

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MVA 118165978

Date In: 26/12/18-18:02	Job description	Date & Time Completed	Done by
Ref No: NA/22180023/24	SAS e-filing		
Veh No: JK05612L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12/18-19:15	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: SLK1540B 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

Claimant's Particulars:	Invoice/Reparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		Est. Bill	Add. Bill
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45		
Auditors' Comments:	4) FT: Follow-Through Survey \$120		
Pat. 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Pat. 2/3:	6) TR: Post-Inspection \$75		
	7) N1: Done DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NC: Repair Co-ordination \$10		
	*NR: Post-Repair Inspection \$25		
	*NA: Collect Breaks Coordination \$5		
	TP: TP (N-INC) against INC \$20		
	9) N1: Mobile \$30		
	Invoice: _____ Fee Charged		
	Invoice: _____ 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 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. 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	26/12/2018 18:02
Date Of Accident	24/12/2018 19:15
Exact Location Of Accident	WOODLANDS CROSSING VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5617L
Insured/Policyholder	
Name Of Registered Owner	GOH PENG HONG
NRIC No	S7508221E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92727282
Alternative Phone No	OFFICE-92727282

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 EX AUTO ABS D/AB 2WD 4DR
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	D18MPC0003013
Cover Note Number	

Driver

Name of Driver	ANG WEI KWAN
NRIC No	S8368266C
Date Of Birth	13/08/1983
Occupation	INDOOR
Date Of Driving Pass	22/10/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727282
Fax Number	
Contact Number	OFFICE-92727282
Email Address	NOEMAIL

Address	BLK 677A JURONG WEST STREET 64 #08-273
Postcode	641677
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : LAU HOCK YING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181225/2096.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1540B
Vehicle Make/Model/Colour	HONDA VEZEL
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)

DETAILS OF INJURED PERSON 1

Name	ANG WEI KWAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD5617L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LAU HOCK YING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD5617L
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.



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.:

Date of Accident : 24/12/18 Accident Time: 1915 hrs (24-HR-Format)
 Accident Place : WOODLANDS CROSSING VIADUCT
 Vehicle Reg. No. (Car Plate No.) : SKD 5617L
 Vehicle Make/Model : MITSUBISHI EX LANCER
 Insurance Company : INDIA INT'L Policy No. DIGMPC0063013
 Owner or Company Name / IC No. : GOH PENG HONG 87508221E
 Owner or Company Contact No. : - Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : ANG WEI KWAN 38368266C
 DRIVER'S Date Of Birth : 13081983 DRIVER'S License Pass Date 7/11/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : BK LTTA JURONG WEST ST 64 #08-273
 DRIVER'S Contact No./ Alt No. : 1) 92727282 2) (S)641677
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : woodpay@sin-chew.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 (1 driver, 1 passenger (female))
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No. <u>(B) SLK 1540 B</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>HAIDA VEZEL</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Injured Person @ Ang Wei Kwan 38368266C (driver)
 @ Lau Hock Ying / 58365304C (passenger)



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 21:12	Vide Report No.: L/20181224/0142	Station Diary No.: 87
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Informant's Particulars			
Name of Informant: ANG WEI KWAN		Address: APT BLK 677A JURONG WEST STREET 64 #08-273 SINGAPORE 641677	
ID Type / ID No.: NRIC NO / S8368266C		Contact No.: Home/Office: Mobile: 92727282	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 13/08/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: assitant operation manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2018 19:15	Type of Location: woodlands checkpoint car lane
Location: Along Road 1 WOODLANDS CIRCLE Woodlands crossing Viaduct car lane, Lamp post 551F Lamp Post Number: 551F				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD5617L	Car				Slightly Damaged	2
SLK1540B	Car				Slightly Damaged	2



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG WEI KWAN	ID No.	S8368266C
Related Vehicle	SKD5617L (Car)	Contact No.	92727282
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/12/2018	Date Discharge	24/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	Lau Hock Ying	ID No.	S8365304C
Related Vehicle	SKD5617L (Car)	Contact No.	86603239
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2018	Date Discharge	24/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/012/2018 at about 1915hrs, while I was driving along Woodlands crossing viaduct car lane into woodlands checkpoint at L/P:551F, a car bearing plate number SLK1540B suddenly hit my rear car bumper, SKD5617L. The impact was hard and my wife who is sitting next to me is 07 months pregnant . After the accident, I went out of the car and called for the police. About 10 minutes later the police came together with ambulance. The ambulance made a check on my wife and my wife was conveyed to Khoo Teck Puat Hospital. She was given 03 days Mc and I was given 02 days of MC. My rear bumper and rear boot is damaged. Vide report: L/20181224/0142. That is all.



**SINGAPORE
POLICE FORCE**



T/20181225/2096

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20181225/2096

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:
J/
Staff Sgt TITY SUMARNI BINTE ABDUL GHANI

Signature Of Informant:

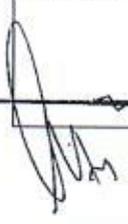
Signature Of Interpreter:
Not applicable

Date/Time:
25/12/2018 21:12

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168


Signature : _____ SN-127
Singapore Police Force

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S8368266C**

Name:

ANG WEI KWAN

Birth Date: **13 Aug 1983**

Issue Date: **07 Nov 2017**



002741144E



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

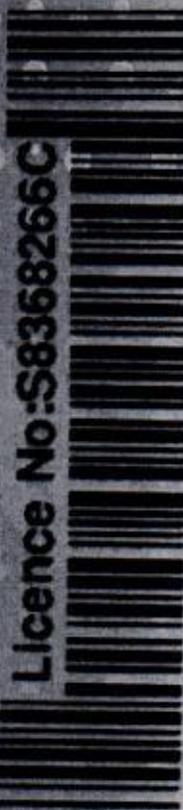
EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

22 Oct 2012

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8368266C



Name

ANG WEI KWAN

洪 伟 权

Race

CHINESE

Date of birth

13-08-1983

Country/Place of birth

MALAYSIA

Sex

M



9464490



NRIC No. S8368266C



Nationality

MALAYSIAN

Date of issue

25-10-2017

APT BLK 677A JURONG WEST STREET 64 #08-273
SINGAPORE 641677

NRIC No: S8368266C

Date: 26/06/2018

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, 1959 (MALAYSIA)

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

CERTIFICATE NO.: D18MPC0003013		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKD5617L	
Chassis No	: JMYSRCY2ABU001925	
2. Name of Policyholder	: GOH PENG HONG	
3. Effective date of Insurance	: 15 Dec 2018	
4. Expiry date of Insurance	: 14 Dec 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.	
	The Policy does not cover	
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.	
*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.		
Insured & Named Drivers Excess Sect I	: SGD500.00	
Unnamed Drivers Excess Sect I	: SGD1,000.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: DBS Bank Ltd	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
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	: A000021/Tan Shi Jack	
Date of Issue	: 23/11/2018 14:18:52	
MX1-Private Car (Insured Driving)		
		For India International Insurance Pte Ltd
		
		R. Ravindra Kumar MD & CEO