

Date In: 11/11/19 14:20	Job description	Date & Time Completed	Done by
Ref No: WA 1ZZ19019963/h4	SAS e-filing		
Ass No: SMA 6897E	E-mail (within 2hrs, AIC 2hrs)		
TP Insur: 9/11/19 17:00	I-Motor Claim Form		
<input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SMG 1464Y** 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 Repairs:**

( ) 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	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	Action

Chambers Particulars	Invoice Description	Amount	Balance
MA 1908447	1) AR: Accident Reporting (\$30)		30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$20		
Amplifiers Comments:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	ON*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	11/11/2019 14:20
Date Of Accident	09/11/2019 17:00
Exact Location Of Accident	63 SIMS PLACE GREENTOPS (CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6897E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO LAI LIN
NRIC No	S0171572J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96316937
Alternative Phone No	OFFICE-96316937

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	D19MPC0003005
Cover Note Number	

### Driver

Name of Driver	HO LAI LIN
NRIC No	S0171572J
Date Of Birth	04/06/1952
Occupation	INDOOR
Date Of Driving Pass	06/09/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96316937
Fax Number	
Contact Number	OFFICE-96316937
EEmail Address	NOEMAIL

Address	BLK 63 SIMS PLACE #15-209
Postcode	380063
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT T/20191110/7004

### 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	SMG1464Y
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJT6593S  
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)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLA3997G  
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)

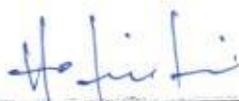
## SKETCH PLAN

### 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 willful 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.

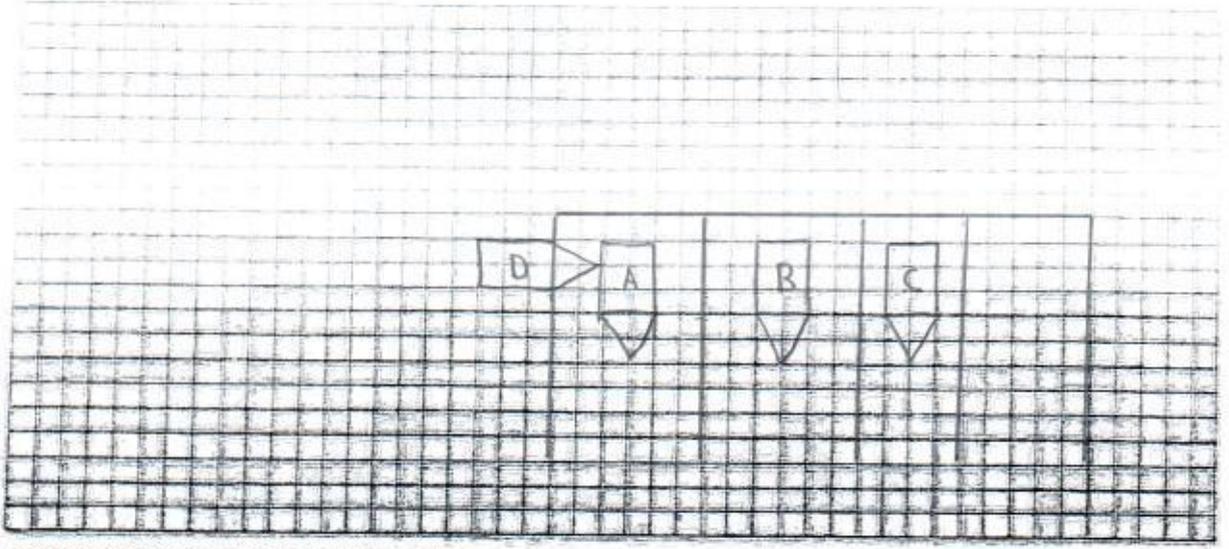
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

A = SMA6897E C = SGT65935  
B = SMG1464Y D = SLA3997G

SKETCH PLAN



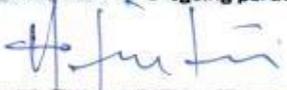
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

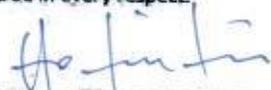
Refer to Police Report

\*\*\*\*\*for company vehicle only\*\*\*\*\*  
I \_\_\_\_\_ is the \_\_\_\_\_ of  
company \_\_\_\_\_ and I am using the  
vehicle \_\_\_\_\_ for work/private purpose

