

NATIONAL Assessment Centre Services

Date In 27/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/III 22012844/d4	SAS e-filing		
Veh No PD 633M	E-mail (within 8hrs. A/C 2hrs)		
DOA 26/12/2022 2050	i-Motor Claim Form		
OD/ TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SNF 8060B 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) RT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date: / /	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 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 .....	27/12/2022 11:36 (SGT)
Reported by .....	Driver
Date of Accident .....	26/12/2022 20:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MAIN ROAD OF CHUA CHU KANG WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PD633M

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YI JING YU (YJY) TRANSPORT & RETAIL
Company Reg No .....	5XXXX774L
Email Address .....	gohyijingyu@gmail.com
Mobile Phone No .....	(Phone) +65-94761865
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variation .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MVC0010400

### DRIVER

Name of Driver .....	GOH YEW LIONG
NRIC No .....	SXXXX123J
Date Of Birth .....	18/08/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	10/03/1984
Driving experience .....	38 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94761865
Alt. Phone Number .....	-
Email Address .....	gohyjingyu@gmail.com
Address .....	APT BLK 861 WOODLANDS STREET 83
Address complement .....	# 04-168
Postcode .....	730861
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF THE COMPANY
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) .....	2
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 .....	WIFE
Gender .....	Female

#### 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 THE ATTACHED STATEMENT

#### 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 .....	SNF8060B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 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.



*[Signature]* 27/12/22

*[Signature]* 27/12/2022

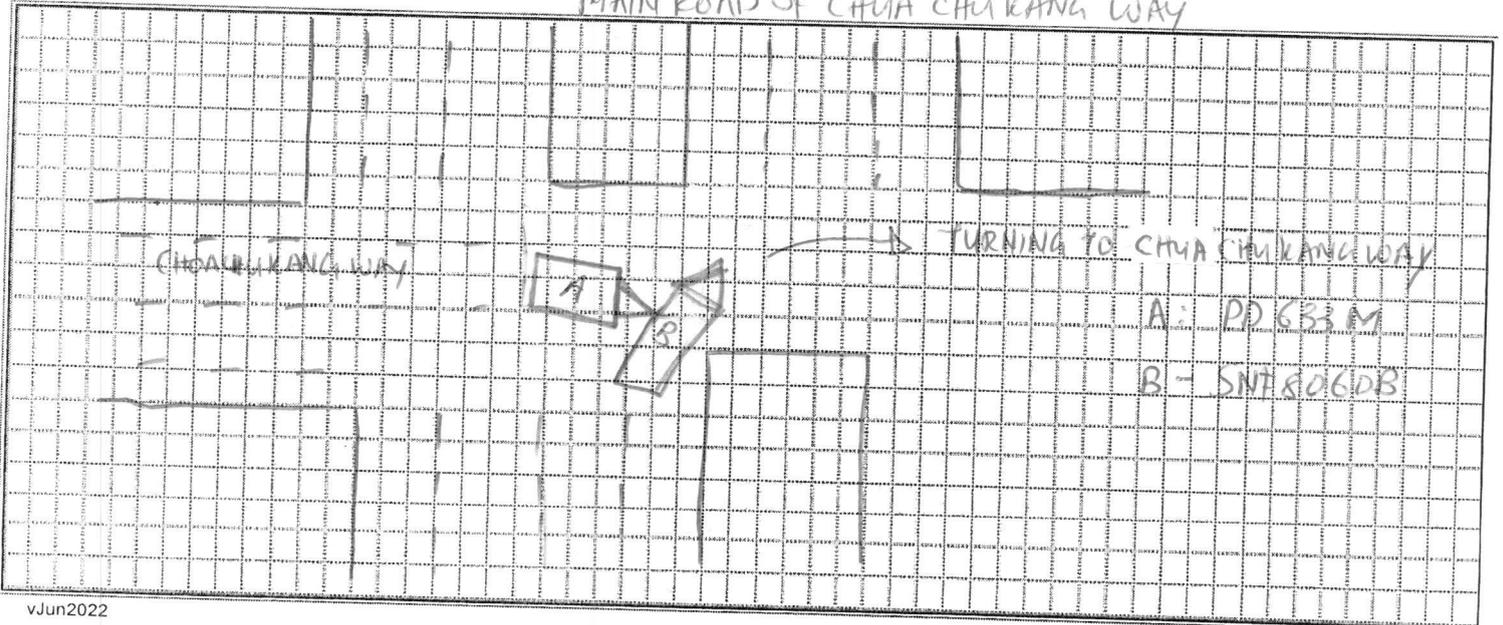
Policyholder's Signature / Date & Time

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

MAIN ROAD OF CHUA CHUKANG WAY



Describe Circumstance of the Accident

On 26/12/2022 I was travelling at choa chukang way main road. It was a T-junction Traffic Light. I was traveling straight from chuo chukang way and wanted to go straight. suddenly vehicle B came from my right side wanted to turn to chuo chukang way. As I was driving I knew the signal was green, but I was not sure it was turning into Amber Red and that's where vehicle B came from the right side and I hit his front and back left side of the door. We exchange details after the accident.

Declaration

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



\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]* 27/12/22  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 27/12/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 12 / 2022) (DD/MM/YYYY), TIME: (20 : 50) (HH:MM)

LOCATION: MAIN ROAD OF CHUA CHUKANG WAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PD 633 M
- b) INSURANCE COMPANY: INDIA
- c) POLICY NUMBER: D22MCV0010400
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA HIACE Commuter: AUTO / MANUAL
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: YI JING YU (YSY) TRANSPORT & RETAIL (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT: 9476 1865
- c) ADDRESS: CONTACT: 9476 1865

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

- DRIVER
- a) NAME: GOH YEW LIONG
- b) NRIC/FIN/PASSPORT: S16981235 (MALE / FEMALE)
- c) ADDRESS: APT BLK 861 WOODLANDS STREET 83 # 04-168 5730861
- d) DATE OF BIRTH: (18 / 08 / 1965) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 20/03/1984

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: SNF 8060 B
- b) DRIVER'S NAME: CHIAM TOW AH
- c) NRIC/FIN/PASSPORT: S21848736
- MODEL: CONTACT:

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

No of passengers  
(including driver)  
(2)  
1 female passenger

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

Email = gohyijingyu@gmail.com

fax =

VIDEO = 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.: D22MCV0010400

COVER: Comprehensive

1. **Index Mark and Registration Number of Vehicle** : PD633M  
**Chassis No** : KDH2230029004
  2. **Name of Policyholder** : YI JING YU (YJY) TRANSPORT & RETAIL
  3. **Effective date of Insurance** : 17 Nov 2022
  4. **Expiry date of Insurance** : 16 Nov 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\***  
Use only for the carriage of passengers or goods in connection with the Policyholder's business.  
**The Policy does not cover**
    - a) Use for racing, pace-making, reliability trial or speed-testing.
    - b) Use whilst drawing a trailer except the towing (other than for reward) 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 & II Separately (WITHIN SINGAPORE ONLY) : SGD1,500.00  
Excess Section I & II Separately (WITHIN WEST MALAYSIA ONLY) : SGD3,000.00  
Windscreen Excess : SGD100.00

TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY

Hire Purchase Company : Lian Hong Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- ON SECTION I & II (SEPARATELY) 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 : A000041/P & C INSURANCE AGENCY  
Date of Issue : 09/12/2022 14:43:37  
M.Z. 600C - OMNIBUS (ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory