

# NATIONAL Assessment Centre Services

Job No: **50922#20007**

Date: **27/10/2022 17:27**  
 Ref No: **XBA/1422010637**  
 Vch No: **GBF 37K**  
 D.O.A: **26/10/2022 08:46**  
 CO: **79** (Reporting Only)

Job description: **SAS e-filing**  
 E-mail (while firm, A/C then):  
 i-Motor Claim Form  
 i-Motor W/O (while on tour, then):  
 i-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax / Hand to Owner/Whom:

Preferred Wknd / INC Assign Wknd / GW: ( )  
 Tel: ( ) Fax: ( )  
 TP Particulars: Vch No: **YQ 5578G** INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured Driver Liability: ( ) (Note: Use Status (WC) 1-0-000, 2-0-000, 3-0-000, 4-0-000)  
 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.  
 Draw-In ( ) Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Cost: ( )

Remarks: ( ) (INC No: 6758/0018)  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) CO Check / Post Repair Inspection ( )  
 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )  
 Date Time: ( ) Action: ( )

**X/A2203012**  
 Job No: ( )  
 Vch No: ( )  
 Contact No: ( )  
 Damaged Portion: ( )  
 Checked by (Engr-In-Charge): ( )  
 Comments: ( )

Invoice Preparation Checklist			Amount
1) AR - Accident Report	(1000)		
2) DA - Damage Assessment	(5100)	INC (500)	
3) TR - Towing Fee			\$150
4) PT - Follow-Through Survey			\$150
5) RT - Return Through Survey (Repairer)			\$30
Excess Insurance (if applicable, see 2000)			
6) TR - Re-insurance			\$75
7) NI - NI/DA FORM Survey			\$140
8) NIUC - NIUC Form			
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## 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	27/10/2022 17:27 (SGT)
Reported by	Driver
Date of Accident	26/10/2022 09:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7317K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YONG HOCK PLASTERCEIL
Company Reg No	5XXXX765C
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-96273064
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0000785_03

#### DRIVER

Name of Driver	TEO YONG HOCK
NRIC No	SXXXX342B
Date Of Birth	10/01/1967
Occupation	Outdoor

Date Of Driving Pass	05/09/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96273064
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 744 WOODLANDS CIRCLE #05-770
Address complement	-
Postcode	730744
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	Side Swipe
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ5578G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)



## 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:

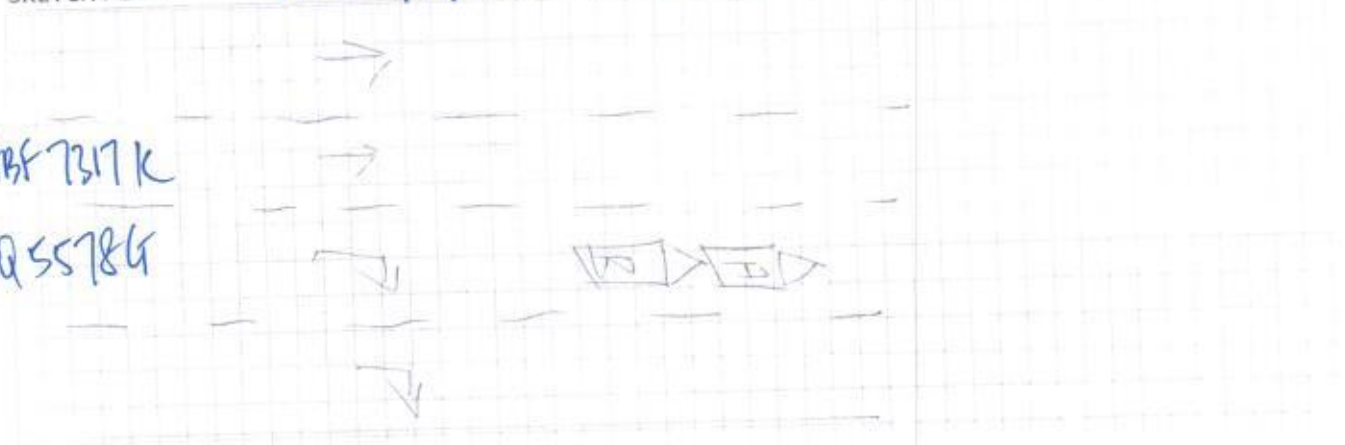
27/10/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

ANG MO KIO AVENUE 1

A) GRF 7317 K

B) YQ 5578 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time,  
I was driving along Ang Mo Kio Ave 1,  
suddenly I feel a strong impact from  
my rear portions.

P: GBF 7317K  
S: YQ 5578G

DECLARATION

I/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:

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



Email: [sm@idac.com.sg](mailto: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: 26 / 10 / 2022 (dd/mm/yy) Time of Accident: 09:40 (24-HR-FORMAT)  
Vehicle No.: GBF 7317K Vehicle Make & Model: \_\_\_\_\_  
Exact location of Accident: Ang Mo Kio Ave 1  
Policyholder's Name: YONG HOCK PLASTERCEIL I/C / UEN: 53286765C  
Driver's Name / IC No.: TEO YONG HOCK S2697342B (As Above) ☐  
Driver's Contact No.: 96273064 Company Contact No (Company Veh Only): \_\_\_\_\_  
Driver's Address: \_\_\_\_\_  
Email address: FULLSTOP423@GMAIL.COM Insurance Company: INDIA

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

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

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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

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

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female \*Passanger

Name: \_\_\_\_\_

Gender: Male / Female

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: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_

Vehicle No: 1A 5578G

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: \_\_\_\_\_



## 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.: D19MCV0000785\_03

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : GBF7317K  
Chassis No : JTFAT35Y40K207269
2. Name of Policyholder : YONG HOCK PLASTERCEIL
3. Effective date of Insurance : 22 Feb 2022
4. Expiry date of Insurance : 21 Feb 2023
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.
- b) Use for racing, pace-making, reliability trial or speed-testing.
- c) 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 : A000050-Sunmex Enterprise

Date of Issue : 17/01/2022 14:13:21

M Z 3000 - GOODS CARRYING (ORGANIZATION)

For India International Insurance Pte Ltd



Authorized Signatory

SUNMEX ENTERPRISE

8, ENGGOR STREET

#24-02

SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698