

NATIONAL Assessment Centre Services (only used) **SN09234A0001**

Date In: 10/04/2023 09:37	Job description	Date & Time Completed	Done by
Ref No: NBA/142800 3624/1	SAS e-illing		
Veh No: SJK-27614	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 06/04/2023 14:00	1-Motor Claim Form		
QC: TP Repairing Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Rep		

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

TP Particulars: Vch No: **SUF 1985C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-20%, F: 21-70%, 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 Cost: to e-mail Insurer URGENTLY.

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

Remarks: () (INC 10/04/2023 09:37)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NBA2301015

Invoice Preparation Charge	
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$56)
3) TP: Towing Fee	\$10/\$40
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Bar survey)	\$300
6) TR: Roadside Repair (\$100 Only, Over \$100 Inc 100%)	
7) TR: Roadside Repair	\$25
8) NS: New DA + SMART Survey	\$140
9) RTUC Additional Services	
QW:	
*NS: Courtesy Car / Taxi Allowance	\$5
*NS: Repair Coordination	\$10
*NS: Post Repair Inspection	\$24
*NS: DV / Collect Excess Coordination	\$1
*NS: TP (Non-INC) replace INC	\$160
*NS: TP (Non-INC) replace INC	10
Invoice dated	Fax Charged
Invoice No	Invoice No

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	10/04/2023 09:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/04/2023 14:00 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS LOYANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2761Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG HEE CHYE FELIX
NRIC No	SXXXX402G
Email Address	demoboy@yahoo.com
Mobile Phone No	(Phone) +65-98800995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0002233_04

DRIVER

Name of Driver	WANG HEE CHYE FELIX
NRIC No	SXXXX402G
Date Of Birth	12/06/1977
Occupation	Indoor

Date Of Driving Pass	14/03/1997
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98800995
Alt. Phone Number	-
Email Address	demoboy@yahoo.com
Address	BLK 60 TELOK BLANGAH HEIGHT #08-49
Address complement	-
Postcode	100060
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230406/2074

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	SLF1985C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RISHIDAH
Contact Number	(Phone) +65-91374377
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG HEE CHYE FELIX
Gender	Male
Phone No	(Phone) +65-98800995
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK2761Y
Were seat belts worn?	Yes
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 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.

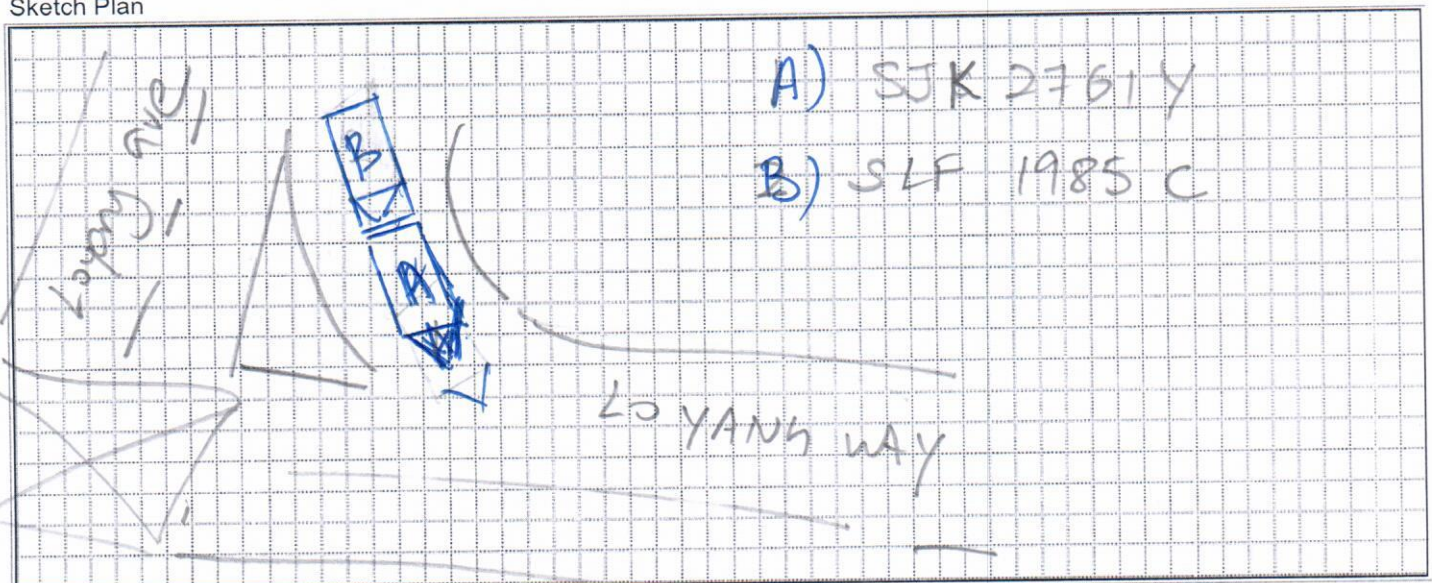
06/04/23

Policyholder's Signature / Date & Time

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

10/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER to POLICE REPORT T/20230406/2014

