

NATIONAL Assessment Centre Services

Date In: 18/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/III 2200 4653/m4	SAS e-filing		
Veh No: SCZ 1928U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/05/2022 10:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SQ 888R	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

NA2201346	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$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 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
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		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	18/05/2022 14:35 (SGT)
Date of Accident	15/05/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF SERANGOON AVENUE 3 AND BOUNDARY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ1928U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AU MEI LIN
NRIC No	SXXXX137H
Email Address	aumeilin@gmail.com
Mobile Phone No	(Phone) +65-98172376
Alternative Phone No	+65-98172376

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC0009265
Cover Note Number	-

DRIVER

Name of Driver	AU MEI LIN
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NRIC No	SXXXX137H
Date Of Birth	09/06/1962
Occupation	Indoor
Date Of Driving Pass	07/08/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98172376
Alt. Phone Number	+65-98172376
Email Address	aumeilin@gmail.com
Address	2 MEDWAY DRIVE
Address complement	-
Postcode	556498
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MA CHO
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

PLS REFER TO THE POLICE REPORT : T/20220516/7029

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SQ888R
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH SOON LAI
Contact Number	(Phone) +65-96345155
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	AU MEI LIN
Gender	Female
Phone No	(Phone) +65-98172376
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT. GIVEN 4DAYS MEDICAL LEAVE.
Injured person in which vehicle?	SCZ1928U
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

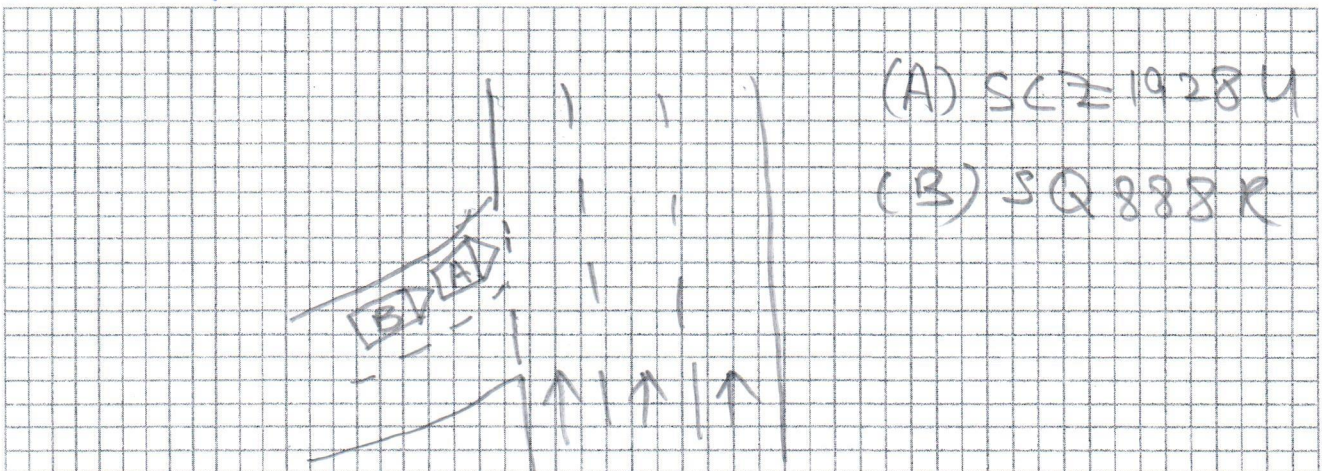
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Junction of Serangoon Avenue 3 and Boundary Road.

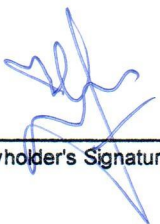
Describe Circumstances of the Accident

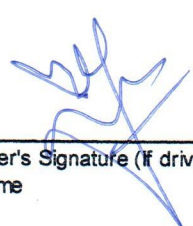
— As per police report attached : T/20220516/7029. —

[Handwritten signature and date 20/05/2022 are visible across the lined area]

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/20220516/7029

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

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Report No. T/20220516/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2022 20:18		Vide Report No.: F/20220515/0077		Station Diary No.:	
Informant's Particulars					
Name of Informant: AU MEI LIN			Address: 2 MEDWAY DRIVE SINGAPORE 556498		
ID Type / ID No.: NRIC NO / S1567137H			Contact No.: Home/Office: Mobile: 98172376		
Nationality: SINGAPORE CITIZEN			Email: AUMEILIN@GMAIL.COM		
Sex: Female	Age: 59	Date of Birth: 09/06/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2022 10:00	Type of Location: Y-Junction
Location: SERANGOON AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SCZ1928U	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT 5G13GZ SR HID	Blue	Slightly Damaged	0
SQ888R	Car	MERCEDES BENZ	E200	Blue		0



