

**NATIONAL Assessment Centre Services** (Call 1-800-555-5555) **SN0923430003**

Date In: <b>03/04/2023 15:11</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NB0/1128002434.Y</b>	SAS e-filing		
Veh No: <b>SMF 79300</b>	E-mail (within 24hrs, NO 24hrs)		
D.O.A: <b>01/04/2023 22:30</b>	1-Motor Claim Form		
OD: <b>TP</b> (Reporting Only)	1-Motor W/O (Vehicle: OD 24hrs, 24 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

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

TP Particulars: Vch No: **PC 5584.T** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): 11: 0-30%, F: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Damage: ( )

Actions: ( )

**NA2300957**

Invoice Preparation Checklist

1) All: Accident Package (330)	
2) DA: Damage Assessment (3100)	INC (356)
3) TP: Towing Fee	\$10/545
4) PT: Follow-Through Survey	\$122
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Resurvey Fee	\$75
7) NI: New DA + SMPT Survey	\$145
8) NTUC Additional Services	
9) GI	
10) NI: Courtesy Car / Tel Allowance	\$31
11) NI: Repair Coordination	\$15
12) NI: Post Repair Inspection	\$15
13) NI: DV / Collect Excess Coordination	\$1
14) NI: TP (Non-INC) (Vehicle: INC)	\$10
15) NI: TP (Non-INC) (Vehicle: INC)	\$10

Checked by (Engr-In-Charge): ( )

Signature: ( )

Printed Name: ( )

Printed Title: ( )

Printed Date: ( )

Printed Time: ( )

Printed Location: ( )



## 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	03/04/2023 15:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/04/2023 22:30 (SGT)
Exact Location of Accident	Mandai Crematorium, Singapore
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7930D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW WEI JIE
NRIC No	SXXXX984F
Email Address	ahdi_1986@hotmail.com
Mobile Phone No	(Phone) +65-97592342
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1395

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0005747_01

#### DRIVER

Name of Driver	CHEW WEI JIE
NRIC No	SXXXX984F
Date Of Birth	13/01/1986
Occupation	Indoor

Date Of Driving Pass .....	03/06/2011
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97592342
Alt. Phone Number .....	-
Email Address .....	ahdi_1986@hotmail.com
Address .....	BLK 434 FERNVALE ROAD #09-240
Address complement .....	-
Postcode .....	792434
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC5584T
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 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.

### 5. 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.

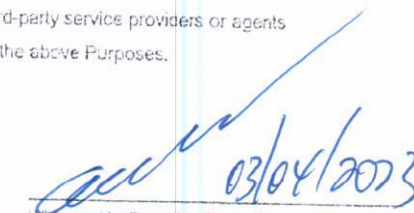
(collectively the "Purposes")

(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

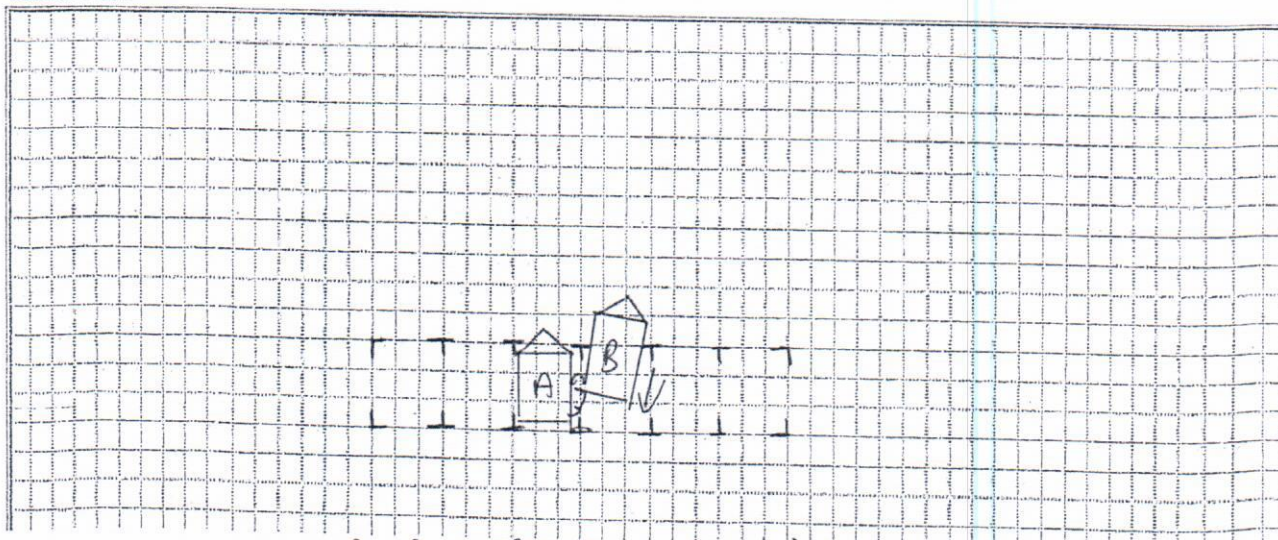
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan



A: SMG 7930D  
B: PC5584T.

Mandai Crematorium  
open carpark.

Describe Circumstance of the Accident

On the stated date and time, my vehicle was parked at mandai crematorium open carpark. When I went back to my vehicle, I realised there was damages to my rear right portion of my vehicle. Thereafter, I went to trace back my in car camera and realised vehicle B had collided onto my vehicle while reversing. Subsequently, I left a note on his vehicle and he contacted me. I told him I will leave it to the insurance to settle.

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

Witnessed by Reporting Centre Personnel

03/04/2023



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Date of Accident : 01/04/2023 Accident Time: 2230 (24-HR-FORMAT)  
Accident Place : Mandai Crematorium open carpark  
Vehicle Reg. No (Car plate No.) : SMG 79300 CO: 1400 Vehicle Make/Model: Volkswagen Golf  
Insurance Company : India Insurance Policy No: D20MPC0005747-01  
Name of Registered Owner : Company / Individual Chew Wei Jie  
ID of Registered Owner : Co Reg No: Owner's NRIC No: S8600984F  
OWNER EMAIL ADDRESS: ahdi\_1986@hotmail.com : Co Contact No: Owner's Contact No: 9759 2342  
DRIVER'S Name : Chew Wei Jie DRIVER'S NRIC No: S8600984F  
DRIVER'S Date of Birth : 13/01/1986 DRIVER'S License Pass Date: 03/06/2011  
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: self  
DRIVER'S Address : 434B, Fernvale Road, #09-240, S(792434)  
DRIVER'S Contact No./ Alt No. : 1) 9759 2342 2)  
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : ahdi\_1986@hotmail.com  
Weather & Road Surface : CLEAR & DRY / RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance  
Number of Passengers (including Driver): 0 Name & Gender:  
Was the accident reported to the police? YES / NO  
Was there any video Captured by car camera? YES / NO  
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose  
Any injuries, if yes (name of the injured person):

Other Party Driver's Particulars (if any)


Vehicle Reg No: PC5584T	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:  
WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

## 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.: D20MPC0005747_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMG7930D	
Chassis No	: WVVZZZAUZJW131551	
2. Name of Policyholder	: CHEW WEI JIE	
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*		
(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.		
The Policy does not cover		
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 & Name Drivers Excess Section I	SGD	600.00
Unnamed drivers Excess Section I	SGD	1,100.00
Windscreen Excess	SGD	100.00
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 S2500/- 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	: A000038/M Plus Consultancy	
Date of Issue	: 03/12/2021 16:16:35	
MX1-Private Car (Insured Driving)		
		For India International Insurance Pte Ltd  Authorised Signatory