

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

21/04/19/29850

Date In: 01/05/2019 11:58	Job description	Date & Time Completed	Done by
Ref No: N/A/11/190/1245/1	SAS e-filing		
Veh No: SR 59604	E-mail (to John 3hrs, A/C 2hrs)		
D.O.A: 30/09/2019 14:10	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: (Tel:	Fax:
TP Particulars:	Veh No:	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 ()	

() 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: ()

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

Injury: _____

Date of Incident: _____	Location: _____
Time of Incident: _____	Weather: _____
Police Report No: _____	Police Station: _____
Witness Name: _____	Witness Contact: _____
Witness Address: _____	Witness Phone: _____

Driver/Owner:	1) All: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (3100) INC (310)	
Damaged Portion:	3) TP: Towing Fee 540/545	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$70	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$70	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OR:	
	* NS: Courtesy Car / Tpt Allowance 33	
	* NG: Repair Co-ordination 510	
	* NP: Post Repair Inspection 523	
	* ND: DV / Collect Excess Coordination 33	
	TE (NI): TP (Non INC) against IAC 330	
	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	01/10/2019 11:58
Date Of Accident	30/09/2019 14:10
Exact Location Of Accident	LORNIE RD TWRDS ADAM RD AT THE SLIP RD TWRDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5960H
Insured/Policyholder	
Name Of Registered Owner	LIM LIANG FOONG
NRIC No	S8105278F
Email Address	LIANGFOONG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-84996481
Alternative Phone No	OTHERS-84996481

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MPC0002313
Cover Note Number	

Driver

Name of Driver	LIM LIANG FOONG
NRIC No	S8105278F
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84996481
Fax Number	
Contact Number	OTHERS-84996481
Email Address	LIANGFOONG@OUTLOOK.COM

Address	BLK 116B JALAN TENTERAM #12-545
Postcode	322116
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 PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190930/2160

Attachment(s)

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

SKETCH PLAN

Veh A: SJR 5960 H

Veh B: —

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.

I AM AWARE THAT MY INSURER MAY HAVE 4-14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 30/09/19

1556 hour

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

01/10/2019

Roshan Mahab

Veh B: —

Please Refer To Police Report No. T/2019 0930/2160

5/2

Date & Time: 30/09/19
1556 hour

Date & Time:

Name: _____

NRIC/FIN No.

01/10/2018

Personnel's Signature *Bob L. Matthews*



SINGAPORE POLICE FORCE



T/20190930/2160

1 of 3

Report No. T/20190930/2160

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 16:32	Vide Report No.: E/20190930/0087	Station Diary No.: 57
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIM LIANG FOONG			Address: APT BLK 116B JALAN TENTERAM #12-545 SINGAPORE 322116	
ID Type / ID No.: NRIC NO / S8105278F			Contact No.: Home/Office:	Mobile: 84996481
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 22/02/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales Executive			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 30/09/2019 14:10	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORNIE ROAD ADAM ROAD Lornie Road towards Adam Road, at the slip road towards PIE(Changi)				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR5960H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR5960H	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002313	30/06/2019	29/06/2020



**SINGAPORE
POLICE FORCE**



T/20190930/2160

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190930/2160

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM LIANG FOONG	ID No.	S8105278F
Related Vehicle	SJR5960H (Car)	Contact No.	84996481
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 30/09/2019 at 1410hrs, I was driving my car SJR5960H along Lornie Rd towards Adam Road, at the slip road towards PIE (Changi). As I was negotiating the bend at the slip road, suddenly my car jerked slightly to the left side. As I applied brakes, the car spinned and hit the kerb on the left side and the railing. The car then came to a stop. As a result of the accident, the railing was damaged. The front and rear areas of my car were damaged.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Queensdown N P C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1201060302166

Report No: 1201060302166

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 /

Sr Staff Sgt SUREIND MISHRA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2019 16:32

Officer In Charge Of Case:

TP / AEIT /

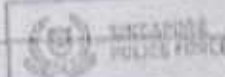
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 49

Authentication Stamp
NP165



SIGNATURE



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20190730/0037

I, SGT T170218 Amer Hanzel
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one micro SD card / Kingston / 16GB / Black color
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S8105278F Lim Liang Peang
(Name, NRIC or Passport No. / Rank and No.)

of Blk 116B Jalan Tenkram #12-544 S322116
(Address / Police Station / NPC / NPP)

on 30/07/19 at 1430hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)

Lim Liang Peang S8105278F
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)

T170218
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: IO 30 EXT 6547 6960

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 30/09/19 *Time of Accident: 1420 hours
*Accident Location: Adam Road Fly over

Vehicle Details

*Vehicle Number: SJR5960H *Make & Model: Toyota Altis 2009

Insured / Policyholder

*Owner Name: Lim Liang Fong *NRIC: S8105278F
*Address: Blk 116B Jalan Tenteram #12-545
*Email: liangfong@outlook.com *HP: 8499 6981
*Occupation: Sales (Indoor / Outdoor) *Tel / H / Other:

Driver ☒ same as above

*Driver Name: *NRIC:
*Address:
*Date of Birth: *Driving Pass Date: 7/4/2006 *HP:
*Email: *Gender: Male / Female
*Occupation: (Indoor / Outdoor) *Tel / H / Other:
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: / (Male/Female) *P/Name: / (Male/Female)
*P/Name: / (Male/Female) *P/Name: / (Male/Female)

Insurance Company

*Insurer: India International Insurance P/L Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: /
Make & Model: /
Vehicle Category: /
Name of Driver: /
NRIC : /
HP : /

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.: /
Make & Model: /
Vehicle Category: /
Name of Driver: /
NRIC : /
HP : /

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:
*Weather conditions: Clear / Rainy / others: *Any video cam: Yes / No
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: NRIC: HP:)
*Accident reported to police: Yes / No *Summon against whom:
*Injured party: Yes / No *No. of passengers (include driver):
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Ce. Reg. No. 190703792k | GST Reg. No. M2-0070006-X
64 | Cecil Street | #04 | #05 | #06-02 | RHB Building | Singapore 049711
Office (65) 63476100 Email: insure@ii.com.sg
Fax (65) 62244174 Website: www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 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.: D19MPC0002313

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle : SJR5960H
Chassis No : MR053ZEE106148270
2. Name of Policyholder : LIM LIANG FOONG
3. Effective date of Insurance : 30 Jun 2019
4. Expiry date of Insurance : 29 Jun 2020
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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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 : 03/05/2019 10:27:40
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorized Signatory

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