

# NATIONAL Assessment Centre Services

Date In: 20/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/III 22000748/m4	SAS e-filing		
Veh No: GBD 9770G	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 19/01/2022 14:20	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: SBY18 u	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

NA 2200/88	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2/3:	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q11:			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (N'n INC) against INC \$20			
	9) N12: Idac Mobile 10			
	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	20/01/2022 17:16 (SGT)
Date of Accident	19/01/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (BEFORE LORNIE ROAD EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9770G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MARTEVICK DISTRIBUTOR
Company Reg No	1XXXX300B
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-91815670
Alternative Phone No	+65-90862766

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MCV0001021_03
Cover Note Number	-

#### DRIVER

Name of Driver	LIM XIONG CHUN
Passport No/FIN	GXXXX769R

Date Of Birth	30/07/1995
Occupation	Outdoor
Date Of Driving Pass	27/07/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90862766
Alt. Phone Number	-
Email Address	serene@martevick.com
Address	1085, EUNOS AVENUE 7A
Address complement	#04-42, EUNOS INDUSTRIAL ESTATE
Postcode	409535
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	AFTER RAIN
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	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

PLS REFER TO THE POLICE REPORT : T/20220119/7032

#### 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	SBY18U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ANG KWANG
NRIC No	SXXXX786G
Contact Number	(Phone) +65-97933300
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	EH3939X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PUAH SOOK KIEN MRS YANG
NRIC No	SXXXX309H
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	LIM XIONG CHUN
Gender	Male
Phone No	(Phone) +65-90862766
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND LEG PAIN (SLIGHT)
Injured person in which vehicle?	GBD9770G
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' law yers/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.

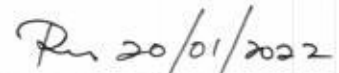
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 MARTEVICK  
DISTRIBUTOR



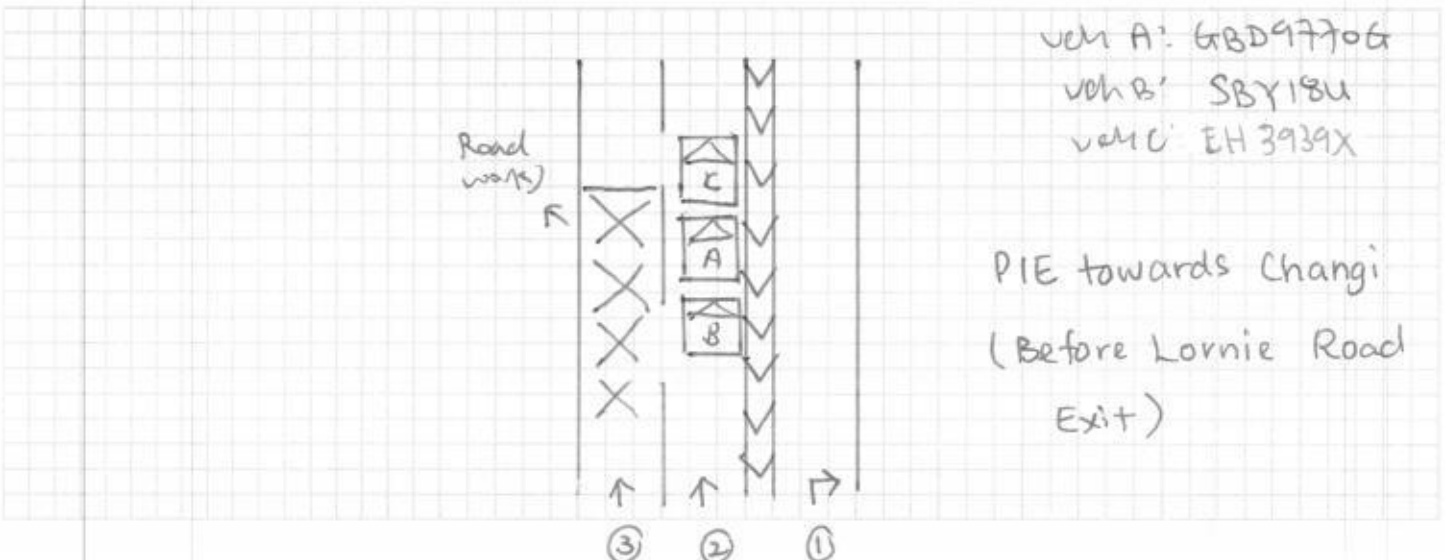
 20/01/2022

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

- Top right: *Page A*
- Center: *Police Report No. 120/12*
- Bottom left: *Police Report No. 120220119/7032*

