

NATIONAL Assessment Centre Services

Date In 31/01/2023  
 Ref No NA1 III 23000944/d4  
 Veh No SLL4588P  
 DOA 30/01/2023 18:03  
 OD/ (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. APT 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJJ 3104T INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Title: ( )  
 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:	Date & Time Completed	Done by
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) QC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	Actions

Customer's Particulars	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
NA2300320	1) AR: Accident Reporting (\$30);		
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Charged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Estimator's Comments:-	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: 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 15:12 (SGT)  
Reported by ..... Both  
Date of Accident ..... 30/01/2023 18:03 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT TIMAH ROAD TOWARDS JURONG  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL4588P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO GIM HANG BENEDICT  
NRIC No ..... SXXXX864J  
Email Address ..... jaylesneo@gmail.com  
Mobile Phone No ..... (Phone) +65-96750910  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
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 ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MPC0001253\_02

#### DRIVER

Name of Driver ..... NEO GIM HANG BENEDICT  
NRIC No ..... SXXXX864J  
Date Of Birth ..... 27/05/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/02/2003
Driving experience .....	19 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96750910
Alt. Phone Number .....	-
Email Address .....	jaylesneo@gmail.com
Address .....	BLK 281 TOH GUAN ROAD
Address complement .....	# 18-227
Postcode .....	600281
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
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) .....	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 .....	UNKNOWN
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
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? .....	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJJ3104T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHA BOON HON DANNY
NRIC No .....	SXXXX243F
Contact Number .....	(Phone) +65-96988910
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.

31st JAN 2023

31/1/23

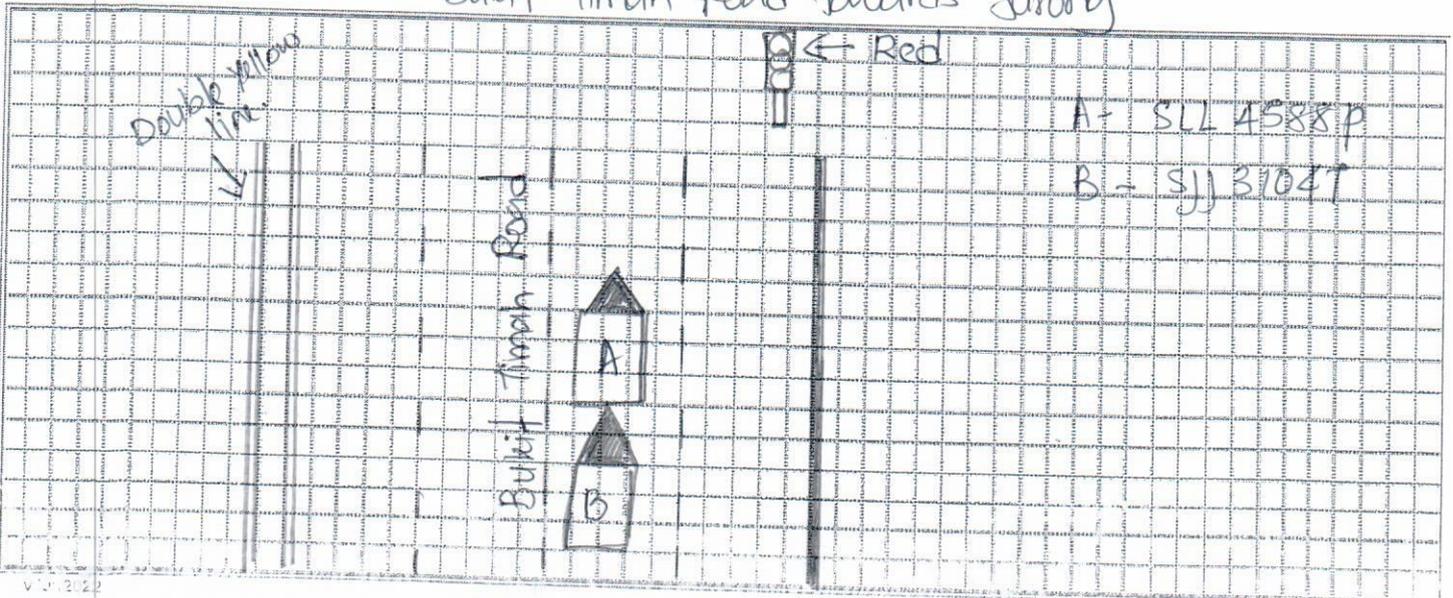
Policyholder's Signature / Date & Time

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

Bukit Timah Road towards Jurong

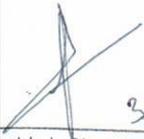


Describe Circumstance of the Accident

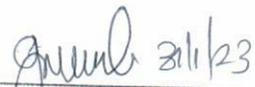
- Please Refer to the attached statement -  
- SP Ref: 88

