

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/01/09	Job description	Date & Time Completed	Done by
Ref No: NA/19000818/13	SAS e-filing		
Veh No: 5L6146	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/01/09 1235	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: 5MC2926X	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

NA1900462

## Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	ON:		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 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	14/01/2019 16:37
Date Of Accident	13/01/2019 12:35
Exact Location Of Accident	CTE TWDS SLE AFT AMK AVE 5 B4 YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG14G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SIOK LIN,LINDA
NRIC No	S7902019B
Email Address	LINDAGOHSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90909070
Alternative Phone No	OTHERS-90909070
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FREED
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
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001504
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH SIOK LIN,LINDA
NRIC No	S7902019B
Date Of Birth	04/01/1979
Occupation	INDOOR
Date Of Driving Pass	23/06/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90909070
Fax Number	
Contact Number	OTHERS-90909070
EEmail Address	LINDAGOHSL@GMAIL.COM

Address	BLK 305 SERANGOON AVE 2 #08-82
Postcode	550305
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	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 51 SERANGOON GARDEN WAY , <b>POSTCODE:</b> 555947 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2879999 - <b>FAX NO:</b> 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190114/2103

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2926X
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL7887G

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)

#### DETAILS OF INJURED PERSON 1

Name

GOH SIOK LIN,LINDA

Approximate Age

Injuries Sustain

BACK,NECK,HEAD & CHEST

Injured person in which vehicle?

SLG14G

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)**

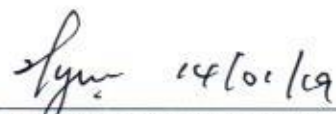
I understand, acknowledge, agree and consent that:

- (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.



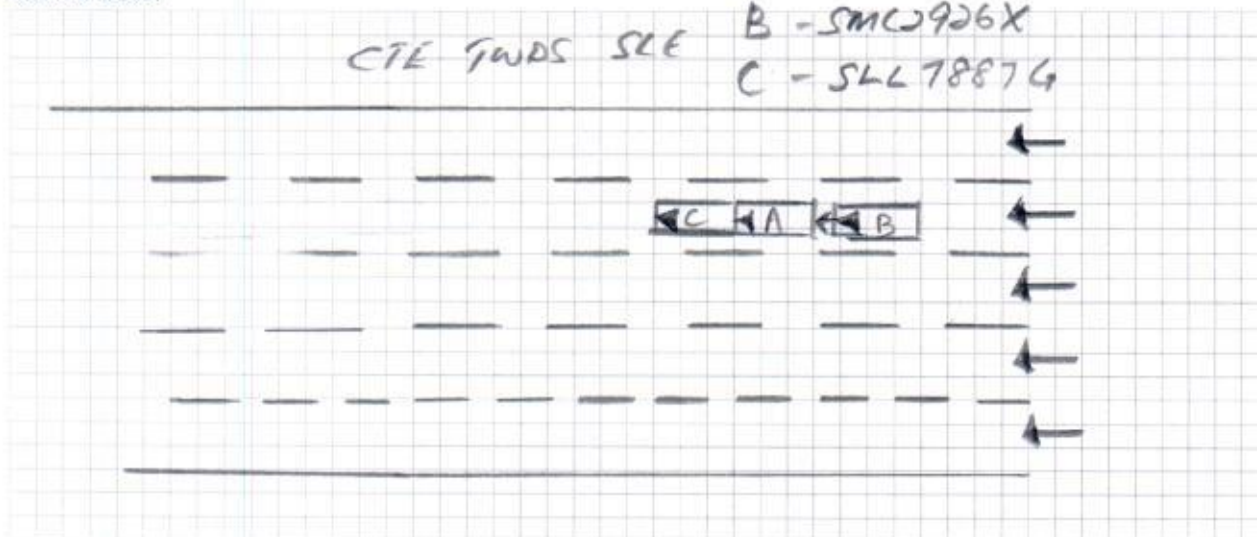
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report

## 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.:





# SINGAPORE POLICE FORCE



T/20190114/2103

1 of 3

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No. T/20190114/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2019 16:02		Vide Report No.: F/20190113/0111		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: GOH SIOK LIN, LINDA			Address: APT BLK 305 SERANGOON AVENUE 2 #08-82 SINGAPORE 550305		
ID Type / ID No.: NRIC NO / S7902019B			Contact No.: Home/Office: Mobile: 90909070		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 04/01/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: -			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 12:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards SLE direction, after Ang Mo Kio avenue 5 before Yio Chu Kang exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SLG14G		HONDA	FREED HYBRID 1.5G AUTO	Black		0
SLL7887G	Car	SUBARU	OUTBACK 2.5I-S CVT AWD SR	White		0
SMC2926X		AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey		0



Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG14G	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0001504	31/10/2018	30/10/2019

**Brief Details.**

On 13/01/2019 at around 1235hrs, I was driving my vehicle SLG14G along Central Expressway towards SLE/TPE. The weather was clear, the road was dry and the traffic was moderate.

There was a vehicle, SLL7887G in front of my vehicle. I was driving at the constant speed of 60-70km/hr. Out of sudden, the front vehicle stopped and I had press by emergency brake as it was too sudden. However, my vehicle had hit onto the front vehicle as I could not stop in time due to the sudden break by the front vehicle. Later on, I felt another impact coming from the rear.

Both of the impact were moderate, I sat inside my vehicle for a while as I was in a shocked after the incident. The other party called for the ambulance and police as I was not feeling well. The ambulance came and I was then conveyed to TTSH. I did not ask what actually happen however I had noticed there was a roadwork at the front of the incident had happened.

I had suffered pain at the back of my neck when I was in hospital. I was discharge on the same day. On 14/01/2019, I felt pain on my head and chest however I had yet to see a doctor again. I was instructed to lodge a traffic accident report by the traffic investigation officer Maria, Tel: 6547 6455 vide to F/20190113/0111.





**SINGAPORE  
POLICE FORCE**



T/20190114/2103

3 of 3

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No. T/20190114/2103

**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:

F /

Sgt 2 LAM CHEW KIT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PAUL

Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/01/2019 16:02

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7902019B



GOH SIOK LIN, LINDA  
(WU SHULIN, LINDA)

Race

CHINESE

Date of Birth

04-01-1979

Country of Birth

SINGAPORE

Sex

F

S7902019B

A9907433



NRIC No. S7902019B



Blood Group

A+

Date of issue

05-04-2001

APT BLK 305 SERANGOON AVENUE 2 #08-82  
SINGAPORE 550305

NRIC No. S7902019B

Date: 21/05/2016



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

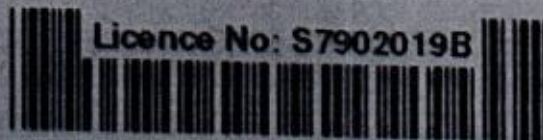
Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

23 Jun 2000

NP 428A



Licence No: S7902019B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7902019B

Name:

GOH SIOK LIN, LINDA  
(WU SHULIN, LINDA)

Birth Date: 04 Jan 1979

Issue Date: 21 Jun 2004



001241833A



## 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, 1999 (MALAYSIA)

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

CERTIFICATE NO.: D18MPC0001504

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SLG14G  
Chassis No : GB71033510
2. Name of Policyholder : GOH SIOK LIN LINDA
3. Effective date of Insurance : 31 Oct 2018
4. Expiry date of Insurance : 30 Oct 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

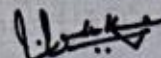
Hire Purchase Company : Maybank

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 : A000029/DQ INSURE  
Date of Issue : 27/08/2018 09:51:27  
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



R. Ravindra Kumar  
MD & CEO