

# NATIONAL Assessment Centre Services

Date In: 18/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/1021003533/13	SAS e-filing		
Veh No: SMH2146D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/03/21 1325	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: SLQ6741Z	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 ( )	

**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

NA102401	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) Add Bil
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5			
Contact No:	*N6: Repair Co-ordination \$10			
Damaged Portion:	*N7: Post Repair Inspection \$25			
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	18/03/2021 11:57 (SGT)
Date of Accident	13/03/2021 13:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS ECP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2146D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG MAK LING
NRIC No	SXXXX330E
Email Address	WICKY.CHEUNGWK@GMAIL.COM
Mobile Phone No	(Phone) +65-90999199
Alternative Phone No	+65-90999199

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Crossland
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	D21MPC0000131
Cover Note Number	-

#### DRIVER

Name of Driver	CHEUNG WAI KEUNG, WICKY
NRIC No	SXXXX526E
Date Of Birth	12/07/1986
Occupation	Indoor

Date Of Driving Pass .....	09/10/2006
Driving experience .....	14 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91399159
Alt. Phone Number .....	-
Email Address .....	WICKY.CHEUNGWK@GMAIL.COM
Address .....	46 RIVERINA CRESCENT
Address complement .....	-
Postcode .....	518280
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Head to Rear
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? .....	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 .....	SLQ6741Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	VID
NRIC No .....	SXXXX452C
Contact Number .....	(Phone) +65-87983380
Address .....	-
Address complement .....	-
Postcode .....	-

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

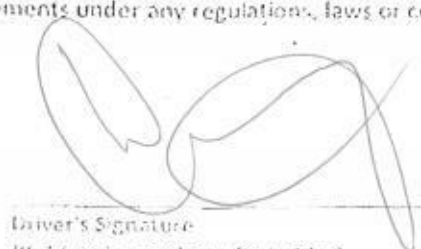
## IMPORTANT NOTICE

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:

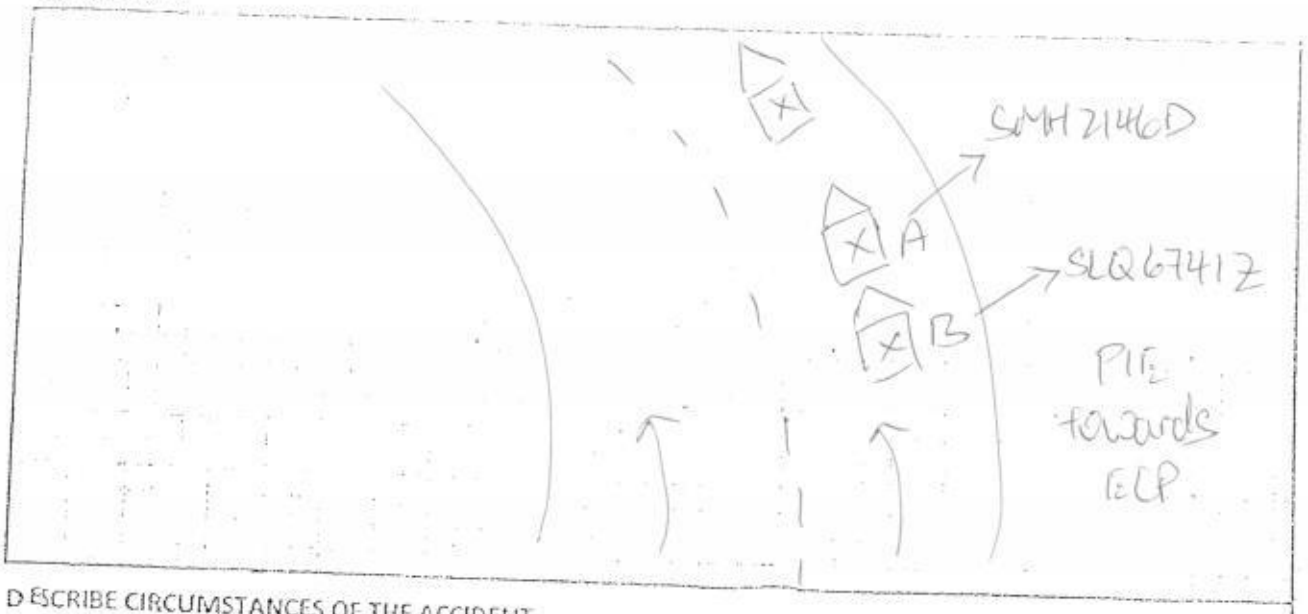
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 18/03/21  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened from PIE towards ECP  
 Vehicles in front stepped brake, I slowed down  
 Behind vehicle banged into me.

