

NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 11/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/1121002055/13	SAS e-filing		
Veh No: SKU977R	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 10/02/21 1720	I-Motor Claim Form		
	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
TP Insurer:			
Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: GBJ6356H	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 10/11/21 07:00/06:00)			
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury: ( )			
Date/Time: ( )			
Actions: ( )			
Continuity Particulars:			
Driver/Owner:			
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments:			
Tel: ( )			
Fax: ( )			
Invoice Particulars:			
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$40)			
3) TP: Towing Fee \$40/\$43			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD:			
*NS: Courtesy Car / Tpt Allowance \$3			
*NG: Repair Co-ordination \$10			
*NJ: Post Repair Inspection \$25			
*NI: DV / Collect Excess Coordination \$3			
TP (NT1): TP (San INC) against INC \$20			
9) NI2: 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	11/02/2021 10:25 (SGT)
Date of Accident	10/02/2021 17:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI)TAMPINES AVE 2 SLIP RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU977R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHNG SOH KIM
NRIC No	SXXXX420D
Email Address	cheryl.lian@hotmail.com
Mobile Phone No	(Phone) +65-96922282
Alternative Phone No	+65-96922282

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Veloster
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?	Yes
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0006416
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA WEE KEONG,BENJAMIN(CAI WEIQIANG)
NRIC No	SXXXX138C
Date Of Birth	11/07/1994
Occupation	Outdoor

Date Of Driving Pass .....	14/06/2017
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84828117
Alt. Phone Number .....	-
Email Address .....	cheryl.ian@hotmail.com
Address .....	BLK 35 BEDOK SOUTH AVE 2
Address complement .....	#05-427
Postcode .....	460035
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 .....	GBJ6356H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 ..... SMQ4118A  
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) ..... -



## 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 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.

### 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.

X Kaur  
Policyholder's Signature / Date & Time

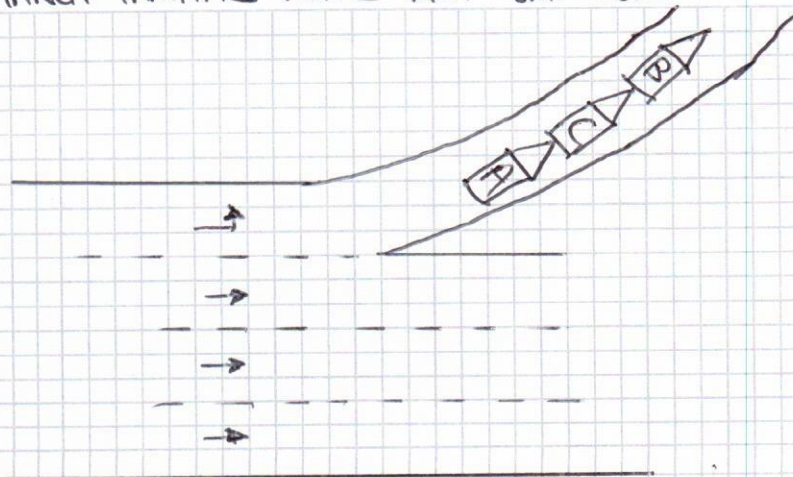
AK  
Driver's Signature (If driver is not the policyholder) / Date & Time

11/02/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan

PIE-CHANGI TAMPINES AVE 2 EXIT SLIP ROAD.

A - SKU977R  
B - GBJ6356H  
C - SMQ4118A




**Describe Circumstances of the Accident**


On the stated date and time. I was driving vehicle A along the stated venue. Suddenly the front vehicle jammed brake. I could not stop in time and hit onto the front vehicle. When I came down from my car, I realised it was a three car chain accident.

**Declaration**

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature / Date & Time

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

 11/02/21  
Witnessed by Reporting Centre Personnel



Date of Accident : 10/2/21 Accident Time: 1720 (24-HR-Format)  
Accident Place : PIE - CHANGI TAMPINES AVE 2 EXIT SHIPROAD.  
Vehicle. No. (Car Plate No.) : SKU 977R Make/Model: HYUNDAI VELOSTER  
Insurance Company : India Policy No: D20MPC0006416  
Owner or Company Name /IC No. : CHNG SOH KIM @ KIM CHNG S1641420D  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 96922282 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHUA WEE KEONG, BENJAMIN S9424138C  
DRIVER'S Date Of Birth : 11/7/1994 DRIVER'S License Pass Date 14/6/2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: Friend  
DRIVER'S Address : BK 35 BEDOK SOUTH AVE 2 #05-427 S 460035  
DRIVER'S Contact No./ Alt No. : 1) 8482 8117 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : cheryl.lian@hotmail.com  
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  
Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

(B)  
Vehicle. No: GBJ 6356 H  
Vehicle Make\Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

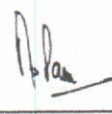
(C)  
Vehicle. No: SMQ 4118 A  
Vehicle Make\Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

\* 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.: D20MPC0006416		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKU977R	
Chassis No	: KMHTC61EVGU290673	
2. Name of Policyholder	: CHNG SOH KIM	
3. Effective date of Insurance	: 26 Oct 2020	
4. Expiry date of Insurance	: 25 Oct 2021	
5. Persons or Classes of Persons entitled to drive*		
<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>		
6. Limitations as to use*		
<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></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>		
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	: Tokyo Century Leasing (Singapore) Pte Ltd	
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	: A000077 HM PTE LTD	
Date of Issue	: 15/10/2020 13:08:35	
MX1-Private Car (Insured Driving)		
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorized Signatory</p>





AP AUTOMOTIVE SERVICES PTE LTD  
ROC: 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

Date :

Vehicle Number :

**Ref: Authorised Letter**

I, BENJAMIN CHUA WEE KEONG, (Owner / Driver Name)  
S9424138C (NRIC / FIN Number) SKU977R (Vehicle No.) authorise  
**AP AUTOMOBILE SERVICES PTE LTD** to do & submit accident report (GIA REPORT) on behalf  
of me /we.

Thank you.

Best Regards,

Kinc  