

Date In 31/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/III 23000914/d4	SAS e-filing		
Yeh No SNH 5019G	E-mail (within 8hrs. A/P 2hrs)		
DOA 20/01/2023 1813	i-Motor Claim Form		
OD/ (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurance	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: <u>GRK113D</u>	Dist: <u>MAH</u>
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Owner / Driver: ()

Policy No: () Period: ()

Confirmed by: ()

Insured/Driver Liability: (%) [Note-El Status (WO): N: 0.00%, P: 0.00%, E: 0.00%,

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

Walk-In Customer: Customer's information strictly Confidential & Private. NO

☐ Total Loss Case : to e-mail Insurer URGENTLY

Drive-In () / Towed-In (); Invoice: YES () / NO ()

... , Rowing Co. ()

Apply for Transfer Allowance	Date & Time Completed	Done by
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Upload Resurvey Photo (Repair Cost: \$70000)				
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[illegible]

Time	Actions
10:00	Arrived at the office
10:15	Met with the team
10:30	Reviewed the project status
10:45	Discussed the next steps
11:00	Left the office

1

NA2300310

Invoice Preparation Checklist		1st Bill	Add Bill
1. Verify Customer Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Verify Service Dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify Service Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Verify Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Verify Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verify Payment Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Verify Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Verify Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Verify All Other Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tenant's Particulars:-	1) AR : Accident Reporting (\$30);		
	2) F.A. :		

er/Owner:	2) PA: Damage Assessment (\$100), TPC (\$80)	
	3) TP: Towing Fee	\$40/\$45

4) FT : Follow-Through Survey	\$120
5) HT : Follow-Through Survey (Battered)	\$30

[illegible]

6) I R: Re-inspection	\$75
7) N1: Idac DA + SMRT Survey	\$160

Checked by (Engg. In-Charge):	S) NTUC Additional Services:- On
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Na: DV / Collect Excess Coordination" \$5

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	31/01/2023 07:56 (SGT)
Reported by	Driver
Date of Accident	20/01/2023 18:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JAVA ROAD TURNING TO NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH5019G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	1XXXXX194N
Email Address	bernardlieu67@yahoo.com.sg
Mobile Phone No	(Phone) +65-96665566
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB 180 PROGRESSIVE
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	0

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0004693_02

DRIVER

Name of Driver	CELEEN LIEW XIAO SHI VASWANI
NRIC No	SXXXX393G
Date Of Birth	02/07/1995
Occupation	Indoor

Date Of Driving Pass	13/08/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92973842
Alt. Phone Number	-
Email Address	celeenl@gmail.com
Address	727 YISHUN STREET 71
Address complement	# 02-91
Postcode	760727
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	Collision - Head to Rear
Weather Conditions	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	LIEW GUI TING
Gender	Female

PASSENGER 2

Name	HARESH SADWANI
Gender	Male

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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230130/7031

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	GBK1413D
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CELEEN LIEW XIAO SHI VASWANI
Gender	Female
Phone No	(Phone) +65-92973842
Address	727 YISHUN STREET 71
Address Complement	# 02-91
Post Code	760727
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN AFTER THE ACCIDENT AND GIVEN 3 DAYS MC
Injured person in which vehicle?	SNH5019G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HARESH SADWANI
Gender	Male
Phone No	(Phone) +65-92397194
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN AFTER THE ACCIDENT AND GIVEN 3 DAYS MC
Injured person in which vehicle?	SNH5019G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LIEW GUI TING
Gender	Female
Phone No	(Phone) +65-91391112
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN AFTER THE ACCIDENT AND GIVEN 3 DAYS MC
Injured person in which vehicle?	SNH5019G
Were seat belts worn?	-
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.

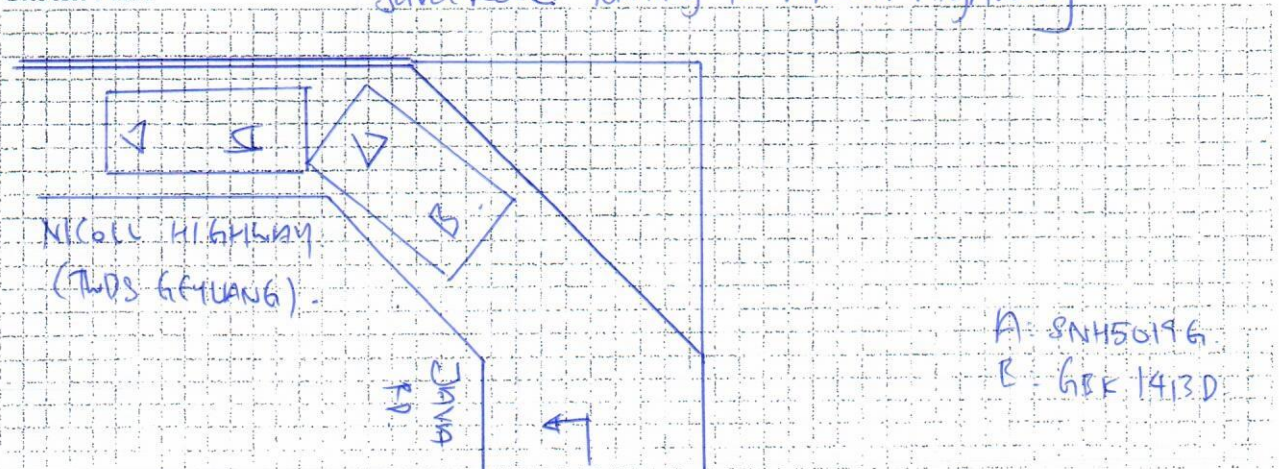
SKYWAY
MOTOR
PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE REFER TO POLICE REPORT.

