

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 1200# 20333

Date In: 14/2/20 14:04	Job description	Date & Time Completed	Done by
Ref No: MAL 721 2000 2600/64	SAS e-filing		
Veh No: SMA 2856A	E-mail (within 3hrs, AIC 2hrs)		
DDA: 14/2/20 11:55	I-Motor Claim Form		
OD: (IP) 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		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: (	Veh No: SHD 5985J	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 repolier.

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

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

Remarks: (INC to QW: 6/18/0616)	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

<p>MA 2001411</p> <p>Comments/Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bug-In-Charge):</p> <p>Auditors Comments:</p> <p>Mark:</p> <p>12/13</p>	<p>Invoice/Repairation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (w/c 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>QW:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpl Allowance \$3</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$3</td> <td></td> <td></td> </tr> <tr> <td>TE (N11): TP (Inc on INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	1) AR: Accident Reporting (\$30)	30.00		2) DA: Damage Assessment (\$100); INC (\$30)			3) TP: Towing Fee \$40/\$45			4) PT: Follow-Through Survey \$120			5) PT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (w/c 10 Jan 2005)			6) TR: Re-Inspection \$75			7) NI: Idao DA + SMRT Survey \$160			8) NTUC Additional Services:			QW:			*N5: Courtesy Car / Tpl Allowance \$3			*N6: Repair Co-ordination \$10			*N7: Post Repair Inspection \$25			*N8: DV / Collect Excess Coordination \$3			TE (N11): TP (Inc on INC) against INC \$20			9) N12: Idao Mobile \$0			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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## 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	14/02/2020 14:04
Date Of Accident	14/02/2020 11:55
Exact Location Of Accident	STILL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2856A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEVIN PHUA KWANG LOONG
NRIC No	SXXXX703G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98779875
Alternative Phone No	OFFICE-98779875

### Vehicle Particulars

Manufacturer	BMW
Model	520i
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	D19MPC0002427
Cover Note Number	

### Driver

Name of Driver	KEH SHWU MEI CYNTHIA(GUO SHUMEI)
NRIC No	SXXXX166E
Date Of Birth	21/06/1977
Occupation	INDOOR
Date Of Driving Pass	09/04/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98779875
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	45 MANDALAY RD #11-02
Postcode	308225
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 - HEAD TO REAR
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SHD5985J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN BOON TECK
NRIC/Passport Number	SXXXX292F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	




## SKETCH PLAN

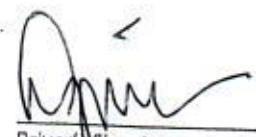
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4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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:

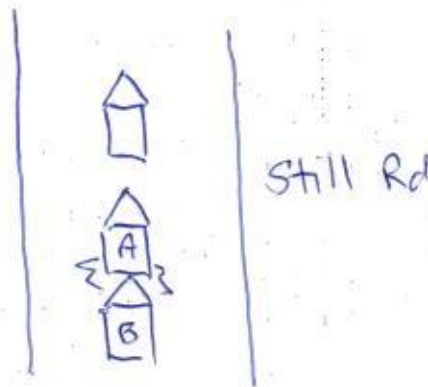
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DOA: 14/2/20

A = SMA 2856A

B = SHD 5985J.


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but veh B failed to brake in time hit onto my veh rear portion

## 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.:



## Personal Particulars

Date of Accident: 14/2/20 Time of Accident: 11.55 am  
Exact Location of Accident: Still Rd  
Owner's Name: Kevin Phua Kwang Loon NRIC No: 57618703G HP No: \_\_\_\_\_  
Driver's Name: Keh Shwu Wei Cynthia NRIC No: 57717166E HP No: \_\_\_\_\_  
Date of Birth: 21/6/1977 Driving Licence Passing Date: 9/4/1997 Occupation: Indoor / Outdoor  
Address: 45 Mandalay Rd #11-02 Mandale Heights  
Relationship of Driver with Insured: Spouse Email Address: \_\_\_\_\_  
Vehicle No: SMA 285CA Make & Model: BMW  
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: 1+0 B: 1+0 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: SHD 5985J Make & Model: \_\_\_\_\_

Driver's Name: Tan Boon Teck NRIC No: S1381292F HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

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



Office (45) 62476140      Email: [info@nps.gov](mailto:info@nps.gov)  
Fax (45) 62244174      Website: [www.nps.gov](http://www.nps.gov)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT, CHAPTER 119  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

**CERTIFICATE NO.: D19MPC0002427**

COVER: COMPREHENSIVE

- COVER: COMPREHENSIVE
- |   |                          |
|---|--------------------------|
| 1. Index Mark and Registration Number of Vehicle  | : SMA2856A               |
| Chassis No  | : WBAJA12090BJ19610      |
| 2. Name of Policyholder   | : KEVIN PHUA KWANG LOONG |
| 3. Effective date of Insurance  | : 31 May 2019            |
| 4. Expiry date of Insurance   | : 30 May 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 to 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.

INSURED & NAMED DRIVERS EXCESS SECT 1: SGD750.00  
UNNAMED DRIVERS EXCESS SECT 1: SGD1250.00  
WINDSCREEN EXCESS: SGD100.00 ONE CLAIM ONLY

Hire Purchase Company

DBS Bank Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE AND/OR LESS THAN 2 YEARS' SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3250 - IN SECTION I WILL BE APPLICABLE UNDER ENDT M270.

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 139) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent Broker : A000053.U.1 Enterprise

Date of Issue : 09/05/2019 10:54:01

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

**Authorized Signatory**