

# NATIONAL Assessment Centre Services

Ref: Jan'05 **NA2003666**

Date In: <b>13/12-14:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA232 200 6870/24</b>	SAS e-filing		
Veh No: <b>SLR 1115J</b>	E-mail (within Shrs, AIC 2hrs)		
D.O.A: <b>3/6/12-13:30</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>SLR 1115J</b>	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:-	Date & Time Completed	Done by
(INC hotline: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	01/07/2020 14:23
Date Of Accident	30/06/2020 13:30
Exact Location Of Accident	WATER BANK CONDO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1115J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALVIN TRANSPORT & LIMO CAR RENTAL SERVICES
Co Reg No	5XXXX259E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90044605
Alternative Phone No	OFFICE-90044605

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5RS AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003924
Cover Note Number	

### Driver

Name of Driver	CHIA SEOK GUET, CINDY (XIE SHUYUE)
NRIC No	SXXXX026E
Date Of Birth	13/02/1985
Occupation	INDOOR
Date Of Driving Pass	16/10/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90044605
Fax Number	
Contact Number	OFFICE-90044605
EMail Address	NOEMAIL

Address	BLK 505A YISHUN STREET 51 #08-06
Postcode	761505
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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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/20200701/7000.

#### 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	SLK8040G
Vehicle Make/Model/Colour	MAZDA
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 INJURED PERSON 1

Name	CHIA SEOK GUET, CINDY (XIE SHUYUE)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR1115J
Were seat belts worn?	YES
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.:

Vehicle A:  
SLR1115J  
Vehicle B:  
SLK8040G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:

ASIAN MOTOR INSURANCE CO. LTD.



Date of Accident : 30/06/2020 Accident Time: 1330hrs (24-HR-Format)  
Accident Place : Dakota, crescent / Water Bank condo Deck 1A  
Vehicle Reg. No. (Car Plate No.) : SLJ11157  
Vehicle Make/Model : Honda Vezel ES  
Insurance Company : Indra Int'l Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Alvin Transportation & Limco car Rental services  
Owner or Company Contact No. : 90044605 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Chua Seok Guet Cindy S8505026E  
DRIVER'S Date Of Birth : 13-02-1985 DRIVER'S License Pass Date 16-10-2008  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 505A Yishun St 51 #08-06  
DRIVER'S Contact No / Alt No. : 1) 90044605 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 Injuries 3 days .  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (If any)

Vehicle Reg. No: SLK8040G	Vehicle Reg. No: _____
Vehicle Make/Model: mazda	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE  
POLICE FORCE**



T/20200701/7000

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

1 of 3

Report No. T/20200701/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2020 10:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIA SEOK GUET, CINDY			Address: APT BLK 505A YISHUN STREET 51 #08-06 SINGAPORE 761505		
ID Type / ID No.: NRIC NO / S8505026E			Contact No.: Home/Office: Mobile: 90044605		
Nationality: SINGAPORE CITIZEN			Email: tenthnail@yahoo.com.sg		
Sex: Female	Age: 35	Date of Birth: 13/02/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2020 13:30	Type of Location: Car Park
Location: DAKOTA CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK8040G	Car	MAZDA		Blue	Slightly Damaged	0
SLR1115J	Car	HONDA	VEZEL	Red	Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200701/7000

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

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Report No. T/20200701/7000

**CONTINUATION OF REPORT**

Driver			
Name	CHIA SEOK GUET, CINDY	ID No.	S8505026E
Related Vehicle	SLR1115J (Car)	Contact No.	90044605
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/06/2020	Date Discharge	30/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING IN THE CARPARK OF WATERBANK CONDO ON MY VEHICLE BEARING CARPLATE NUMBER SLJ1115J. WHILE I WAS TRAVELLING STRAIGHT, VEHICLE B BEARING CARPLATE NUMBER SLK8040G MADE AN ABRUPT SURGE OUT OF THE CARPARK LOT AND COLLIDED ONTO THE FRONT SIDE OF MY VEHICLE. DUE TO THE IMPACT I AM FEELING UNWELL AND HAVE SINCE THEN CONSULTED A DOCTOR WHICH I WAS THEN GIVEN A 3- DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20200701/7000

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

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Report No. T/20200701/7000

**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 /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
01/07/2020 10:30

Classification Of Case:





INDIA  
INTERNATIONAL  
INSURANCE  
PTE LTD  
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792R | GST Reg. No. MZ-0070006-X  
64 Cecil Street | #04-01 | #04-02 | IOB Building | Singapore 069211  
Office (65) 62476100 Email: [india@iia.com.sg](mailto:india@iia.com.sg)  
Fax (65) 62444171 Website: [www.iia.com.sg](http://www.iia.com.sg)

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966 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.: D19MPC0003924

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SLR1115J  
Chassis No : RU31252969
2. Name of Policyholder : ALVIN TRANSPORT & LIMO CAR RENTAL SERVICES
3. Effective date of Insurance : 31 Jul 2019
4. Expiry date of Insurance : 30 Jul 2020
5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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.

NAMED DRIVERS EXCESS SECT I : SGD600.00

WINDSCREEN EXCESS : SGD100.00 ONE CLAIM ONLY

Hire Purchase Company : Teck Wei Credit Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3100/- ON SECTION I WILL BE APPLICABLE UNDER ENDT M22B.

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 : A000053/U-1 Enterprise  
Date of Issue : 26/07/2019 10:06:22  
MX4 - Private Car (Company)

For India International Insurance Pte Ltd

Authorized Signatory