

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 04/11/22	Job description	Date & Time Completed	Done by:
Ref No: NA/22011087/13	SAS e-filing		
Veh No: GB66023J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/11/22 1520	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: SBK6999Y	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%. P: 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 2203106	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc 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			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Pat. 1:	Invoice dated	Fee Charged		
Pat. 2 / 3:	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 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	04/11/2022 16:51 (SGT)
Reported by	Driver
Date of Accident	03/11/2022 15:20 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TWDS MACPHERSON
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6023J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARHUB CABLE VISION LTD
Company Reg No	1XXXXX398C
Email Address	gaston.k.chua@starhub.com
Mobile Phone No	(Phone) +65-81815459
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000071_03

### DRIVER

Name of Driver	CHUA KEDUN GASTON(CAI KEDUN)
NRIC No	SXXXX134C
Date Of Birth	04/09/1985
Occupation	Outdoor

Date Of Driving Pass	16/03/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81815459
Alt. Phone Number	-
Email Address	gaston.k.chua@starhub.com
Address	BLK 433 JURONG WEST ST 42
Address complement	#12-512
Postcode	640433
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	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?	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SBK6999Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POON YEOW LIANG KENNY
NRIC No	SXXXX525E

Contact Number	.....	(Phone) +65-93293965
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



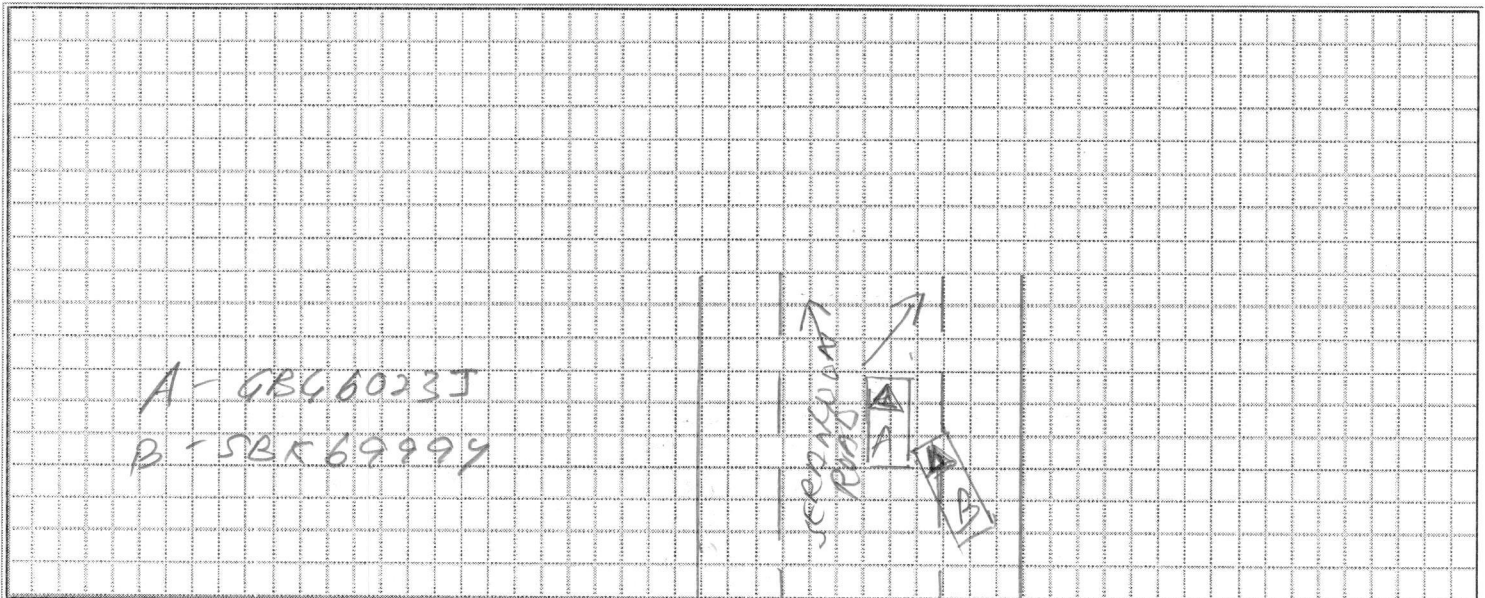
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