Declaration

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

AS 06/04/23

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)

10/04/2023



**SINGAPORE
POLICE FORCE**



T/20230406/2074

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20230406/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2023 17:06		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: WANG HEE CHYE FELIX		Address: APT BLK 60 TELOK BLANGAH HEIGHTS #08-49 SINGAPORE 100060			
ID Type / ID No.: NRIC NO / S7715402G		Contact No.: Home/Office: Mobile: 98800995			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 45	Date of Birth: 12/06/1977	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: Water Sports Instructor		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2023 14:00	Type of Location: X-Junction
Location: LOYANG AVENUE				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK2761Y	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	0
SLF1985C	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK2761Y	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0002233_04	14/10/2022	13/10/2023



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20230406/2074

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Report No. T/20230406/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG HEE CHYE FELIX	ID No.	S7715402G
Related Vehicle	SJK2761Y (Car)	Contact No.	98800995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/04/2023 at about 1400hrs, I was driving my vehicle (bearing the registration plate number SJK2761Y) along Loyang Avenue with the intention to go towards Changi Prison. As I approached the X-Junction (filtering to the left lane at the pedestrian crossing), there was no pedestrian at that point of time. There was a vehicle (bearing registration plate number SLF1985C) behind of me. As I was stationary at the pedestrian crossing as I was looking out for oncoming vehicle however, I did not expect the vehicle behind me to rear ended my vehicle. Due to that, vehicle (SLF1985C) had hit onto my rear bumper. My vehicle sustained dent & scratches from the impact. I wish to inform that I did took photos of the accident and did manage to get particulars of the said driver. There is in-car camera inside my car as well (working conditions). I wish to further state that after the incident, I went to visit A&E of Alexandra Hospital and was given a 02 Day MC due to concussion. Medical Certificate no.: 1209881053.



**SINGAPORE
POLICE FORCE**



T/20230406/2074

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20230406/2074

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SGT 2 ALFRED TAN JUNWEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
06/04/2023 17:06

Classification Of Case:

NP168



Alexandra
Hospital

MEDICAL CERTIFICATE (Ref:1209881053)

ORIGINAL

NAME: WANG HEE CHYE FELIX

NRIC: S7715402G

Type of Medical Leave granted: **Outpatient Sick Leave**


The above-named patient is unfit for duty for **2** day(s) from **06/04/2023** to **07/04/2023** Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from **06/04/2023 14:58** to **06/04/2023 15:40**.

06/04/2023
Date

Dr. Kher Young CHIN (62621Z)
Issued by


Signature

Location: Alex Urgent Care Centre

JMS / 960709

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 04 / 2023) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: LOYANG AVE / LOYANG WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK 2761Y
b) INSURANCE COMPANY: INDIA INS
c) POLICY NUMBER: D18MPC 0002233-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT GE 6, 1.3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONEL
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: FELIX LAM HEE CHYE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 577154029 CONTACT: 98800995
c) ADDRESS: BK 60 TELOK BLANAH HEIGHTS
#08-49

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

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

* d) DATE OF BIRTH: (12 / 06 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SLF 1985C MODEL: HONDA
b) DRIVER'S NAME: RISHADAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91374377

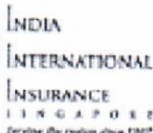
9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

email: =
VIDEO


demoboy @ yahoo . com



Co. Reg. No. 196701792k | GST Reg. No. M2-00788036-X
64 Cecil Street | #04 | #05 | #06-02 | 108 Building | Singapore 049711
Office (65) 63476100 Email insure@allcorn.sg
Fax (65) 62244174 Website www.allcorn.sg

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 389)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (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.: D18MPC0002233_04		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SJK2761Y	
Chassis No	: GE61087423	
2. Name of Policyholder	: WANG HEE CHYE FELIX	
3. Effective date of Insurance	: 14 Oct 2022	
4. Expiry date of Insurance	: 13 Oct 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.		
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.		
Hire Purchase Company	N/A	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN 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	: A000028/M Plus Consultancy	For India International Insurance Pte Ltd
Date of Issue	: 30/09/2022 16:26:26	
M X 1 - PRIVATE CAR (INDIVIDUAL)		
		
		Authorized Signatory