Declaration

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

  
31st JAN 2023  
Policyholder's Signature / Date & Time

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

  
21/1/23  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## NOTICE OF REPORTING

This is to confirm that A1) Neo Gim Hang Benedict, Address: Blk 281 Toh Guan Road #18-227 S(600281) NRIC/FIN S7814864J, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government Property/Vehicle damage
- v) Hit and Run Accident

On 30/01/2023 at about 1803hrs, I was driving my car V1) SLL4588P along Bukit Timah Road (heading towards the direction of Jurong). When I approached the traffic light junction, I had stopped V1 as the traffic light had turned red. Shortly after stopping V1, I felt an impact coming from the rear of V1. I had then alighted from V1 to make a check and discovered that another vehicle V2) SJJ3104T front portion had collided into the rear of V1. At the time of the accident there were no injuries, thus no police or ambulance were summoned to scene. I then exchanged particulars with the driver of V2 and thereafter left the incident location. I wish to state that V1 is equipped with an in-built vehicle camera, and it had captured the accident.

Vehicle involved as follows:

V1) SLL4588P driven by A1, HP: 96750910

V2) SJJ3104T, Driven by Cha Boon Hon Danny, S7736243F, HP:96988910

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt T91003 Sariffah

Date: 31/01/2023 Time: 0950hrs

S/D Ref: 88

Police Post/Unit: Nanyang NPC

Nanyang NPC  
2 Jurong West Ave 5  
Singapore 649482  
Tel: 1800-792 9999



ACCIDENT STATEMENT

ACCIDENT DATE: (30/01/2023) (DD/MM/YYYY), TIME: (18:03) (HH:MM)

LOCATION: Bukit Timah Road towards Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 4588P
- b) INSURANCE COMPANY: INDIA
- c) POLICY NUMBER: D20MPC 0001253-02
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Mazda 6  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)  NO
- IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

19a8 cc

2. INSURED / POLICY HOLDER

- a) NAME: NEO GIM HANG BENEDICT  MALE /  FEMALE
- b) NRIC/FIN/PASSPORT: S7814864J CONTACT: 9675 0910
- c) ADDRESS: BLK 281 TOH GUAN ROAD #18-227, S 600281

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

- DRIVER
- a) NAME: AS ABOVE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

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

- d) DATE OF BIRTH: (27/05/1978) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 14/02/2003

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

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

6. WAS ANYBODY INJURED (YES/NO)  NO

7. a) REPORTED TO POLICE (YES/NO)  YES  
IF YES, PLEASE STATE WHICH POLICE STATION: Nanyang

No. of passengers  
(including driver)  
( )

- 8. THIRD PARTY VEHICLE
- a) VEHICLE NUMBER: SJ 3104T MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: CHA BOON HON Danny
- c) NRIC/FIN/PASSPORT: S7736243F CONTACT: 96988910

No. of passengers  
(including driver)  
( )

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

Email = jaylesneo@gmail.com

Fax = \_\_\_\_\_

VIDEO = yes



INDIA INTERNATIONAL INSURANCE PTE LTD  
Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X  
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
Office (65) 63476100 Email insure@iii.com.sg  
Fax (65) 62244174 Website www.iii.com.sg

## 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.: D20MPC0001253_02</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	: SLL4588P	
Chassis No	: JM6GL1071H0108781	
2. Name of Policyholder	: NEO GIM HANG BENEDICT	
3. Effective date of Insurance	: 27 Feb 2022	
4. Expiry date of Insurance	: 26 Feb 2023	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder. The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.		
(b) Any other person who is driving on the Policyholder's order or with his/her 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 social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover</b>		
a) Use for hire or reward.		
b) Use for racing, pace-making, reliability trial, speed-testing.		
c) Use for the carriage of goods other than samples in connection with any trade or business.		
d) Use for any purpose 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.		
Insured & Named Drivers Excess Sect I : SGD1,000.00		
Unnamed Drivers Excess Sect I : SGD1,500.00		
Windscreen Excess : SGD100.00		
Hire Purchase Company : Hong Leong Finance Limited		
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 : A000012/Lim Beng Lien		<b>For India International Insurance Pte Ltd</b>  _____ Authorised Signatory
Date of Issue : 15/02/2022 17:13:51		
M.X. 1 - PRIVATE CAR (INDIVIDUAL)		