

Date In: 27/04/2022 14:56	Ref No: N/A/1122003948/4	Veh No: 887 6699R	D.O.A: 22/04/2022 16:15
Job description	SAS e-filing	E-mail (within 9hrs, A/C 2hrs)	I-Motor Claim Form
Date & Time Completed	Done by	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:	

TP Particulars:	Veh No: 180 1232	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YBS () / NO ()	Loading: \$1,000 () / \$2,000 ()
Excess: \$		
General Remarks:		
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaire.		
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () : Invoice: YBS () / 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]		

Date/Time	Actions
Injury :	

Invoice Preparation Checklist	Invoice dated	Fee Charged
1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100); INC (\$50)	3) TF: Towing Fee \$40/\$45
4) FT: Follow-Through Survey	5) FT: Follow-Through Survey (Resurvey)	6) TR: Re-inspection
7) NI: Ideo DA + SMRI Survey	8) NTUC Additional Services:-	9) NI2: Ideo Mobile
C Checked by (Engr-In-Charge):		
Injured & Participants:		
Driver/Owner:		
Contact No:		
Damaged Portion:		
Comments:		
Fees Charged		Invoice dated

X/A2201128

8876699R

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	27/04/2022 14:56 (SGT)
Date of Accident	22/04/2022 16:15 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT6699R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM AH LEE
NRIC No	SXXXX667G
Email Address	allim6699@gmail.com
Mobile Phone No	(Phone) +65-92371138
Alternative Phone No	+65-98383911

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X4
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MPC0000319_03
Cover Note Number	-

DRIVER

Name of Driver	NG TECK HIOW
NRIC No	SXXXX454B

Date Of Birth	07/02/1955
Occupation	Indoor
Date Of Driving Pass	24/10/1986
Driving experience	35 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98383911
Alt. Phone Number	-
Email Address	amy.ng2968@gmail.com
Address	BLK 352 CHOA CHU KANG CENTRAL #12-335
Address complement	-
Postcode	680352
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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?	Yes
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220423/2065

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	FBQ1232C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBQ1232C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

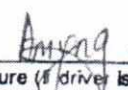
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

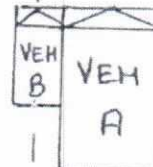
 22/04/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: SBT6699R

VEH B: FBQ1232C

BUKIT TIMAH ROAD



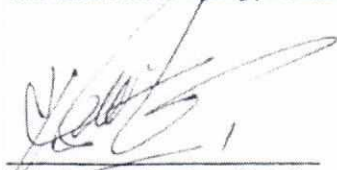
Describe Circumstances of the Accident

On the stated time and date, I was driving along Bukit Timah Road when suddenly Veh B hit onto my front left and fell. Upon the impact on my car, I moved towards the left lane to stop and assist. The driver of Veh B was injured and ambulance is called. That's all.

* Refer to police report : T/2022 0423 12065

Declaration

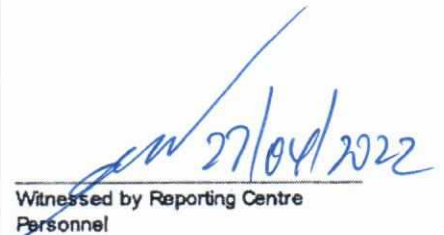
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220423/2065

1 of 3

Report No. T/20220423/2065

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2022 15:03	Vide Report No.: D/20220422/0085	Station Diary No.: 20
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NG TECK HIOW			Address: APT BLK 352 CHOA CHU KANG CENTRAL #12-335 SINGAPORE 680352	
ID Type / ID No.: NRIC NO / S1134549B			Contact No.: Home/Office: Mobile: 98383911	
Nationality: SINGAPORE CITIZEN			Email: amy.ng2968@gmail.com	
Sex: Female	Age: 67	Date of Birth: 07/02/1955	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2022 16:05	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1232C	Motorcycle					0
SBT6699R	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBT6699R	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0000319_ 03	25/06/2021	24/06/2022



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20220423/2065

2 of 3

Report No. T/20220423/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	NG TECK HIOW	ID No.	S1134549B
Related Vehicle	SBT6699R (Car)	Contact No.	98383911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/04/2022 at about 1615hrs I was driving my car registration no: SBT6699R along Bukit Timah Road when suddenly a motorcycle registration no: FBQ1232C hit onto the front left of car before it fell to the ground. Upon the impact on my car, I moved towards the left lane to stop and render assistance to the rider. The male rider was injured and ambulance conveyed him to the hospital in conscious state.

Traffic Police officer interviewed me at scene and advise me to lodge a Traffic Accident report reference, D/20220422/0085 under In-Charge case TP IO Ghazali, HP: 96192037.



**SINGAPORE
POLICE FORCE**



T/20220423/2065

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20220423/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/

Other SHANIZA BINTE SITAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/04/2022 15:03

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/04/22 (dd/mm/yy) Time of Accident: 16:15 (24-HR-FORMAT)
Vehicle No.: SBT6699R Vehicle Make & Model / Engine (cc): BMW X4 (Auto) Private Hire: (Y/N) (N)
Exact location of Accident: BUKIT TIMAH ROAD
Policyholder's Name / IC No.: LIM AH LEE S0163667 G
Driver's Name / IC No.: NG TECK HIOW S1134549B (As Above) ☐
Driver's Contact No.: 98383911 Company Contact No / Owner Contact No: 92371138
Driver's Address: BLK 352 CHOA CHU KANG CENTRAL #12-335 SINGAPORE 680352
Owner Email address: ALLIM6699@GMAIL.COM Insurance Company: India International ☐
Driver Email address: AMY.NG2968@GMAIL.COM

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Spouse ☐

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 01

***Passanger Name:** _____

Gender:

***Passanger Name:** _____

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Unknown Motorist

Injuries Sustain: _____ Injured Person in Which Vehicle: FBQ 1232 C

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Hong Kah North NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBQ1232C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



INDIA
INTERNATIONAL
INSURANCE
PTE LTD



陳兄弟保險代理有限公司
TAN BROTHERS INSURANCE AGENCIES PTE LTD
10 ANSON ROAD, #11-16
INTERNATIONAL PLAZA SINGAPORE 079903
TEL: (65) 6220 1822 FAX: (65) 6224 6806
E-MAIL: tan.brothers@tdsgroup.com.sg

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711
Office (65) 63476100 Email: insure@iil.com.sg
Fax (65) 62244174 Website: www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 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.: D18MPC0000319_03		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SBT6699R	
Chassis No	: WBAXW120600G74167	
2. Name of Policyholder	: LIM AH LEE	
3. Effective date of Insurance	: 25 Jun 2021	
4. Expiry date of Insurance	: 24 Jun 2022	
5. Persons or Classes of Persons entitled to drive*		
(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. (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		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover 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.		
*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 & Named Drivers Excess Sect 1: SGD 1,000.00 Unnamed Drivers Excess Sect 1 : SGD 1,500.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : N/A		
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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD Date of Issue : 08/06/2021 21:00:23 MX1-Private Car (Insured Driving)		For India International Insurance Pte Ltd Authorised Signatory