

NATIONAL Assessment Centre Services (Call 1-800-555-5555) **51092340000**

Date In: 24/04/2023 16:26	Job description	Date & Time Completed	Done by
Ref No: NBA/TL 28004204	SAS e-Mailing		
Vel No: SLG 852A	E-mail (within 3hrs, A/C 2013)		
D.O.A: 22/04/2023 12:30	1-Motor Claim Form		
QC: TP: Reporting Only	1-Motor W/O (Within 3hrs, A/C 2013)		
TP Insured	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Driver		

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

TP Particulars: Vel No: **SLG 9177L** INC () / Non-INC () Tel: ()

Owner / Driver: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 1: 0-30%, 2: 21-72%, 3: 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: **NO INC TO BE MADE (07/03/2013)** 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 of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Medical Report: ()

Other: ()

NA230175

Insurance Particulars: ()

Contact No: ()

Damaged Portion: ()

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

Signature: ()

Stamp: ()

Invoice: Preparation Charge: ()

1) A/R: Accident Passbook (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee (\$100)	500/500
4) PE: Follow-Through Survey (\$100)	500
5) PT: Follow-Through Survey (Battery) (\$100)	500
6) TR: Reproduction (\$100)	500
7) NI: NI/DA + GWT Survey (\$100)	500
8) NIUC: Additional Services (\$100)	500
9) NIUC: Additional Services (\$100)	500
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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	24/04/2023 16:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/04/2023 12:30 (SGT)
Exact Location of Accident	Simei Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC852A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SIEW BIOW
NRIC No	SXXXX494A
Email Address	yeowkoonautocare@gmail.com
Mobile Phone No	(Phone) +65-96949126
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0000480_03

DRIVER

Name of Driver	GOH SIEW BIOW
NRIC No	SXXXX494A
Date Of Birth	19/04/1964
Occupation	Indoor

Date Of Driving Pass	24/09/1981
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96949126
Alt. Phone Number	-
Email Address	yeowkoonautocare@gmail.com
Address	BLK 108 SIMEI STREET 1 #03-756
Address complement	-
Postcode	520108
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG9177L
Vehicle Manufacturer	Audi
Vehicle Model	A3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS CHOONG S W
Passport No/FIN	GXXXX557R

Contact Number	(Phone) +65-92258935
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ9873T
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. FENDI
Contact Number	(Phone) +65-91083983
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]

Policyholder's Signature / Date & Time

[Signature]

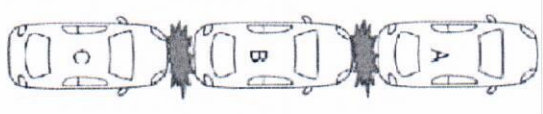
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 24/04/2023

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

Sketch Plan

Shweh Simeil Road

<p>A) SLC 852A B) SNG 9177 L C) SKQ 9873 T</p>	<p>Simeil Road</p>  <p>Vehicle A - SLC 852 A Vehicle B - SNG 9177 L Vehicle C - SKQ 9873 T</p>	
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Describe Circumstance of the Accident

On mentioned date and time, I stopped and was stationary at the traffic junction of Simei Road & Simei Ave 4 for the traffic light to turn GREEN. While waiting I observed from my rear view mirror that another vehicle behind, in stationary position. Shortly after, I heard a bang and another bang and my car was pushed. I got down from my car to assess the situation and came to understand that the silver colour MPV (SKQ9873T) had collided onto the stationary vehicle (SNG 9177 L). Due to the force, the middle stationary vehicle pushed forward and and knock onto my stationary vehicle. No injuries and no damages to any government properties and we never call for any Police assistance. We exchange particulars, took photos before leaving the scene.

Was there any video captured by Car Camera? Yes / ☒ No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)? 01

Name _____ Gender: _____

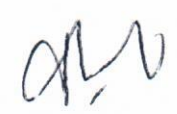
Name _____ Gender: _____

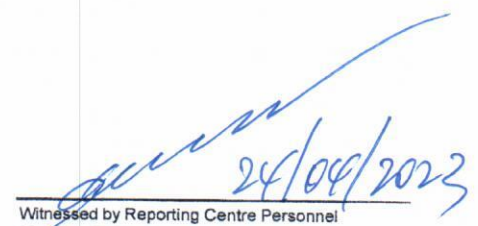
Name _____ Gender: _____

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 & Time


24/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	22/04/2023
Time of Accident:	1230
Exact Location:	ALONG SIMEL ROAD

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	SLC 852 A
NRIC / FIN / Passport no:	S1649494 A
Name of Registered Owner:	MR GOH SIEW BLOW
Owner's Email:	yeowkoonautocare@gmail.com
Owner's Address:	BLK 108 SIMEL STREET 1 #03-756 (S20108)
Vehicle Make:	TOYOTA
Vehicle Model:	WISH
Engine Capacity (cc):	
Transmission:	Auto / Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	INDIA INTERNATIONAL INSURANCE PTE LTD
Type of Policy:	Comprehensive / Third Party / (Third Party, Fire & Theft)
Policy Number:	D20MPC 0000480-03

DRIVER	
Name of Driver:	MR GOH SIEW BLOW
NRIC / FIN / Passport no:	S1649494 A
Date of Birth:	19/04/1964
Occupation:	(Indoor) Outdoor
Driving Pass Date:	24/09/1981
Contact Number:	9694 9126
Gender:	Male / Female
Address:	BLK 108 SIMEL STREET 1 #03-756 (S20108)
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Road Surface:	(Dry) / Wet
Video available:	Yes / No
Was anybody injured?	Yes / No
Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SKR 9873T	SN9 9177L	
Vehicle Make / Model:	TOYOTA ESTIMA	AUDI A3	
Name of Driver:	MR FENDI	MS CHOONG SW	
NRIC / FIN / Passport no:		G7196557R.	
Contact Number:	9108 3983	9225 8935	
Name of Insurance Co:		NTUC	

DETAILS OF WITNESS	
Name:	
Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver _____

Date and time _____

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.: D20MPC0000480_03		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SLC852A	
Chassis No	: JTDER12W503002358	
2. Name of Policyholder	: GOH SIEW BLOW	
3. Effective date of Insurance	: 01 Feb 2023	
4. Expiry date of Insurance	: 31 Jan 2024	
5. Persons or Classes of Persons entitled to drive*		
<p>(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.</p> <p>(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.</p>		
6. Limitations as to use*		
<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</p> <p>*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.</p>		
Hire Purchase Company	United Overseas Bank Limited	
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	: A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 30/12/2022 02:59:46	
M.X. 1 - PRIVATE CAR(INDIVIDUAL)		
		 Nalini Venugopal MD & CEO