

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119098813

Date In: 29/1/19 13:45	Job description	Date & Time Completed	Done by
Ref No: MA12219013307164	SAS e-filing		
Veh No: SGQ 1782	E-mail (within 3hrs, AIC 2hrs)		
DOA: 28/1/19 15:15	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SLR 8005Y	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 rep/er.

() 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: Actions 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:

MA1905620

Claimant's Particulars:	Invoice Itemization Checked:	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	3000	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QR:		
	*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: Idao Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Auditors' Comments:

Ref. 1:

2/3

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	29/07/2019 13:45
Date Of Accident	28/07/2019 15:15
Exact Location Of Accident	T JUNC OF JLN TENGKU AZIZAH & JLN SULTAN ISKANDAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGQ178Z
Insured/Policyholder	
Name Of Registered Owner	CHONG CHYE CHING
NRIC No	S1766108F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91463904
Alternative Phone No	OFFICE-91463094
Vehicle Particulars	
Manufacturer	BMW
Model	523I
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	D19MPC0001573
Cover Note Number	
Driver	
Name of Driver	LOO YOU CAI , DANIEL
NRIC No	S8911471C
Date Of Birth	06/04/1989
Occupation	INDOOR
Date Of Driving Pass	08/05/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81886402
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 SEMBAWANG CRESCENT #04-09
Postcode	757055
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8005Y
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)


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:

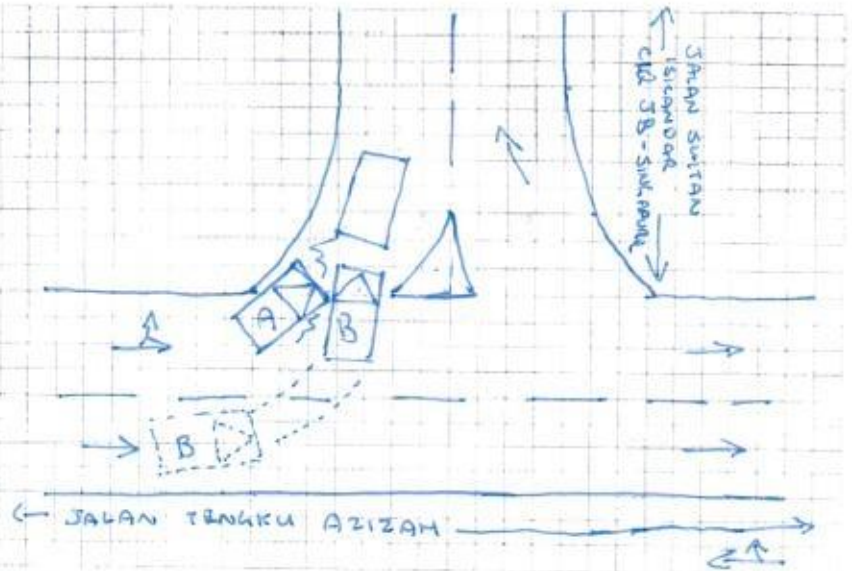

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A - SGQ 1782

Vehicle B - SLR 8005Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number:

L/20190728/2055

I would like to add on is. The road I'm travelling on is the (left turn/go straight lane).

OIC:

While, vehicle (SLR 8005Y) cutted into

SUNNIZAH JUWARIYA BINTA

my lane and making a left turn on a

SULAIMAN

(Going straight only lane).

63647559 : CONTACT.

Upon collision, my vehicle was in stationary position, due to there was a vehicle in front of me.

Vehicle A - SGQ 1782

Vehicle B - SLR 8005Y.

DECLARATION

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

Policyholder's Signature
Date & Time:

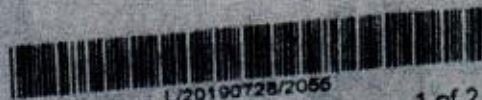
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Vehicle No.	SGA 178 Z	Model / Make	BMW 523i
Date of Accident	28/07/19		
Time of Accident	15 15	HRS	
Location of Accident	T JUNCTION OF (SALAN TIENG KUI AZIZAH / JALAN SULTAN ISKANDAR CID 33-SINGAPORE)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHONG CHYE CHING		
Telephone No.	H/P : 91463904	Home :	Office :
NRIC	S1766108F		
Address	BLK 670 CHOA CHU KANG CRESCENT #07-517 S(680670)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	INDIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DIAMPC 001573		
Name of Driver	As Above If NO, LOO YOUN CAI, DANIEL		
NRIC	S8911471C	Any Passengers :	2 (WIFE, DAUGHTER)
Date of birth	06 APR 1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	08 MAY 2008		
Gender	Male / Female		
Contact No.	H/P : 81886402	Home :	Office :
Address	25 SENGAWAN CRESCENT #04-09 S(757055)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state SON	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where? SENGAWAN NPC.	
Vehicle B No.	SLR 9005 Y	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RM FRONT.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TUNING & AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



L/20190728/2055

1 of 2

Report No. L/20190728/2055

POLICE REPORT (NP299)

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No. 1800-5549999

Date/Time Report Made 28/07/2019 16:59	Vide Report No.	Station Diary No. 62
Name Of Informant LOO YOU CAI, DANIEL	Address 25 SEMBAWANG CRESCENT #04-09 SINGAPORE 757055	
ID Type / ID No. NRIC NO / S8911471C	Contact No. Home/Office	Mobile 81886402
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ACCOUNTS MANAGER	Sex Male	Age 30
Institution/School Name	Date of Birth 06/04/1989	Race Chinese
Date/Time Of Incident 28/07/2019 15:15	Language	
	Location Of Incident Jalan Sultan Iskandar going to Johor Bahru CIQ MALAYSIA	

Brief details.