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	SMA 6897E	
DATE OF ACCIDENT	9 / 11 / 19	
TIME OF ACCIDENT	17:00 AM/PM	
LOCATION OF ACCIDENT	63 Sims Place, Greentops (carpark)	
Exact Purpose use during accident	Private use	
NAME OF OWNER	HO Lai Lin	
TELP NO	9631 6937	
NRIC	S0171572J	
CLAIM TYPE	OD / <u>THIRDPARTY</u> / Reporting Only	
PRIVATE HIRE	YES/NO?	
INSURANCE CO.	India	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	D19 MPC 0003005	
NAME OF DRIVER	As above / If No:	
NRIC	-	
		Any passengers: <input checked="" type="radio"/>
DATE OF BIRTH	04 / 06 / 1952	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	6 / Sep / 1979	
GENDER	Male / <u>Female</u>	
CONTACT NO.	- Office: Home:	
ADDRESS	Blk 63 Sims place #15-209 (s) 380063	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: SMA 6897E	
RELATIONSHIP	Employee / If No: <u>owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? <u>Online</u>	
VEHICLE B NO.	SMG 1464Y	
NAME		
CONTACT NO.		
VEHICLE C NO.	SJT 6593S	
VEHICLE D NO.	SLA3997G	
VEHICLE E NO.		
VEHICLE F NO.		
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown persons soliciting (s) / ering accident claims assistance?	YES / <u>NO</u>	
RTICULAR WORKSHOP	Sme Motor Pte Ltd <i>email: yoo@autobay.com</i>	
LP NO	1 Kaki buldt ave 6 #02-15	
NTACT PERSON	Autobay @ kaki buldt	
V NO	Singapore 417883	
	Telp : 67476106 (6 lines)	
	Fax: 67476368	



**SINGAPORE  
POLICE FORCE**



T/20191110/7004

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191110/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2019 09:45	Vide Report No.: G/20191109/0163	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: HO LAI LIN			Address: APT BLK 63 SIMS PLACE #15-209 SINGAPORE 380063		
ID Type / ID No.: NRIC NO / S0171572J			Contact No.: Home/Office:		Mobile: 96316937
Nationality: SINGAPORE CITIZEN			Email: colleenho@yahoo.com		
Sex: Female	Age: 67	Date of Birth: 04/06/1952	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2019 17:00	Type of Location: Car Park
Location: SIMS PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: MOVING VEHICLES AGAINST KERB/SIGNAGE/CARS				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT6593S	Car			Blue	Seriously Damaged	0
SLA3997G	Car	HONDA	CITY	Black	Seriously Damaged	0
SMA6897E	Car	HYUNDAI	ELANTRA	Beige	Seriously Damaged	0
SMG1464Y	Car	MERCEDES BENZ	E300	Black	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20191110/7004

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191110/7004

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	HO LAI LIN	ID No.	S0171572J
Related Vehicle	NIL	Contact No.	96316937
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

THIS MORNING, AT APPROXIMATELY 06:40AM, I WENT DOWN TO THE CAR PARK READY TO DRIVE MY CAR OUT FOR MY EXERCISE LESSON. HOWEVER WHEN I ARRIVED TO MY VEHICLE, I WAS IN STATE OF SHOCK WHEN I SAW THE 4 DOORS AND BOTH SIDE MIRROR, ESPECIALLY THE LEFT SIDE MIRROR WAS BADLY DAMAGED.

A NEIGHBOUR HAPPENED TO PASS BY, TOLD ME THE ACCIDENT OCCURED YESTERDAY AT ABOUT 5PM, AND ALSO SENT ME THE ACCIDENT PHOTOS.



**SINGAPORE  
POLICE FORCE**



T/20191110/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191110/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/11/2019 09:45

Classification Of Case:

## 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.: D19MPC0003005		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	:	SMA6897E
Chassis No	:	KMHD841CMJU685513
2. Name of Policyholder	:	HO LAI LIN
3. Effective date of Insurance	:	18 Jun 2019
4. Expiry date of Insurance	:	17 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.
<b>The Policy does not cover</b>		
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.		
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	: A000031/Excel Insurance Agency	For India International Insurance Pte Ltd
Date of Issue	: 10/06/2019 14:03:43	
MX1-Private Car (Insured Driving)		_____ Authorised Signatory