

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

19/01/2002 2980

Date In: 19/01/2002 10:07	Job description	Date & Time Completed	Done by
Ref No: XA/19003066/Y	SAS e-filing		
Veh No: GSG 530B	E-mail (to/for 3hrs, AIC 2hrs)		
D.O.A: 16/01/2002 22:30	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKG 6461T	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%. P: 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 repaler.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

XA/1901332	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2002)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + 5MRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI: Idas 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 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	19/02/2019 10:07
Date Of Accident	16/02/2019 22:30
Exact Location Of Accident	SUMMERDAZE CONDOMINIUM ENTRANCE (BOON LAY DRIVE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG530B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARENA KTV PRIVATE LIMITED
Co Reg No	201414681C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81386262
Alternative Phone No	OFFICE-87553576

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0003314
Cover Note Number	

### Driver

Name of Driver	WOON YANG MENG
Passport No/FIN	F7664505K
Date Of Birth	31/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87553576
Fax Number	
Contact Number	OTHERS-81386262
Email Address	NOEMAIL

Address	BOON LAY DRIVE
Postcode	649929
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	SIDE SWIPE
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)	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	SKQ6461T
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEANG YANLI TAMMIE
NRIC/Passport Number	S9919222D
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

SUMMERDAZE CONDOMINIUM ENTRANCE

Vehicle A GGG 530B

Vehicle B SKQ 6461T



BOON LAY  
DRIVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT The mention Date & time of accident 16/02/2019 abt 22:30pm - I was driving along Boon Lay Drive on my way home towards my condominium Summerdaze. As reaching my condo entrance, I saw <sup>Vehicle B</sup> "SKQ 6461T" stopping aside of the road in front of the condo entrance which there cannot be stopping and I horn to give signal that vehicle B SKQ 6461T was blocking all vehicles behind but vehicle B did not bother to move so I overtake and turn left into my condo entrance my vehicle have fully turn left into the entrance in front and awaiting for the Barrier to open, suddenly vehicle B "SKQ 6461T" drive forward and collided onto my rear left portion.

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

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

19/02/2019  
Roshni Muthus



<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 16/02/2019 / Time: 22:30pm (24 hr format)
Exact Location of Accident *	Summerdase condominium entrance / Boon Lay Drive
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	486 530B / Make & Type *: Toyota Hiace
Name of Registered Owner *	ALINA KTV PRIVATE Limited /
NRIC / FIN / Passport / Co Regn No. *	2014146816
Contact Number *	8138 6262 Email/Fax No: -
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <u>Indica</u>
Type of Policy *	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	018M CV 0003314
<b>DRIVER</b>	
Name of Driver *	Woon Yang Meng Gender: <u>Male</u> / Female
NRIC / FIN / Passport Number *	F7664505K
Date of Birth *	31/12/1978 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	17/04/2018
Contact Number *	8755 3576
Address	Boon Lay Drive 51649929
Email Address / Fax Number *	Email: - Fax: -
Relationship of the Driver with the Insured *	Owner / <u>Employee</u> / Spouse / Friend / Others:
Does Driver Own any Vehicle, If YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / <u>Side-Swipe</u> / Front to Rear / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>	

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

Vehicle Registration Number *	1) SKQ 6461T	2)
Vehicle Make / Model / Colour	KIA FORTÉ	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	CHEANG YANLI TAMMIE	
NRIC/Passport Number	S9919222 D	
Contact Number		
Address		
Insurance Company Name		
<b>DETAILS OF WITNESS</b>		
Name		
Contact No. / Email Address		

KAD PENGENALAN  
MALAYSIA  
IDENTITY CARD

781231-01-6013

WONG YONG MENG

NO 7 JUNGKAT 2 BLOK G  
JALAN TASEK 4  
BANDAR SERI ALAM  
81750 MASAI  
JOHOR

WARGA NEGARA  
LELAKI

REPUBLIC OF SINGAPORE DRIVING LICENCE

WONG YONG MENG

31 Dec 1978

17 Apr 2018

781231-01-6013-51K

002783827G

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

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

EFFECTIVE DATE 17 Apr 2018



License No: F7664505X

NP 426A

Touch 'n GO

781231-01-6013-04-01

KETUA PENGARAH  
PENDAYTARAN NEGARA

781231-01-6013-04-01

Yong Meng

002783827G



## 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.

**CERTIFICATE NO.: D18MCV0003314**

**COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle : GBG530B  
Chassis No : KDH2010186499
2. Name of Policyholder : ARENA KTV PRIVATE LIMITED
3. Effective date of Insurance : 22 Dec 2018
4. Expiry date of Insurance : 21 Dec 2019
5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with their 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\*  
a) Use in connection with the Policyholder's business.  
b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
c) Use for social, domestic and pleasure purposes.  
The Policy does not cover  
a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.  
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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.

Excess Sect I: SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : MV Credit Pte 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 : A000050/Sunmex Enterprise  
Date of Issue : 14/12/2018 12:11:07  
MZ300C (GOODS CARRYING)  
COMPANY

For India International Insurance Pte Ltd

  
Authorised Signatory

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