

NATIONAL Assessment Centre Services.

MAA50088924

Date In: 29/09/2020 16:30	Job description	Date & Time Completed	Done by
Ref No: NBA/11 200/04614	SAS e-illing		
Veh No: SJW 6253H	E-mail (2 jobs 3hrs, A/C 2hrs)		
O.O.A: 28/09/2020 16:00	I-Motor Claims Form		
(1) (TP) Reporting Only	I-Motor W/O (withins OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

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

TP Handoff by: () 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 repair.

() Total Loss Case: 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: _____

NA2005163

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TT: Towing Fee	\$0/\$45
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$10
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Ins-Jurisdiction	\$25
	7) NI: 1000 DA + EMRT Survey	\$100
	8) NIUC Additional Services	
	9) NI: 1000 Mobile	\$3
	• NI: Courtesy Car / Trip Allowance	\$10
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$3
	• NI: DV / Collect Excess	\$30
	TE (NI) TP (INC) against DMS	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

MAA50088924

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 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. 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	29/09/2020 16:30
Date Of Accident	28/09/2020 16:05
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE ENG NEO EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6253H
Insured/Policyholder	
Name Of Registered Owner	WOO KWAN HOW DESMOND
NRIC No	SXXXX575A
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-96544148
Alternative Phone No	OFFICE-96544148

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	D20MPC0001700
Cover Note Number	

Driver

Name of Driver	WOO KWAN HOW DESMOND
NRIC No	SXXXX575A
Date Of Birth	03/05/1992
Occupation	INDOOR
Date Of Driving Pass	09/04/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96544148
Fax Number	
Contact Number	OFFICE-96544148
Email Address	INFO@CARSMITH.BIZ

Address	BLK 102 ANG MO KIO AVENUE 3 #04-1421
Postcode	560102
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 - 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?	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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200928/2111

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	SKP4382G
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 INJURED PERSON 1

Name	WOO KWAN HOW DESMOND
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJW6253H
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:

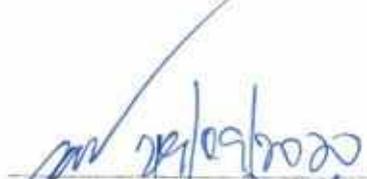
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



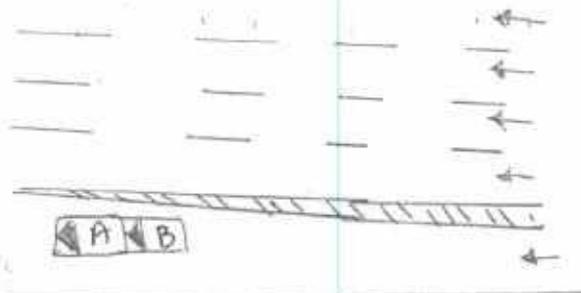
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
(Name): Rosdi Hartono
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS MAS (BEFORE ENG NKO EXIT)



Vehicle A = SJW 6253 H

Vehicle B = SEP 4382 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200928/2111

DECLARATION

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

[Handwritten Signature]

Policyholder's Signature
Date & Time:

[Handwritten Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Handwritten Signature] 29/09/2020
Reporting Centre Personnel's Signature
Name: Rosal
NRIC/FIN No.: *[Handwritten]*



**SINGAPORE
POLICE FORCE**



T/20200928/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No: T/20200928/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WOO KWAN HOW, DESMOND	ID No.	S9214575A
Related Vehicle	SJW6253H (Car)	Contact No.	96544148
Hospital/Clinic	J J CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GUNASEKARAN BALAMURUGAN	ID No.	S7663559E
Related Vehicle	SKP4382G (Car)	Contact No.	81186313
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.

On 28/09/2020 at about 1605hrs, I was driving my vehicle bearing registration no: SJW6253H along PIE towards Tuas, before Eng Neo exit. At that point of time, it was heavy traffic. While I was nearing the merging lane, I slowed down and stopped as there were at least 2 vehicles merge onto my lane. Subsequently, there was an impact from the rear side of my vehicle. I then realized that the vehicle behind me, bearing registration no: SKP4382G had hit onto the rear side of my vehicle. I alighted from my vehicle and I discovered that my rear bumper came off due to the collision. I then asked him what happened, the said driver told me that he was actually looking at the merging traffic and did not realized that I had stopped. That was the cause of him, hitting onto my vehicle. Both of us then exchanged particular and I went to seek medical attention. I was then granted 3 days medical leave from J J Clinic & Surgery. No traffic police or ambulance were at the said accident location.



**SINGAPORE
POLICE FORCE**



T/20200928/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20200928/2111

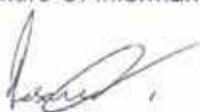
CONTINUATION OF REPORT

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:
F /
Staff Sgt SHAHRUL SOPHIAN BIN JUMAAT 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
28/09/2020 20:21

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP158 

Date of Accident: 28/9/2020 Accident Time: 1605 (24-HR-Format)

Accident Place: PIE towards Tuas (Before Eng Neo Exit)

Vehicle No. (Car Plate No.): SJW 6253H Make/Model: Honda Civic

Insurance Company: India Policy No: D20MP C0001700

Owner or Company Name IC No.: Woo Kwan How Desmond S9214575A

Owner or Company Contact No.: 96544148 Owner's Hp: _____ Company Tel: _____

DRIVER'S Name IC No.: Woo Kwan How Desmond S9214575A

DRIVER'S Date Of Birth: 3/5/1992 DRIVER'S License Pass Date: 9/4/2015

Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others: owner

DRIVER'S Address: Blk 102 Ang Mo Kio Ave 3 #04-1421 S(560102)

DRIVER'S Contact No. Alt No.: 1) 96544148 2) _____

DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address: info@carsmith.biz

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): 1

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

Any Injury (If YES, Pls state): 1

Other Party Driver's Particular (if any)

Vehicle No: <u>SKP 4382G</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver Contact: _____	IC No. Driver Contact: _____

* NEW - Passenger's name & gender:

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.: D20MPC0001700	COVER: COMPREHENSIVE
<p>1. Index Mark and Registration Number of Vehicle : SJW6253H</p> <p>Chassis No : JHMFD46209S200539</p> <p>2. Name of Policyholder : WOO KWAN HOW DESMOND</p> <p>3. Effective date of Insurance : 16 Mar 2020</p> <p>4. Expiry date of Insurance : 05 Apr 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <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> <p>6. Limitations as to use*</p> <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. 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.</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 and Named Drivers Excess Sect I: SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD</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> <p>Agent/Broker : A000041/P & C INSURANCE AGENCY Date of Issue : 16/03/2020 10:10:44 MX1-Private Car (Insured Driving)</p>	
	<p>For India International Insurance Pte Ltd</p>  <hr style="width: 100%;"/> <p>Authorised Signatory</p>