

NATIONAL Assessment Centre Services: (with 1 Jan 2002)

SN0922910009

Date: 01/09/2022 19:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2202842	E-mail (with photo, AIO chrs)		
Ch No: SKX 8828U	1-Motor Claim Form		
QA: 01/09/2022 01:12	1-Motor W/O (with photo, 02 chrs, 7P 4hrs)		
TP / Reporting Only	1-Photo Uploaded		
Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

referred Wksp / INC Ass'n Wksp / QW: () Toll: () Fax: ()

P Particulars: Yeh No: PC-1234 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): NI: 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	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

Item	Amount	Notes
1) AR: Accidental Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TPI: Towing Fee	\$40/\$43	
4) FT: Follow Through Survey	\$120	
5) PT: Follow Through Survey (Estimate)	\$30	
* Preliminary estimate only (over 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: 1st DA + SMRT Survey	\$160	
8) NTUC Additional Services		
ONT		
* N3: Courtesy Car / Tpl Allowance	\$5	
* N4: Repair Coordination	\$16	
* N7: Post Repair Inspection	\$25	
* N8: DV / Tollnet Excess Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$20	
9) NI: 1st Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA2202842

Insured's Name:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Eng: In-Charge):

Director's Comments:

L 1:

L 2/3:

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 Actual 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	01/09/2022 19:03 (SGT)
Reported by	Both
Date of Accident	01/09/2022 01:12 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8828U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG TECK HENG (ZHUANG DEXING)
NRIC No	SXXXX814B
Email Address	wilson.heng.ar@gmail.com
Mobile Phone No	(Phone) +65-90088495
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1497

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0010209

DRIVER

Name of Driver	CHONG TECK HENG (ZHUANG DEXING)
NRIC No	SXXXX814B
Date Of Birth	30/10/1979
Occupation	Outdoor

Date Of Driving Pass	23/11/2000
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90088495
Alt. Phone Number	-
Email Address	wilson.heng.ar@gmail.com
Address	BLK 848 YISHUN STREET 81#02-116
Address complement	-
Postcode	760848
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM TECK KIONG
Gender	Male

PASSENGER 2

Name	TEO CHING CHING
Gender	Female

PASSENGER 3

Name	CHEARLY LIM
Gender	Female

PASSENGER 4

Name	CHARLOTTE LIM SI EN
Gender	Female

PASSENGER 5

Name	DOMINIC LIM WEI JIE
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC4123Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name NTUC Income Insurance Co-operative Ltd
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHONG TECK HENG (ZHUANG DEXING)
 Gender Male
 Phone No (Phone) +65-90088495
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SKX8828U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LIM TECK KIONG
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SKX8828U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person TEO CHING CHING
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX8828U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	CHEARLY LIM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX8828U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	CHARLOTTE LIM SI EN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX8828U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	DOMINIC LIM WEI JIE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX8828U
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.
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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

01/09/2022
Witnessed by Reporting Centre Personnel

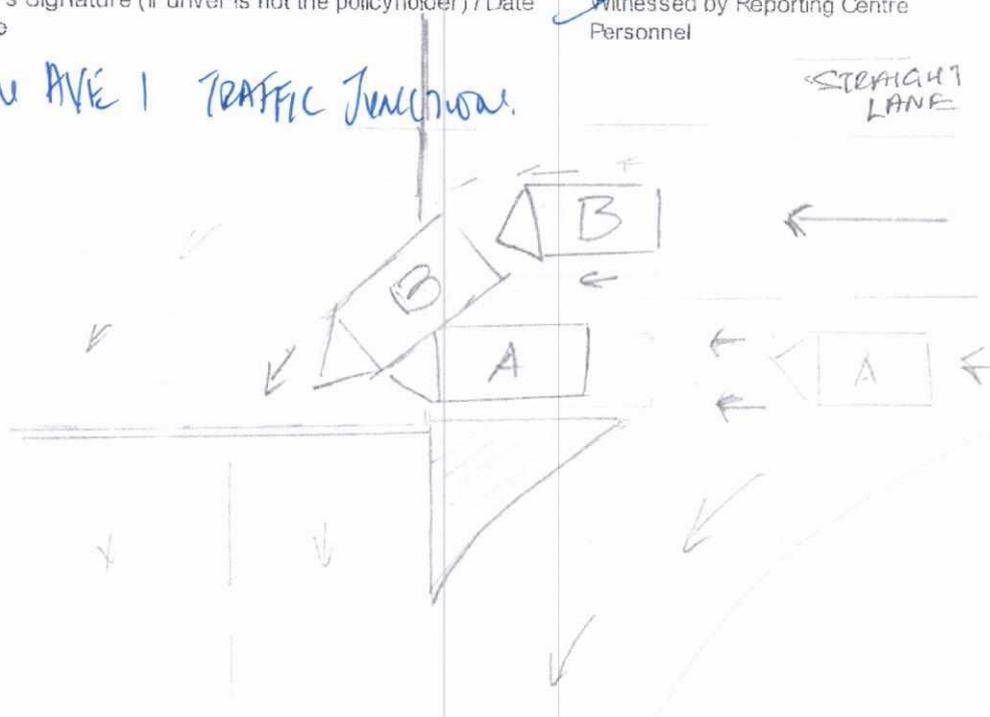
Sketch Plan

YISHUN AVE 1 TRAFFIC JUNCTION.