## DECLARATION

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

*L. Mak L. P.*  
 Policyholder's Signature

Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time

*[Signature]* 18/03/21  
 Reporting Centre Personnel's Signature  
 Name  
 MRIC/FIN No



# ACCIDENT STATEMENT

ACCIDENT DATE: 13, 03, 21 (DD/MM/YYYY) TIME: 13:26 (HH:MM)

LOCATION: PIE Twrds ECP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 2146D  
 b) INSURANCE COMPANY: India Insurance International  
 c) POLICY NUMBER: 021MPC0000131  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Opel Crossland  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: going  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: WONG MAK LING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2575330E CONTACT: 90999199  
 c) ADDRESS: 46 Rivering Crescent Singapore 518280

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Cheung Wai Keung wicky (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8670526E CONTACT: 91399159  
 c) ADDRESS: Same as owner

\* d) DATE OF BIRTH: 12, 09, 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 09/10/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS -

b) ROAD SURFACE: (DRY) / WET / OTHERS -

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: -

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ67412 MODEL: Honda Vezel  
 b) DRIVER'S NAME: VID  
 c) NRIC/FIN/PASSPORT: S8086452C CONTACT: 87983280

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(1)

(F / M)

\* No of passengers  
(Including driver)  
(1)

\* No of passengers  
(Including driver)  
(1)

17/03/21

wai tung  
C1

email = xinhua workshop@gmail.com 82925595


fax =

VIDEO =

## 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.: D21MPC0000131	COVER: COMPREHENSIVE
<p>1. Index Mark and Registration Number of Vehicle : SMH2146D Chassis No : W0V7D9ED3J4144841</p> <p>2. Name of Policyholder : WONG MAK LING</p> <p>3. Effective date of Insurance : 16 Jan 2021</p> <p>4. Expiry date of Insurance : 15 Jan 2022</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><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>	<p>Insured &amp; Named Drivers Excess Sect I : SGD600.00 Unnamed Drivers Excess Sect I : SGD1100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : DBS Bank Ltd</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/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 : B000057/AETNA INSURANCE BROKERS PTE LTD Date of Issue : 14/12/2020 16:35:49 MX1-Private Car (Insured Driving)</p>
<p><b>For India International Insurance Pte Ltd</b></p>  <hr style="width: 200px; margin-left: auto;"/> <p>Authorised Signatory</p>	



## THE SCHEDULE

Agency : AETNA INSURANCE BROKERS PTE LTD/B000057  
Policy Number : D21MPC0000131  
Issued on : 14 Dec 2020 in Singapore (SIF)  
Type of Policy : Private Car - Own Use

Period of Insurance : 16 Jan 2021 to 15 Jan 2022 both dates inclusive  
Insured's Name : WONG MAK LING  
Address : 46 RIVERINA CRESCENT  
SINGAPORE  
518280

Premium  
After 50.00% No Claim  
Discount : SGD 734.56  
7% GST : SGD 51.42  
Total Premium Due : SGD 785.98

### PRIVATE CAR

Registration : SMH2146D  
Type of Cover : COMPREHENSIVE  
Make/Model : OPEL/CROSSLAND X B12XHT AT  
Body Type : HATCHBACK  
Capacity cc's : 1199.00  
Seating Capacity : 5  
Year of Manufacture : 2018  
Engine No. : 10XVA10916741  
Chassis No. : W0V7D9ED3J4144841  
Named Drivers : WONG MAK LING  
CHEUNG FUK LAM  
CHEUNG WAI KEUNG  
Hire Purchase : DBS Bank Ltd

Insured & Named Drivers Excess Sect I : SGD600.00  
Unnamed Drivers Excess Sect I : SGD1100.00  
Windscreen Excess : SGD100.00

### SUM INSURED: MARKET VALUE AT TIME OF LOSS

The following clauses and endorsements apply to this vehicle:

Endorsements Applicable : PASSENGER RISK  
M1,M2,M3A,M6,M7,M8,M11,M12,M19,M20,M21 & MEMO 1  
25(SRCC),57(FLOOD),72(B),WAR & TERRORISM EXCLUSION ENDT  
CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED  
AMENDED CONDITION 5 ENDT,NOTIFICATION CLAUSE  
WINDSCREEN UNLIMITED  
NCD PROTECTOR

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.