

# NATIONAL Assessment Centre Services

Date In: <b>26/07/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA19055219/13</b>	SAS e-filing		
Veh No: <b>SKR06982</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>25/07/19 1210</b>	i-Motor Claim Form		
<input checked="" type="radio"/> 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: <b>UNKNOWN</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

NA1905590

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	26/07/2019 16:26
Date Of Accident	25/07/2019 12:10
Exact Location Of Accident	CLEMENTI AVE 4 BLK 375
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR2698Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWEK JOE NAH JONAH
NRIC No	S7304349B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96839795
Alternative Phone No	OTHERS-96839795
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
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	D19MPC0000471
Cover Note Number	
<b>Driver</b>	
Name of Driver	KWEK JOE NAH JONAH
NRIC No	S7304349B
Date Of Birth	11/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96839795
Fax Number	
Contact Number	OTHERS-96839795
Email Address	NOEMAIL

Address	BLK 468 NORTH BRIDGE ROAD #13-5077
Postcode	190468
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190726/2077

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

 26/07/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DCA: 25/7/19

A. SKR 2098 Z

B: UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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/20190726/2077

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

1 of 3

Report No. T/20190726/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2019 14:46		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: KWEK JOE NAH, JONAH		Address: APT BLK 468 NORTH BRIDGE ROAD #13-5077 SINGAPORE 190468			
ID Type / ID No.: NRIC NO / S7304349B		Contact No.: Home/Office: Mobile: 96839795			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 46	Date of Birth: 11/02/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2019 12:45	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 4 OPENED SPACED CARPARK NEAR BLK 375 CLEMENTI AVE 4			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR2698Z	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT 5G13GZ W/O HID	Grey	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKR2698Z	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0000471	28/01/2019	27/01/2020



**SINGAPORE  
POLICE FORCE**



T/20190726/2077

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20190726/2077

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KWEK JOE NAH, JONAH	ID No.	S7304349B
Related Vehicle	SKR2698Z (Car)	Contact No.	96839795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/07/2019 at about 1205hrs, I parked my car SKR2698Z at open spaced carpark near Blk 375 Clementi Ave 4 lot 524. The car was intact and left the place. On the same day at about 1245hrs, I returned to my vehicle and saw my left mirror and front passenger door damaged. There was a lorry parked next to me loading items. I asked the driver about my damages however he denied.

I wish to state that I have in car camera installed in my car however there was no footage of the accident. I do not know the plate number of the lorry.





**SINGAPORE  
POLICE FORCE**



T/20190726/2077

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

3 of 3  
Report No. T/20190726/2077

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:  
D /  
Staff Sgt MOHAMMED HARIS BIN MOHAMED  
PAHORASI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
26/07/2019 14:46

Classification Of Case:

### Personal Particulars

Date of Accident: 25/7/19 Time of Accident: 12.10pm  
Exact Location of Accident: Clementi Ave 4 Blk 375  
Owner's Name: Kwek Joe Noh Jonah NRIC No: S7304349 HP No: 96839795  
Driver's Name: \_\_\_\_\_ NRIC No: 4 HP No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor Outdoor  
Address: \_\_\_\_\_  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: SKR 2698Z Make & Model: \_\_\_\_\_  
Insurance Co: India Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

\*Weather Condition ? Clear / Raining / Others: \_\_\_\_\_ Wet / Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 0 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured ? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police ?

☐ No ☒ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

### Third Party Driver's Particulars

Vehicle B No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7304349B



Name  
KWEK JOE NAH, JONAH

郭 佐 納

Race

CHINESE

Date of Birth

11-02-1973

Sex

M

Country of Birth

SINGAPORE

For LKK/NAC Use Only



2755267



NRIC No S7304349B

For LKK/NAC Use Only

Blood Group

O+

Date of issue

13-12-1995

Address

APT BLK 468 NORTH BRIDGE ROAD  
#13-5077  
SINGAPORE 190468






## 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.: D19MPC0000471</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	:	SKR2698Z
Chassis No	:	WVWZZZAUZFW012497
2. Name of Policyholder	:	KWEK JOE NAH JONAH
3. Effective date of Insurance	:	28 Jan 2019
4. Expiry date of Insurance	:	27 Jan 2020
5. Persons or Classes of Persons entitled to drive*		
<p>(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.</p> <p>(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</p>		
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>		
<p>a) Use for hire or reward.</p> <p>b) Use for racing, pace-making, reliability trial, speed-testing.</p> <p>c) Use for the carriage of goods other than samples in connection with any trade or business.</p> <p>d) Use for any purpose in connection with the Motor Trade.</p>		
*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 and Named Drivers Excess Sect I: SGD600.00		
Unnamed Drivers Excess Sect I: SGD1,100.00		
Windscreen Excess: SGD100.00		
Hire Purchase Company : N.A		
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 : A000038/M Plus Consultancy		For India International Insurance Pte Ltd
Date of Issue : 09/01/2019 11:04:31		
MX1-Private Car (Insured Driving)		
		 Authorised Signatory