

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005]

Date In: 07/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/1119002248/13	SAS e-filing		
Veh No: SMD8392R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/02/19 1345	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **Y&R AUTO WICKHAM** ) Tel: Fax: )

TP Particulars: Veh No: **SKA9216A** 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>NA1901026</b>		<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
		1st Bill	Add Bill		
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);				
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$50)				
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45				
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120				
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30				
<b>Auditors' Comments :-</b>	<i>For claiming against INC Only (wef 10 Jan 2005)</i>				
<b>Cat. 1:</b>	6) TR : Re-inspection \$75				
<b>Cat. 2 / 3:</b>	7) NI : 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 \$0				
	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 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	07/02/2019 21:07
Date Of Accident	04/02/2019 13:45
Exact Location Of Accident	MIDDLE RD TWDS NICOLL HIGHWAY B4 BEACH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8392R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FENG LI
NRIC No	S6868553B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92716782
Alternative Phone No	OTHERS-92716782

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	C01002
Cover Note Number	

### Driver

Name of Driver	WANG XI
NRIC No	S9075958B
Date Of Birth	03/07/1990
Occupation	INDOOR
Date Of Driving Pass	14/01/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92716782
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	34 BAYSHORE ROAD #19-01
Postcode	469976
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : FENG LI GENDER: : FEMALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA9216A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PING HAU
NRIC/Passport Number	S9331052G
Contact Number	81381993
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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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:

*Henker*

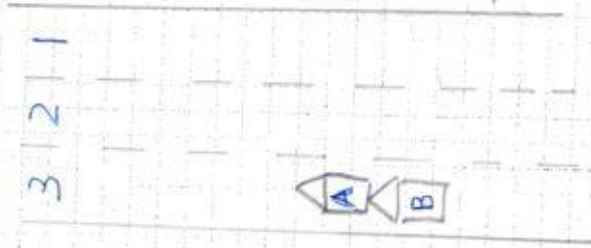
\_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

*Shym 07/02/19*

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

MIDDLE RD TWS  
NICOLL HIGHWAY

A = SMD 8392R  
B = SKA 9216A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG MIDDLE ROAD TOWARDS NICOLL HIGHWAY BEFORE BLEACH ROAD, FRONT VEHICLE STOPPED WHILE I ALSO STOPPED BUT BEHIND VEHICLE CANNOT STOPPED IN TIME AND HIT MY VEHICLE BACK.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*[Signature]* 07/02/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# YEW TEE AUTOMOBILE TECH PTE LTD

## ACCIDENT STATEMENT

Date & Time of Accident: 4/2/19 13:45 PM  
 Exact Location of Accident: MIDDLE RD TOWARDS NICOLL HIGHWAY BEFORE BEACH ROAD

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SMD 8392 R

Insured/ Policyholder: \_\_\_\_\_

Name of Registered Owner: FENG LI

NRIC Number / Co Reg. Number: 56868533B

### Vehicle Particulars

Vehicle Make & Model: \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident: Private Use / Work Use

Please state action to be taken for type of insurance claim: Own Damage / Third Party / Reporting Only

Vehicle Category: Private Car / Commerical / Private Hire / Others

### Insurance Company

Name of Insurance Company: INDIA INTERNATIONAL

Policy Number: \_\_\_\_\_

### Driver

Name of Driver: WANG XI

NRIC Number: S9075958B

Date of Birth: 03-07-1990

Date of Driving Pass: 14-01-2012

Contact Number: 9271 6782

Address: 34 BAYSHORE ROAD #14-01 SINGAPORE 469976

Relationship of the Driver with the Insured: DAUGHTER

### General Information of the Accident

Weather Conditions: Clear / Raining / Others

Road Surface: Wet / Dry / Others

### Other Information

Was anybody injured in the Accident? Yes / No

Was any other vehicle or property damage? Yes / No

Number of Passengers (Incl Driver) 02 Name & Gender: FENG LI (FEMALE)

Name & Gender: \_\_\_\_\_

Was the Accident reported to the Police? Yes / No

Was there any video captured? Yes / No

### DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number: SKA 9216 A

Name of Driver: TAN PING HAU

NRIC Number: S9331052G

Contact Number: 8138 1993

Address: \_\_\_\_\_

Vehicle Category: Private Car / Commerical / Private Hire / Others

### Details of Witness

Name & Contact Number: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9075958B



Name  
WANG XI

王 曦

Race  
CHINESE

Date of birth  
03-07-1990

Sex  
F

S9075958B

Country/Place of birth  
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9075958B

Name  
WANG XI

Birth Date 03 Jul 1990

Issue Date 14 Jan 2012



0020348056A



9312187



NRIC No. S9075958B



Nationality

CHINESE

Date of issue

09-10-2013

Address

34 BAYSHORE ROAD  
#19-01  
SINGAPORE 469978

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg 14 Jan 2012  
with  $\leq$  7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals  $\leq$  2500kg



Licence No. S9075958B

NP 428A



INDIA INTERNATIONAL INSURANCE PTE LTD  
Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X  
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711  
Office (65) 63476100 Email insure@iii.com.sg  
Fax (65) 62244174 Website www.iii.com.sg

## MOTOR VEHICLE WARRANTY INSURANCE Policy Schedule

Tax Invoice (GST Reg. No: M2-0078806-X)

Owner/Insured

FENG LI  
34 BAYSHORE ROAD  
#16-08  
S(469976)

India International Insurance Pte Ltd (hereinafter referred as "the Company") hereby certifies that the Owner/Insured of the Motor vehicle described below is insured under the Company's Motor Vehicle Warranty Insurance Policy subject to the Terms, Conditions, Exclusions and Endorsements attached thereof.  
The Cover under this Policy shall be automatically void if any service, repair, maintenance, trouble-shooting is conducted by any third parties other than Auto Sprint Pte Ltd including any repairs arising out of an Accident.  
Please read the Policy booklet carefully to fully understand the coverage.

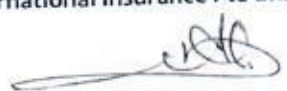
### Coverage Details

Certificate No.	CO1002
Endorsement applicable	MW1
Period of Insurance	24/09/2018 to 23/09/2023 } whichever shall first occur
Mileage cover	130,000km
Maximum claim limit per year	S\$10,000/-
Vehicle No.	SMD8392R
Year of Manufacture	2018
Vehicle Make	MERCEDES BENZ
Vehicle Model	CLA180 AMG
Engine Capacity	1595cc
Chassis No.	WDD1173422N653667
Engine No.	27091031614069
Premium due	As Arranged

Issue Date/Issuer  
A/c: 01364SE / M497570

26/09/2018 / LM

for India International Insurance Pte Ltd

  
Authorised Signatory

### General Information

#### Policy Owner's Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). For more information on the scheme, please visit [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)

#### Personal Data Protection (applicable to Individual policy owners)

Personal particulars will be collected, used and disclosed by the Company in accordance with the Personal Data Protection Act 2012 and the Company's Privacy Policy for the provision of all services related to, and protection under this insurance policy, including for proper servicing, underwriting and claims administration. The Company may disclose personal particulars to its business partners and third party service providers for these purposes. The Company's complete Privacy Policy can be found at [www.iii.com.sg](http://www.iii.com.sg).