

# NATIONAL Assessment Centre Services. Print 1 Jan 2003 SM 092009000D

Date In: 9/12/20 13:57	Job description	Date & Time Completed	Done by
Ref No: NAL 111 200 13603164	SAS e-filing		
Veh No: SKR 1975 E	E-mail (within 3hrs, AIC 2hrs)		
DOA: S/12/20 12:00	I-Motor Claim Form		
OT: (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	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: SLT 4389 E	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 10/11/03 07:08:46)	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	Actions

NA2100275		Invoice Ref: 111 200 13603164	Amount (\$)	Balance (\$)
Client's Particulars:		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idao Mobile \$0		
		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 Submission ..... 09/12/2020 13:57 (SGT)  
Date of Accident ..... 05/12/2020 12:00 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE(CITY) BEFORE NORTH BUONA VISTA RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKR1975E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AMANDA TAN  
NRIC No ..... SXXXX369A  
Email Address ..... AMANDA.TANSH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98456098  
Alternative Phone No ..... +65-98456098

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MPC0002649  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... AMANDA TAN  
NRIC No ..... SXXXX369A  
Date Of Birth ..... 21/03/1980  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/02/2004
Driving experience .....	16 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98456098
Alt. Phone Number .....	+65-98456098
Email Address .....	AMANDA.TANSH@GMAIL.COM
Address .....	5 UPPER BUKIT TIMAH VIEW #04-12
Address complement .....	-
Postcode .....	588134
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20201205/7070

#### 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 .....	SLT4389E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-



Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHD9054U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SHD6067C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLM6627S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

## INJURED 1

Name of injured person .....	AMANDA TAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKR1975E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No




## 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:

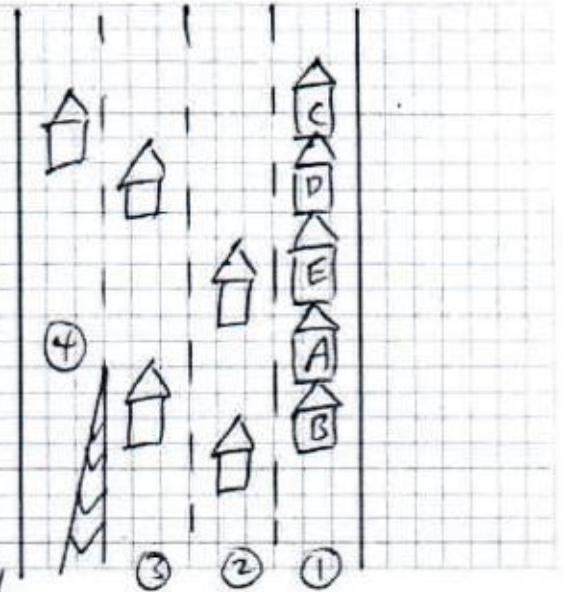
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

- (A) SKR 1975E
- (B) SLT 4389E
- (C) SHD 9054U
- (D) SHD 6067C
- (E) SLM 6627S

AYE (City)  
Before  
North Buona  
Vista Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE (City) Before North Buona Vista Road.

The traffic is moderate.

As I was driving, the front car (E) slowed down and I followed suit.

Before I could stop completely, vehicle (B) came from behind and hit my car (A).

The impact was so great that it pushed my car (A) forward and crashed onto vehicle (E).

After alighting from my car (A), it was then I realised that it was a chain collision of 5 vehicles.

The ambulance and traffic police arrived at the accident scene.