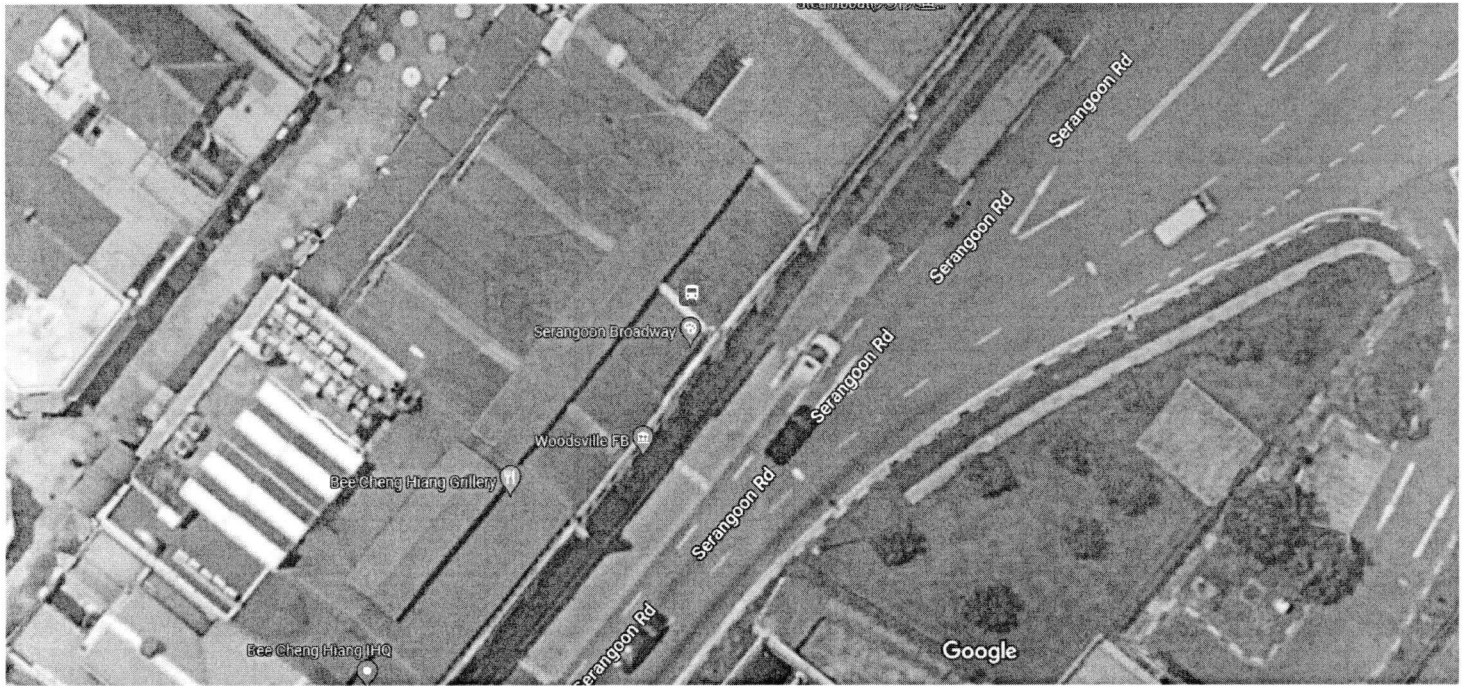
Sketch Plan

SERANGOON RD TWDS MACPHERSON





Google Maps The Venue Residences and Shoppes



Map data ©2022, Map data ©2022 Google 5 m



## The Venue Residences and Shoppes

4.3 ★★★★★ 36 reviews  
Condominium complex



Directions



Save



Nearby



Send to  
phone



Share



18 Upper Serangoon Rd, Singapore 347629



8VH9+MH Singapore



Send to your phone

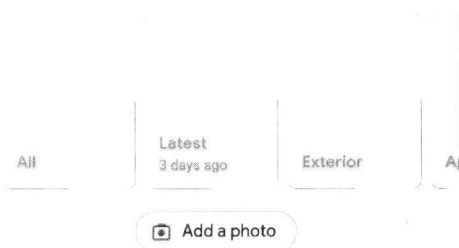


Claim this business

Suggest an edit

Add missing information

### Photos



At this place

Describe Circumstance of the Accident

- I was driving along Serangoon Road intending to head into Macpherson Road.
- The lane splits and I would need to filter right towards Macpherson.  
    ↑   ↑
- As I was filtering right, I drove past a car, which was the car that hit me in the side at the rear (almost in the corner of the vehicle).
- It appears this other car was changing lane (from extreme right to middle). ~~the car~~ ~~the car~~ ~~the car~~ This middle lane is also splitting at the same point.
- I had noticed the other car with its left indicator lights. However, it did not change lane even though I slowed down to see if it would do so.
- The other car appeared quite indecisive as it was going ~~was~~ rather slowly and even after I slowed down, I came abreast of it.
- So I decided to accelerate past to quickly get out of its way, but still it hit me.
- I also noticed this other car was originally in the middle lane, ahead of me, before it changed to the right lane. Only after did I nearly catch up did it start to indicate its intention to ~~the~~ change lane to the left (middle) again.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]* 4/11/22

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

*[Signature]* 04/11/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 11 / 22) (DD/MM/YYYY), TIME: (15 : 20) (HH:MM)

LOCATION: SERANGOON RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC6023J  