On 28/7/2019 at about 1515hrs, I was driving along Jalan Sultan Iskandar on the way back to Johor Bahru CIQ in my vehicle, SGQ178Z. When I was driving along the said road, there was a car, SLR8005Y, that wanted to cut in front of me, I then realized and slowed down. The vehicle then cut in abruptly. This caused his left rear passenger door and his left rear wheel mudguard to hit onto my bumper.

Signature Of Officer Recording The Report: L / Sgt 2 NG YU KIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2019 16:59
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SUNIZA JUWAIKIA BINTE SULAIMAN Contact No.: 63647559	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20190728/2055

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190728/2055

This caused my bumper to dislodge and snap off. In the process, my front right bumper was bent out of shape. He then alighted from his vehicle and told me to report to the insurance. I tried to get his details but he would not give me. He then got back into his car and drove off. Once I returned to Singapore, I informed my insurance and they told me to lodge a police report about the matter.

I wish to state that no one was injured during the incident. I was travelling with my wife and daughter at that point in time. There was another passenger in the other vehicle when the incident happened as well. My vehicle's in-car camera captured the whole incident.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report

L / Sgt 2 NG YU KIT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Insp SUNIZA JUWAIKIA BINTE SULAIMAN
Contact No. 63647559

Authentication Stamp



Signature: _____

Singapore Police Force

Signature Of Informant:

Date/Time:
28/07/2019 16:59

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8911471C



Name

LOO YOU CAI, DANIEL

呂財有

Race

CHINESE

Date of birth

06-04-1989

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8911471C

Name

LOO YOU CAI, DANIEL

Birth Date: 06 Apr 1989

Issue Date: 08 May 2008



6200845



NRIC No S8911471C



Date of issue

23-05-2019

Address

25 SEMBAWANG CRESCENT
#04-09
SINGAPORE 757055

For LKK/NAC Use Only

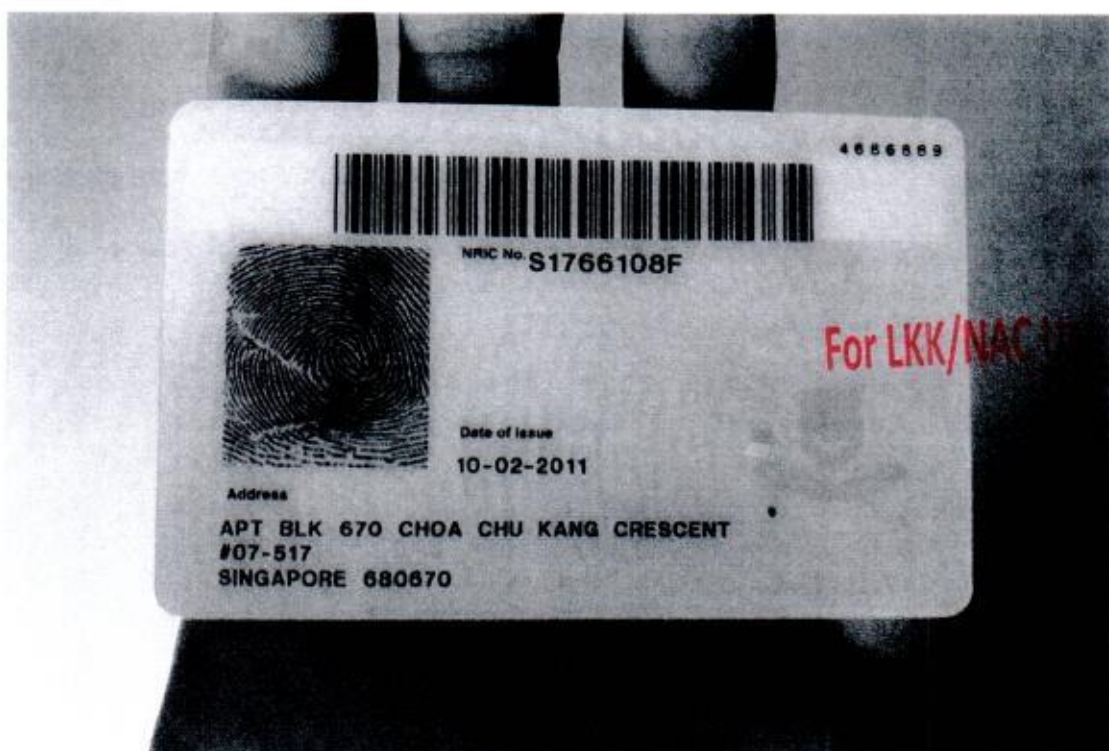
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 08 May 2008




NP 425A



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.: D19MPC0001573		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SGQ178Z	
Chassis No	: WBAFP32030C864122	
2. Name of Policyholder	: CHONG CHYE CHING	
3. Effective date of Insurance	: 14 Mar 2019	
4. Expiry date of Insurance	: 27 Apr 2020	
5. Persons or Classes of Persons entitled to drive*	<p>Any person other than the Policyholder 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*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <ul style="list-style-type: none"> 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. <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.</p>	
<p>Insured and Named Drivers Excess Sect I: SGD750.00 Unnamed Drivers Excess Sect I: SGD1,250.00 Windscreen Excess: SGD100.00 Hire Purchase Company : N.A</p> <p>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.</p>		
<p>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).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Agent/Broker : A000041/P & C INSURANCE AGENCY Date of Issue : 18/03/2019 15:22:24 MX12 - Private Car (Insured Not Driving)</p> </div> <div style="width: 35%; text-align: right;"> <p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  _____ Authorised Signatory </div> </div> </div>		