

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NA200601646

Date In: 16/11/2020 20:16	Job description	Date & Time Completed	Done by
Ref No: NA2006012625/7	SAS e-filing		
Veh No: SKR 1115J	E-mail (by date 3hrs, AIG 2hrs)		
D.O.A: 21/11/2020 18:10	1-Motor Claims Form		
OID (TP) Reporting Only	1-Motor W/O (winds: OD 3hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel: () / Fax: ()
TP Particulars: Vch No: SKR 9145J	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Cover Type: ()
Period: ()	

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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: to 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: ()
Date: ()
Time: ()
Location: ()
Weather: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

Driver/Owner:	NA200601646
Contact No:	
Damaged Portion:	
QC Checked by (Eng-In-Charge):	
Signature:	
Date:	

Item	Amount	INC (\$)
1) AIR Accident Reporting (\$30)		
2) DA Damage Assessment (\$100)		
3) TP Towing Fee	\$120	
4) PT Follow-Through Survey	\$30	
5) PT Follow-Through Survey (Resurvey)	\$30	
6) TR Re-inspection	\$75	
7) NI 1 day DA + SMRT Survey	\$160	
8) NTUC Additional Services		
ON:		
• NI: Courtesy Car / Tpl Allowance	\$35	
• NI: Repair Coordination	\$10	
• NI: Post Repair Inspection	\$25	
• NI: DV / Collect Excess Coordination	\$35	
• NI: TP (Non-INC) against INC	\$30	
• NI: 1 day Mobile		
Invoice dated		
Invoice dated		

Fee Charged
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	16/11/2020 20:16
Date Of Accident	12/11/2020 18:10
Exact Location Of Accident	ALONG PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

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

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003924_01
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	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90044605
Fax Number	
Contact Number	OTHERS 00044605

Address	BLK 505A YISHUN STREET 51 #08-26
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 - 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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201113/2126

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH9145J
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHIA YEE, FREDERICK
NRIC/Passport Number	SXXXX498F
Contact Number	90696977
Address	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name CHIA SEOK GUET, CINDY (XIE SHUYUE)

Approximate Age

Injuries Sustain

SERIOUS INJURIES

Injured person in which vehicle?

SLR1115J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

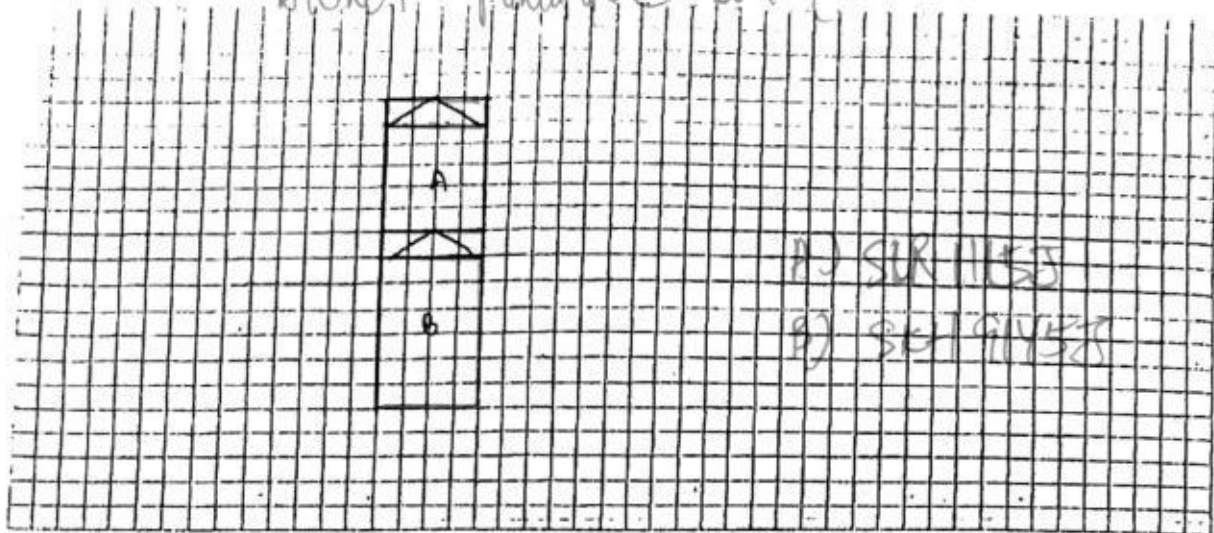


Policyholder's Signature
Date & Time:

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

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

Along Pambol Beach



8) SUR 1153

Refer to police report T/20201113/2126

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



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

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

MD

Date of Accident : 12 NOV 2020 Accident Time: 1810Hrs (24-HR-Format)
Accident Place : Punggol Drive
Vehicle Reg. No. (Car Plate No.) : SLR 1115 J
Vehicle Make/Model : Honda Vezel
Insurance Company : III Policy No. _____
Owner or Company Name / IC No. : ALVIN Transport & Limo Car Rental Services
Owner or Company Contact No. : 90044605 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chia Seok Guet Andy 88505026E
DRIVER'S Date Of Birth : 13-02-1985 DRIVER'S License Pass Date 16 Oct 2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : BLK 505A Yishun St 51 #08-06 S761505
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

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: SKH 9145 J	Vehicle Reg. No: _____
Vehicle Make/Model: _____	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/20201113/2125

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20201113/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 22:34	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars

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:		
Sex: Female	Age: 35	Date of Birth: 13/02/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manicurist			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2020 18:10	Type of Location: Gradient
Location: PUNGGOL DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH9145J	Car					2
SLR1115J	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1115J	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0003924_01	31/07/2020	30/07/2021



SINGAPORE POLICE FORCE



T/20201113/2126

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

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Report No. T/20201113/2126

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	GOH CHIA YEE, FREDERICK	ID No.	S8604498F
Related Vehicle	SKH9145J (Car)	Contact No.	90696977
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	CHIA SEOK GUET, CINDY	ID No.	S8505026E
Related Vehicle	SLR1115J (Car)	Contact No.	90044605
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	13/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 12/11/2020 at about 1810hrs, I was driving my personal car, a red color Honda Vezel bearing plate number, SLR1115J, along Edgedale Plains. The weather was clear and the road surface was dry. The traffic was heavy at the point of time.

Whilst stopping at the filter lane to Punggol Drive, to check for ongoing traffic, a silver color Volkswagen bearing plate number, SKH9145J, hit the rear of my car with impact. No one was injured at the point of time. No police and ambulance were called in.

We alight our respective vehicles to check on the damages and took photo of the accident scene. The rear boot of my vehicle is dented in due to the accident. I have in-vehicle camera installed in my car and it was on recording mode. We exchanged particulars and left the scene.

Upon reaching home, I felt uncomfortable on my right back region. I went to seek treatment at Mount Alvernia Hospital. I was given 3 days of MC due to the injury.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20201113/2125

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Report No. T/20201113/2125

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:

L/

Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

13/11/2020 22:34

Classification Of Case:

Authentication Stamp


NP168

SN 083

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.: D19MPC0003924_01		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 2020 4. Expiry date of Insurance : 30 Jul 2021
Chassis No	: RU31252969	
2. Name of Policyholder	: ALVIN TRANSPORT & LIMO CAR RENTAL SERVICES	
3. Effective date of Insurance	: 31 Jul 2020	
4. Expiry date of Insurance	: 30 Jul 2021	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 1 : 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 1 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, I Enterprise Date of Issue : 21/07/2020 15:07:37 MX4 - Private Car (Company)		
		For India International Insurance Pte Ltd  Authorised Signatory