STRAIGHT LANE

A) SKX 8828U

B) PC 4123Y



Describe Circumstances of the Accident

On the stated date and time, I was travelling straight on the left lane along Yismun Ave I traffic junction it was a straight road suddenly Vehicle B (PC 4123Y) making a left turn and collided onto my right front portion which was going straight. During the incident the impact was sudden and strong and I was hurt. We came out of the vehicles and checked, took pictures of the accident and exchange particular. AFTER that, I went to consulted doctor.

VEHICLE A SKX 8828 U

VEHICLE B PC 4123Y

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

Date of accident: 01-09-2022 Time: 0112 HRS
 Location of accident: YISHUN AVE 1 TRAFFIC JUNCTION

Details of Own Vehicle

Vehicle Number: SKX8828U Make/Model: HONDA FREED HYB
 Insurer: INDIA INTERNATIONAL INSURANCE PLC LTD Passenger (incl. Driver): 1 + 5 (2 MALE 3 FEMALE)
 Policy No: D2IMPC0010209 Policy Type: TPFT/TPO
Policyholder
 Name: CHONG TECK HENG NRIC/FIN no.: S7935814B
 Contact no.: 90088495
Driver
 Name: CHONG TECK HENG NRIC/FIN no.: S7935814B
 Contact no.: 90088495 D.O.B: 30-10-1979
 Email: wilson.heng.ar@gmail.com Occupation: OUTDOOR
 Address: Blk 48 Yishun St 81 #02-116 (760848)
 Driving pass date: 23.11.2000 Relationship with Policyholder: OWNER

General Information

Weather conditions: Clear/Raining Road surface: Dry / Wet
 Police report: Yes / No Video Footage: Yes / No
 Prosecution Letter: Yes / No If Yes against whom: _____

③ CHEARLY LIM (F) Injuries: Yes / No If Yes, provide injuries details:-

④ CHARLOTTE LIM SI EN (F)

⑤ DOMINIC LIM WEI JIE (M)
 SEATBELT YES
 NO CONVEYED TO HOSPITAL

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)
CHONG TECK HENG DRIVER	SKX8828U	YES	NO
① LIM TECK KIONG PASSENGER	SKX8828U	YES	NO
② TEO CHING CHING PASSENGER	SKX8828U	YES	NO

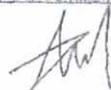
Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>PC4123Y</u>	
Driver name:		
NRIC/FIN no.:		
Contact no.:		
Insurance Co.:	<u>NTUC INS</u>	
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

Witness 1 Name: _____ Contact no.: _____
 Witness 2 Name: _____ Contact no.: _____

Claim Type & Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only
 Workshop: _____
 Policyholder / driver Signature: 

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.: D21MPC0010209		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKX8828U	
Chassis No	: GB71084373	
2. Name of Policyholder	: CHONG TECK HENG (ZHUANG DEXING)	
3. Effective date of Insurance	: 25 Dec 2021	
4. Expiry date of Insurance	: 24 Dec 2022	
5. Persons or Classes of Persons entitled to drive*	<p>The Policyholder. 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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial, speed-testing. (2) Use for the carriage of goods other than samples in connection with any trade or business. (3) 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>Excess Sect I & II Separately : SGD 1,500.00 Windscreen Excess : SGD 100.00 Warranty Excess : SGD 150.00 WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY</p> <p>Hire Purchase Company : Hong Leong Finance Limited</p> <p>DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE. THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY.</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 : A000087/FINSURETEQ AGENCY PTE LTD Date of Issue : 28/12/2021 14:46:57 MZ406 - Hire Car (Hired Driving)</p>		<p>For India International Insurance Pte Ltd</p>  <p>_____ Authorised Signatory</p>

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SKX8828U

Make / Model
HONDA / FREED HYBRID 1.5G AUTO

Vehicle Type :
Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover

Vehicle Attachment 1 :
No Attachment

Vehicle Scheme :
Normal

Chassis No. :
GB71084373

Propellant :
Petrol-Electric

Engine No. :
LEB5621714

Motor No. :
H14101801

Engine Capacity :
1496 cc

Power Rating :
22.0 kW

Maximum Power Output :

101.0 kW (135 bhp)

Maximum Laden Weight :

1815 kg

Unladen Weight :

1430 kg

Year Of Manufacture :

2018

Original Registration Date :

25 Jun 2019

Lifespan Expiry Date :

-

COE Category :

B - Car above 1600cc or 97kW (130bhp)

Quota Premium :

\$35,906.00

COE Expiry Date :

24 Jun 2029

Road Tax Expiry Date :

24 Dec 2022

PARF Eligibility Expiry Date :

24 Jun 2029

Inspection Due Date :

24 Jun 2023

Intended Transfer Date :

15 Sep 2022

CO2 Emission :

96.00 (g/km)

CEV/VES Rebate Utilised Amount :

\$10,000.00

CO Emission :

0.006000 (g/km)

HC Emission :

0.004000 (g/km)

NOx Emission :