

NATIONAL Assessment Centre Services. (Part 1 of 2) MMA 1200 11143.

Date In: 23/1/20 14:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/111 2000 1440/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SMJ 6316T	1-Motor Claim Form		
TP No: 2111/20 16:35	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP - TP? Repairing Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wagon		

Preferred Wisp / INC Assign Wisp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: FBH 2724R 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Online 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

MA 2000791

Claimant's Particulars:	Invoice Preparation Checklist:	Am (2)	Am (3)
Driver/Owner:	1) AR: Accident Reporting (\$30):	32.20	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bug-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (w/c 10 Jan 2003)		
Ref. 2:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N3: 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		
	2) N12: Idao Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	23/01/2020 14:44
Date Of Accident	21/01/2020 16:35
Exact Location Of Accident	BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6316T
Insured/Policyholder	
Name Of Registered Owner	BEH KIM MOI
NRIC No	SXXXX591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97546123
Alternative Phone No	OFFICE-97546123

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001763
Cover Note Number	

Driver

Name of Driver	ANG GEOK CHUAN
NRIC No	SXXXX638C
Date Of Birth	19/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1969
Driving Experience	50 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97546123
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 634 BEDOK RESERVOIR RD #04-15
Postcode	410634
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200122/2141

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	FBH2724R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD TAHIL BIN AMAT TUGIMAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD TAHIL BIN AMAT TUGIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH2724R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

Bedok Reservoir Rd

B: FBH 2724R.

Bedok Reservoir Rd

Refer to Police Report T/ 20200122/2141

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


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



**SINGAPORE
POLICE FORCE**



T/20200122/2141

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200122/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 16:55	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: ANG GEOK CHUAN	Address: APT BLK 634 BEDOK RESERVOIR ROAD #04-15 SINGAPORE 410634		
ID Type / ID No.: NRIC NO / S0130638C	Contact No.:	Mobile: 97546123	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 70	Date of Birth: 19/09/1949	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Trade broker (including oil and bunker trader)	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2020 16:35	Type of Location: Straight Road
Location: Along Road 1 BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2724R	Motorcycle	YAMAHA	FZ 16	Red		0
SMJ6316T	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Grey		0



**SINGAPORE
POLICE FORCE**



T/20200122/2141

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200122/2141

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD TAHIL BIN AMAT TUGIMAN	ID No.	S9043968Z
Related Vehicle	FBH2724R (Motorcycle)	Contact No.	97930675
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
Driver			
Name	ANG GEOK CHUAN	ID No.	S0130638C
Related Vehicle	SMJ6316T (Car)	Contact No.	97546123
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 the 21/01/2020 at 1635hrs I was driving along Bedok Reservoir Road and wanted to made a right turn towards my home. I had checked and all the vehicles had stopped just before the yellowbox, as such I just slowly inched out. Suddenly a motorcycle came dashing over and collided into my vehicle. The rider then fell and I quickly came out to make a check on him. He managed to stand up and we even agreed on a private settlement, I then accompanied him to a nearby clinic as he lives near me to get a medical check and the doctor gave him a 1 day medical leave. Just today he told me he would lodge a police report and he got another medical check as he felt pain and discomfort, as such he got a 3 days medical leave. I wish to inform that I did not have any in car camera recording at the time of the accident.



**SINGAPORE
POLICE FORCE**



T/20200122/2141

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20200122/2141

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:

G /

Sgt 2 LIEW-CHONG XIANG, VINCENT

Clarence Lim

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

22/01/2020 16:55

Classification Of Case:

Authentication Stamp

NP168

POLICE FORCE

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.: D19MPC0001763		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMJ6316T	
Chassis No	: JM6BM42A8F0138122	
2. Name of Policyholder	: BEH KIM MOI	
3. Effective date of Insurance	: 30 Mar 2019	
4. Expiry date of Insurance	: 29 Mar 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*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <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> <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 & Named Drivers Excess Sect I : SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 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>		
Agent/Broker : A000050/Sunmex Enterprise	For India International Insurance Pte Ltd	
Date of Issue : 29/03/2019 11:40:10		
MX1-Private Car (Insured Driving)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorised Signatory	

SUNMEX ENTERPRISE
8 ENG GOR STREET
#25-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698