## 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.:



**SINGAPORE  
POLICE FORCE**



D/20201205/7070

1 of 3

**POLICE REPORT (NP299)**

Report No. D/20201205/7070

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 05/12/2020 23:37	Vide Report No.	Station Diary No.
Name Of Informant AMANDA TAN SIN HUI	Address 5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134	
ID Type / ID No. NRIC NO / S8009369A	Contact No. Home/Office: Mobile: 98456098	
Nationality SINGAPORE CITIZEN	Email Address amanda.tansh@gmail.com	
Occupation Counsellor (family)	Sex Female	Age 40
Institution/School Name	Date of Birth 21/03/1980	Race Chinese
Date/Time Of Incident 05/12/2020 12:00	Location Of Incident 5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134	

**Brief details.**

Traffic accident  
Report No.: D/20201205/0074

I was travelling along AYE towards city and met with a 5 car collision accident. I was car number 4.  
The traffic police, ambulance and EMAS arrived and a lady was conveyed to the hospital.  
The traffic police requested that I make a police report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 23:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20201205/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

The traffic condition was fair, the weather was clear. The car in front of me brake and I too braked. Before I realised, I was sandwiched in between the front and back car. The impact was so great my 2 air bags were activated and there was a strong burning smell.

After I got out of my car, I realised it was chain accident involving 5 vehicles. The first 2 were taxi which I did not manage to get their contact.

The car plates of the vehicles involved in the order of the first car to the last car is as follows:

SHD9054U

SHD6067C

SLM6627S

SKR1975E (Me)

SLT4389U.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male		
<b>Victim</b>			
Person Name	AMANDA TAN SIN HUI		
ID Type	NRIC NO	ID No	S8009369A
Gender	Female	Age	40

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

05/12/2020 23:37

Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20201205/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

Race	Chinese	Language	English
Occupation	Counsellor (family)	Address	5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134
Mobile No	98456098	Is Informant A Victim?	Yes
Person Name	AMANDA TAN SIN HUI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

05/12/2020 23:37


Classification Of Case:



## 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.**

<b>CERTIFICATE NO.: D20MPC0002649</b>		<b>COVER: COMPREHENSIVE</b>	
<b>1. Index Mark and Registration Number of Vehicle</b>	:	<b>SKR1975E</b>	
Chassis No	:	<b>JHMCK5850HX201661</b>	
<b>2. Name of Policyholder</b>	:	<b>AMANDA TAN</b>	
<b>3. Effective date of Insurance</b>	:	<b>11 May 2020</b>	
<b>4. Expiry date of Insurance</b>	:	<b>10 May 2021</b>	
<b>5. Persons or Classes of Persons entitled to drive*</b>			
<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>			
<b>6. Limitations as to use*</b>			
Use only for social, domestic and pleasure purposes and for the Policyholder's business.			
<b>The Policy does not cover</b>			
<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>			
*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 & Name Drivers Excess Section I	SGD	600.00	
Unnamed drivers Excess Section I	SGD	1,100.00	
Windscreen Excess	SGD	100.00	
Hire Purchase Company : Maybank			
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.			
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 : A000030/Drivers' Choice (Pte Ltd)		For India International Insurance Pte Ltd	
Date of Issue : 02/05/2020 13:17:55		 _____ Authorised Signatory	
MX1-Private Car (Insured Driving)			

PERSONAL PARTICULARS

1) DRIVER ONLY

Date of Accident: 05/12/2020

Time of Accident: 12:00 (24Hrs)

Vehicle No: SKR1975E

Vehicle Make/Model: Honda Jazz

Exact Location of Accident: AYE(City) Before North Buona Vista Road

Owner's Name/NRIC: Tan Sin Hui (Chen Xinhui) S8009369A

Driver's Name/NRIC: Tan Sin Hui (Chen Xinhui) S8009369A

Driver's Contact: 98456098

Insurance Co & Policy No: India

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor ☒ Outdoor ☐

Any Injuries? (MC of 3 Days or more, police report is required)

Yes ☒ No ☐

If Yes, which police station? -

The Other Party (Vehicle B) Details (B) S9222648D

Driver's Name/IC: Anand Pravin S/O  
Kalai Selvan

Vehicle No: SLT4389E

Insurance Company: -

Driver's Contact: 88334707

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): SHD9054U

Independent Witness (If Any): -

Contact: -

Preferred Workshop (If Any): -

Contact: -

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

(D) SHD6067C

(E) SLM6627S