 b) INSURANCE COMPANY: STARBUB  
 c) POLICY NUMBER: D19MFL  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN NAVOO Auto / manual  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: STARBUB CABLE VISION LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 81815459  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: CHUA KEDUN GASTON (CHU KEDUN)  
 b) NRIC/FIN/PASSPORT: 58529134C (MALE / FEMALE)  
 c) ADDRESS: BLK 433 JURONG WEST ST 42.  
 #12-512 (640433)

- \* d) DATE OF BIRTH: (04 / 09 / 1985) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 16 / 03 / 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBK69994 MODEL:  
 b) DRIVER'S NAME: POON YEOW LIANG KENNY  
 c) NRIC/FIN/PASSPORT: 50174525E CONTACT: 7329 3965

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = gaston.k.chua@starhub.com

Pax =


VIDEO = yes, with workshop



## 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.

<b>CERTIFICATE NO.:</b> D19MFL0000071_03		<b>COVER:</b> Comprehensive
1. Index Mark and Registration Number of Vehicle	:	GBG6023J
Chassis No	:	VSKYBAM20Z0146006
2. Name of Policyholder	:	STARHUB CABLE VISION LTD
3. Effective date of Insurance	:	01 Jan 2022
4. Expiry date of Insurance	:	31 Dec 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*		
(1) Use in connection with the Policyholder's business.		
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.		
(3) Use for social, domestic and pleasure purposes.		
<b>The Policy does not cover</b>		
(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.		
(2) 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 Section I	:	SGD 500.00
Excess Section II	:	SGD 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 1 YEAR DRIVING EXPERIENCE. EXCESS OF S\$1000 - ON SECTION I & S\$1500 - ON SECTION II 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	:	B000018 COMFORTDELGRO INSURANCE BROKERS PTE LTD
Date of Issue	:	13/12/2021 15:24:41
M.Z. 300C - GOODS CARRYING(Company's use)		
		 Authorised Signatory