep 2018	
4. Expiry date of Insurance	: 16 Sep 2019	
5. Persons 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. <b>The Policy does not cover</b> a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.	
<small>*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.</small>		
Insured & Named Drivers Excess Sect I : SGD 600.00 Unnamed Drivers Excess Sect I : SGD 1,100.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : DBS Bank Ltd		
<b>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</b>		
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).		
Agent/Broker : A000050/Sunmex Enterprise Date of Issue : 16/08/2018 15:10:54 MX1-Private Car (Insured Driving)	For India International Insurance Pte Ltd  R. Ravindra Kumar MD & CEO	

**SUNMEX ENTERPRISE**  
8 ENGGOR STREET  
#24-02  
SINGAPORE 079718  
TEL: 6220 5977 FAX: 6220 1698