-T/20230130/7031

SKYWAY
MOTOR
PTE LTD

ad

31/1/23

Witnessed by Reporting Centre
Personnel



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

Report No. T/20230130/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2023 13:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CELEEN LIEW XIAO SHI VASWANI			Address: 727 YISHUN STREET 71 #02-91 SINGAPORE 760727		
ID Type / ID No.: NRIC NO / S9523393G			Contact No.: Home/Office: Mobile: 92973842		
Nationality: SINGAPORE CITIZEN			Email: CELEENL@GMAIL.COM		
Sex: Female	Age: 27	Date of Birth: 02/07/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Admin		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 18:15	Type of Location: Bend
Location: Java rd				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK1413D	Van				Seriously Damaged	0
SNH5019G	Car				Seriously Damaged	2



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

Report No. T/20230130/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CELEEN LIEW XIAO SHI VASWANI	ID No.	S9523393G
Related Vehicle	SNH5019G (Car)	Contact No.	92973842
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	HARESH SADWANI	ID No.	S1775966C
Related Vehicle	SNH5019G (Car)	Contact No.	92397194
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	LIEW GUI TING	ID No.	T0139829B
Related Vehicle	SNH5019G (Car)	Contact No.	91391112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was turning left into nicoll highway from java rd.

Out of nowhere, I felt a huge impact from the rear.

I went down and realised that GBK1413D, who was travelling behind me since java rd, knocked onto the rear portion of my vehicle.

My passengers and myself felt pain after the accident and went to seek for professional



**SINGAPORE
POLICE FORCE**



T/20230130/7031

3 of 4

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

Report No. T/20230130/7031

CONTINUATION OF REPORT

medical help from the doctor and were given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20230130/7031

4 of 4

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

Report No. T/20230130/7031

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
30/01/2023 13:43

Classification Of Case:

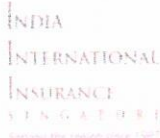
BERNARDLIEW67@YAHOO.COM.SG

CELEENL@gmail.com

9666 5566

9297 3842

VEHICLE NO:	SNH 50196	MAKE & MODEL:	MERC BENZ	GLR 180	AUTO/MANUAL
DATE OF ACCIDENT	20 / 01 / 23				C.C.
TIME OF ACCIDENT	1813		AM / PM		
LOCATION OF ACCIDENT	JAYA RD → NICOLL HIGHWAY				
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER	SKYWAY MOTOR PTE LTD				
EMAIL	BERNARDLIEW67@YAHOO.COM.SG	OFFICE:	MOBILE: 9666 5566		
NRIC	19904194N				
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY				
FLEET POLICY	YES / NO?				
INCURANCE CO.	INDIA				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	D20mFlowo 4693-02				
NAME OF DRIVER	AS ABOVE / IF NO: CELEEN LIEW XIHO SHI				
NRIC	S9523393G				
DATE OF BIRTH	02 / 07 / 95				
ANY PASSENGER	YES / NO: 2 OTHERS				
NAME OF PASSENGER	(F) LIEW HUI TING, (M) HARSH SARKANI				
GENDER OF PASSENGER	MALE / FEMALE				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	13 / 08 / 15				
GENDER	MALE / FEMALE				
CONTACT NO.	Mobile: 92973842 Office: Home:				
EMAIL	CELEENL@gmail.com				
ADDRESS	727 YISHUN ST 71 #02-91 S(76077)				
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	No / If yes, Who? DRIVER + 2 PASSENGERS				
CONTACT NO.	VEH A - SERIOUS				
ROLICE REPORT	No / If yes, Where? TP HQ				
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?				
VEHICLE B NO.	GBK1413D Any Passenger: 1 DRIVER				
NAME	UNKNOWN AMT				
CONTACT NO.	OF PASSENGER				
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?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO				
WHO IS REPORTING	DRIVER / OWNER / BOTH				
Original Language Used	English / Mandarin / Others:				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				



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)

CERTIFICATE NO.: D20MFL0004693 02

- 5. Persons or Classes of Persons entitled to drive***

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

Use only for social domestic and pleasure purposes in connection with the Policyholder's business.

- (1) Use for hire or reward
- (2) Use for racing, pace-making, reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) Use for any purposes in connection with the Motor Trade.

*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 All Claims	: SGD	1,500.00
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FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500/- ON ALL CLAIMS 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 : 24/11/2022 17:55:05
MZ406 – Hire Car (Hired Driving)

For India International Insurance Pte Ltd

Authorised Signatory