SINGAPORE POLICE FORCE



T/20220516/7029

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

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Report No. T/20220516/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SCZ1928U	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0009265	20/11/2021	19/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AU MEI LIN	ID No.	S1567137H
Related Vehicle	SCZ1928U (Car)	Contact No.	98172376
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/05/2022	Date	15/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	GOH SOON LAI	ID No.	NIL
Related Vehicle	SQ888R (Car)	Contact No.	96345155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 15 May 2022 around 10am, I was driving my car, a light blue Volkswagen Golf license plate SCZ1928U along Serangoon Avenue 3 towards Boundary Road when I stopped at the junction of Serangoon Avenue 3 and Boundary Road, waiting for the traffic to clear in order to turn left into Boundary Road. While waiting, suddenly a dark blue Mercedes Benz, license plate SQ888R came from behind and hit the back of my car with a strong impact, causing me to suddenly lurch forward. Upon visual inspection, there were damages to my rear bumper (dents and scratches), the bumper has also been pushed forward into the car chasis, and my license plate was also dented. I asked the other driver to exchange details for the purpose of insurance claim, but he refused to provide. He said I can just use his car plate number. I disagree, and he asked me to call the police instead. I called 999, and describe the situation. A traffic police and 2 other police officer turned up to assist. The other driver finally provided his details in the presence of the 3 police officers after much persuasion. The driver of the Mercedes Benz, SQ888R which hit my car is Mr Goh Soon Lai.



**SINGAPORE
POLICE FORCE**



T/20220516/7029

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

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Report No. T/20220516/7029

CONTINUATION OF REPORT

After I reach home, I started to feel unwell, with stiffness around my neck and shoulder and headache at the back of my head. The neck stiffness and pain became worse in the afternoon, and spread to the area around right shoulder blade, the right side of my body, my right lower back, and around my right knee. I went to consult a doctor at Raffles Medical clinic at Nex around 7pm on the same day and has been given medication and 4 days medical leave for my injuries.

Ref: Case No: F/20220515/0077. Medical Cert, screen grabs of the collision taken from SCZ1928U rear camera included. Original videos of accident are available, but file size too huge to upload. I do not have name of police officer-in-charge but happy to deliver the videos to the designated police station if required.



**SINGAPORE
POLICE FORCE**



T/20220516/7029

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20220516/7029

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 /
CHONG GUAN FATT
Contact No.: 65472077

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

Date/Time:
16/05/2022 20:18


Classification Of Case:

VEHICLE NO: <u>SG219284</u>	MAKE & MODEL: <u>VOLKSWAGON GOLF</u>	<u>AUTO</u> /MANUAL
DATE OF ACCIDENT <u>15.05.22</u>	/ /	C.C. <u>1.4</u> (1395cc)
TIME OF ACCIDENT	<u>10.00</u> <u>(A)</u> M / PM	
LOCATION OF ACCIDENT	<u>SERANGOON AVENUE 3 Y-JUNCTION</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input checked="" type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	<u>AN MEI LIN</u>	
EMAIL <u>aumeilin@gmail.com</u>	OFFICE:	MOBILE:
NRIC	<u>S1567137M</u>	
CLAIM TYPE	OD / <u>(THIRD PARTY)</u> / REPORTING ONLY	
FLEET POLICY	YES <u>(NO)</u> ?	
INSURANCE CO.	<u>INDIA INTERNATIONAL INSURANCE PCLTD</u>	
TYPES OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>D21MP0009265</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	<u>S1567137M</u>	
DATE OF BIRTH	<u>09/06/1962</u>	
ANY PASSENGER	<u>(YES)</u> NO: <u>1</u>	
NAME OF PASSENGER	<u>MA CHO</u>	
GENDER OF PASSENGER	MALE / <u>(FEMALE)</u>	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	<u>07/07/1985</u>	
GENDER	Male / <u>(Female)</u>	
CONTACT NO	Mobile: <u>987234</u> Office: Home:	
EMAIL		
ADDRESS	<u>2 MEDWAY DRIVE S556498</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO)</u> / If yes, Reg No: INSURER:	
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>(Clear)</u> / Raining / Other:	
ROAD SURFACE	<u>(Dry)</u> / Wet / Other:	
ANY INJURIES	No <u>(If yes, Who?)</u>	
CONVEYED BY AMBULANCE	<u>(No)</u> / If yes, Who?	
POLICE REPORT	No <u>(If yes, Where?)</u>	
VEHICLE B NO.	<u>SG 888 R</u> Any Passenger: <u>1</u>	
NAME	<u>GOH SOON LAI</u>	
CONTACT NO.	<u>96345155</u>	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>(YES)</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>(YES)</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>(YES)</u> / NO	
IMPERIUM AUTOMOTIVE		
SHAWN7530@HOTMAIL.COM		
97489940		

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.: D21MPC0009265		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SCZ1928U	
Chassis No	: WVVZZZAUFW073201	
2. Name of Policyholder	: AU MEI LIN	
3. Effective date of Insurance	: 20 Nov 2021	
4. Expiry date of Insurance	: 19 Nov 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 : SGD1,100.00 Windscreen Excess : SGD100.00 Sunroof Excess : SGD150.00 Hire Purchase Company : N.A</p>		
<p>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.</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>		
Agent/Broker : A000041/P & C INSURANCE AGENCY	For India International Insurance Pte Ltd	
Date of Issue : 16/11/2021 12:29:22	 _____ Authorised Signatory	
MX1-Private Car (Insured Driving)		