

NATIONAL Assessment Centre Services: [wef 1 Jan'09] SM 09213 H 0001

Date In: 17/13/21 17:44	Job description	Date & Time Completed	Done by
Ref No: NA1 122 2100 35071 h4	SAS e-filing		
Veh No: SKZ 1283 B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/13/21 18:55	i-Motor Claim Form		
OD: (TP) 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: SKV S159 Y	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 hotline: 6788 6616)	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

NA 210 234 3	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Inc Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	17/03/2021 17:44 (SGT)
Date of Accident	16/03/2021 18:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1283B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAY ZHIQING MARCUS
NRIC No	SXXXX297E
Email Address	MARCUSGAYZHIQING@GMAIL.COM
Mobile Phone No	(Phone) +65-97255563
Alternative Phone No	+65-97255563

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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	D19MPC0000211_02
Cover Note Number	-

DRIVER

Name of Driver	GAY ZHIQING MARCUS
NRIC No	SXXXX297E
Date Of Birth	12/12/1983
Occupation	Indoor

Date Of Driving Pass	11/12/2003
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97255563
Alt. Phone Number	+65-97255563
Email Address	MARCUSGAYZHIQING@GMAIL.COM
Address	BLK 311B CLEMENTI AVE 4 #11-173
Address complement	-
Postcode	122311
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW BEE KHIM
Gender	Female

PASSENGER 2

Name	GAY ZI XUAN NATALIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210316/7040

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	SKV5159Y
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	GAY ZHIQING MARCUS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKZ1283B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOW BEE KHIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKZ1283B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	GAY ZI XUAN NATALIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKZ1283B
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 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

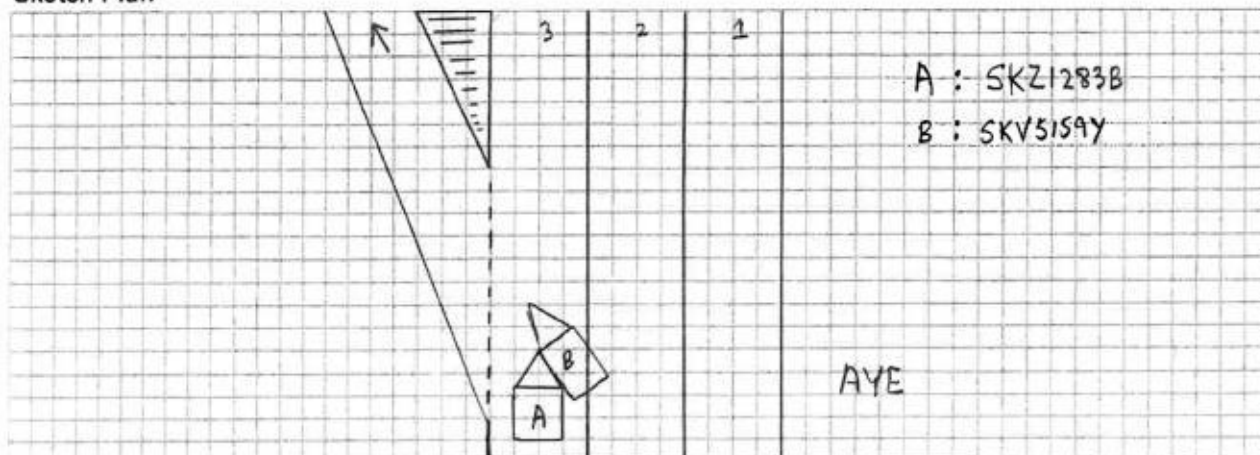
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A : SKZ1283B
B : SKV5159Y
AYE

REFER TO POLICE REPORT

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210316/7040

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

1 of 4

Report No. T/20210316/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2021 22:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAY ZHIQING, MARCUS			Address: 311B CLEMENTI AVENUE 4 #11-173 SINGAPORE 122311		
ID Type / ID No.: NRIC NO / S8339297E			Contact No.: Home/Office: Mobile: 97255563		
Nationality: SINGAPORE CITIZEN			Email: MARCUSGAYZHIQING@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 12/12/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: RISK-MANAGER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/03/2021 18:55	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 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	Conditio	No of
SKV5159Y	Car	NISSAN	X-TRAIL		Seriously Damaged	1
SKZ1283B	Car	HONDA	MOBILIO+S V+1.5+CVT	Silver	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210316/7040

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

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Report No. T/20210316/7040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ1283B	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0000211_ 02	11/01/2021	10/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAY ZHIQING, MARCUS	ID No.	S8339297E
Related Vehicle	SKZ1283B (Car)	Contact No.	97255563
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	GAY ZI XUAN NATALIE	ID No.	T1239620H
Related Vehicle	SKZ1283B (Car)	Contact No.	97255563
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LOW BEE KHIM	ID No.	S1158182Z
Related Vehicle	SKZ1283B (Car)	Contact No.	97255563
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210316/7040

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

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Report No. T/20210316/7040

CONTINUATION OF REPORT

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SKZ1283B WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 4.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SKV5159Y CUT INTO MY LANE ABRUPTLY WITHOUT SIGNALLING FROM LANE 3 AND BANG ONTO THE RIGHT PORTION OF MY VEHICLE.

HE CONTINUED DRIVING EXITED 7A, I FOLLOWED HIM AND WE STOPPED AT PORTSDOWN FLYOVER BEFORE THE TRAFFIC LIGHT.

AFTER THE ACCIDENT, MY FAMILY AND I SUFFERED PAIN ON OUR NECK, SHOULDER AND BACK SO WE WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20210316/7040

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

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Report No. T/20210316/7040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
16/03/2021 22:47

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.

CERTIFICATE NO.: D19MPC0000211_02		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKZ1283B	
Chassis No	: MRHDD4870FP000432	
2. Name of Policyholder	: GAY ZHIQING MARCUS	
3. Effective date of Insurance	: 11 Jan 2021	
4. Expiry date of Insurance	: 10 Jan 2022	
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>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 & Named Drivers Excess Sect I: SGD600.00 Unnamed Drivers Excess Sect I : SGD1100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : OCBC Bank Limited</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 : A000038/M Plus Consultancy Date of Issue : 05/01/2021 09:27:53 MX1-Private Car (Insured Driving)</p>		
		<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  <hr style="width: 100px; margin: 0 auto;"/> <p>Authorised Signatory</p> </div>

Date of Accident : 16/03/2021 Accident Time: 1855HRS (24-HR-Format)
 Accident Place : AYE TUAS BEF EXIT 7A
 Vehicle. No. (Car Plate No.) : SKZ1283B Make/Model: HONDA MOBILIO
 Insurance Company : INDIA Policy No: DI9MDC0000211_02
 Owner or Company Name /IC No. : GAY ZHIQING, MARCUS
 Owner or Company Contact No. : 9725 5563 Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : AS ABOVE
 DRIVER'S Date Of Birth : 12-12-1983 DRIVER'S License Pass Date 11 'DEC' 2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
 DRIVER'S Address : 311B CLEMENTI AVE 4 #11-173 (S) 122311
 DRIVER'S Contact No./ Alt No. : 1) 9725 5563 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : MARCUSGAYZHIQING@GMAIL.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): 3
 Was the accident reported to the police? YES \ NO
 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): DRIVER & PASSENGERS

Other Party Driver's Particular (if any)

Vehicle. No: <u>SKV5159Y</u>	Vehicle. No: _____
Vehicle Make\Model: <u>NISSAN X-TRAIL</u>	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

- ① Law Bee Khim (F)
 ② Gay Zi xuan, Natalie (F)