Declaration

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

*ll*

MARTEVICK  
DISTRIBUTOR

*[Signature]*

*Ru* 20/01/2022

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20220119/7032

1 of 3

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

Report No. T/20220119/7032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2022 16:51	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: LIM XIONG CHUN		Address:	
ID Type / ID No.: FIN NO / G2622769R		Contact No.: Home/Office: Mobile: 90862776	
Nationality: MALAYSIAN		Email: serene@martevick.com	
Sex: Male	Age: 26	Date of Birth: 30/07/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Salesperson (door-to-door)		Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2022 14:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: After Rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
EH3939X	Car					0
GBD9770G	Van					0
SBY18U	Car					0



# SINGAPORE POLICE FORCE



T/20220119/7032

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

2 of 3

Report No. T/20220119/7032

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM XIONG CHUN	ID No.	G2622769R
Related Vehicle	GBD9770G (Van)	Contact No.	90862776
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

### Brief Details.

I GBD9770G) was driving straight along PIE towards Airport -Lornie Road Exit at 2nd lane of 3 lanes. The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently. Vehicles in front of me slowed down and stopped, I follow suit.

Suddenly, I felt a huge impact.

Vehicle B (SBY18U) collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into vehicle C (EH3939X) rear portion.

I alighted and realised there were a total of 3 vehicles involved.

After the accident, I felt discomfort and went to UNIHEALTH 24-HR CLINIC to seek medical treatment and was given 3 days MC by a doctor.





**SINGAPORE  
POLICE FORCE**



T/20220119/7032

3 of 3

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

Report No. T/20220119/7032

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
19/01/2022 16:51

Classification Of Case:

UNIHEALTH 24-HR CLINIC (TOA PAYOH)  
178 TOA PAYOH CENTRAL #01-218 , SINGAPORE 310178  
Tel1: 62031639 Fax: 62549938

### Medical Certificate

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Date : 19 Jan 2022


MC No. : 0000117396

This is to certify that :

Name : LIM XIONG CHUN

NRIC : G2622769R

is Unfit for Duty for 3 days  
from 19 Jan 2022 to 21 Jan 2022 inclusive.



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DR DANIEL SOONG  
MBBS SINGAPORE

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/01/2022		Time: 14:20		(hh:mm) 24 hr format	
Location PIE towards Changi (Before Lornie Road Exit)					
Vehicle Number GBD9770G (M) (2488cc)					
Insured Name Martevick Distributor					
NRIC/FIN 10035300B		Contact Number 9181 5670 (Boss)			
Make Nissan		Model NV350			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting					
Insurance Company India International					
Type of Policy (✓) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number D18MCV0001021-03					
Name of Driver Lim Xiong Chun				( ) Same as Insured	
NRIC/FIN G2622769R		Contact Number 9086 2766			
Date of Birth 30/07/1995					
Driving Pass Date 27/07/2017					
Occupation ( ) Indoor (✓) Outdoor					
Gender (✓) Male ( ) Female					
Email Address abc8627e@gmail.com				( ) NO EMAIL	
Address of Driver 1085, Eunos Avenue 7A, #04-42, Eunos Industrial Estate, Singapore 409535					
Was driver an employee of the Insured's Company? (✓) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( ) Clear ( ) Raining (✓) Others After rain					
Road Surface ( ) Dry (✓) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No					
Was anybody injured in the accident? (✓) Yes ( ) No					
If yes, injured detail Lim Xiong Chun - Back and Leg Pain					
Was there any video captured by Car Camera? ( ) Yes (✓) No					
Was the Accident reported to the Police? (✓) Yes ( ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B SBY18U		(Ang Kwang) (S7222786G)			
Veh C EH3939X		(PUAH SOOK KIEN MRS YANG) (S1724309H)			
Veh D					
Veh E					
Veh F					

Driver only

## 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.: D18MCV0001021\_03**

**COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle : GBD9770G  
Chassis No : JN1MC2E26Z0004209
2. Name of Policyholder : MARTEVICK DISTRIBUTOR
3. Effective date of Insurance : 06 Aug 2021
4. Expiry date of Insurance : 05 Aug 2022

**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\***

- a) Use in connection with the Policyholder's business.
- b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes.

**The Policy does not cover**

- a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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.

Excess Sect I: SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : N.A

**FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 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 : B000060/PHILLIP SECURITIES PTE LTD

Date of Issue : 26/07/2021 02:37:11

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory