

# NATIONAL Assessment Centre Services

Date: 03/05/2023	Job description	Date & Time Completed	Done by
Ref: NA/III 23004517/d4	SAS e-filing		
Veh No: GBC 7045K	E-mail (within 2hrs, A/C 2hrs)		
DOA: 02/03/2023 15:00	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: Bamer	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 Case : to e-mail Insurer URGENTLY.

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

Remarks: (INC Hotline: 6288 6616)	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/Time	Actions

NA2301269

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Ad
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



# 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	03/05/2023 14:55 (SGT)
Reported by	Actual Driver
Date of Accident	02/03/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	69 REDHILL CLOSE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7045K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARHUB LTD
Company Reg No	1XXXXX208C
Email Address	honhen.wong@starhub.com
Mobile Phone No	(Phone) +65-98509603
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000105_04

### DRIVER

Name of Driver	WONG HON HEN
NRIC No	SXXXX876B



Date Of Driving Pass	05/08/1997
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86601068
Alt. Phone Number	-
Email Address	honhen.wong@starhub.com
Address	APT BLK 125 MARSILING RISE
Address complement	# 07-164
Postcode	730125
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - G/20230502/2034

\*Report was unable to submit on 02.05.2023 as Gear system was down."

#### 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	BARRIER
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Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

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4. The use 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 Record's 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.

### B. 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

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

69 Redhill Close

A - GBC 7045K  
B - Barrier

Please Refer to the attached



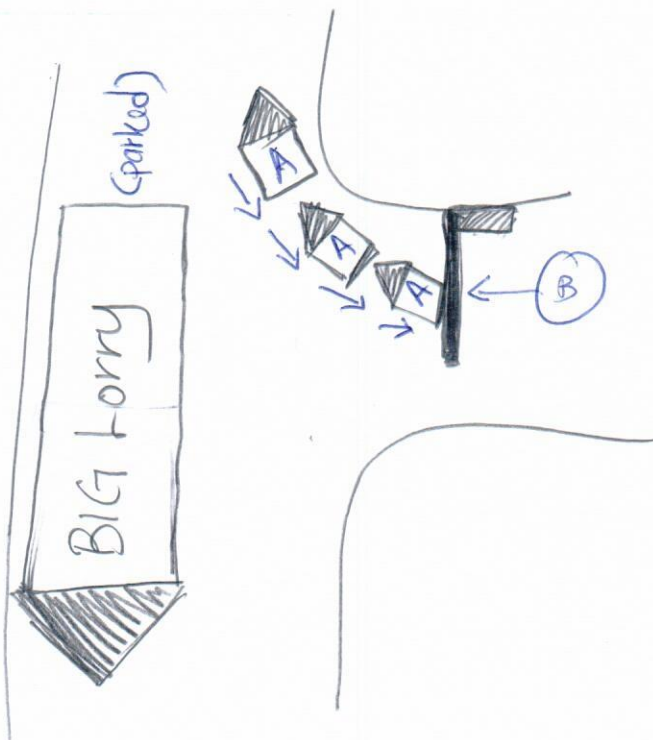
Google Maps Singapore



Image capture: Feb 2022 © 2023 Google



A - GBC 7045 K  
B - Bamier



2/5/2023

Describe Circumstance of the Accident

please Refer to the attached  
police Report

— 9/2023 05 02 / 2034 —

Declaration

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



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)





**SINGAPORE  
POLICE FORCE**



G/20230502/2034

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230502/2034



Police Station Of Origin  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Date/Time Report Made 02/05/2023 12:56	Vide Report No.	Station Diary No. 21
Name Of Informant WONG HON HEN	Address APT BLK 125 MARSILING RISE #07-164 SINGAPORE 730125	
ID Type / ID No. NRIC NO / S7512876B	Contact No. Home/Office Mobile 86601068	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ENGINEER	Sex Male	Age 47
Institution/School Name	Date of Birth 11/05/1975	Race Chinese
Date/Time Of Incident 02/03/2023 15:00	Location Of Incident 69 REDHILL CLOSE REDHILL RISE SINGAPORE 150069	

**Brief details.**

I have received a email from III (India International Insurance Pte Ltd) on 29th April 2023 stating that there was an accident involving my vehicle (GBC7045K) and the carpark barrier. I am lodging this report as I am advised by them to lodged a police report and after which to follow up with them by 8th May 2023.

2nd March 2023 at 3pm, I was driving along the service road along Blk 69 Redhill Close. As I was wanted

Signature Of Officer Recording The Report: G / SGT 2 RAIMEE FARHAN SAINAWI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 12:56
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) AARON MITCHELL GOH Contact No.: 62447200	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20230502/2034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230502/2034

to exit the carpark gantry, there was a lorry on the left side of the exit. As it was obstructing the road, I intended to turn right instead. However after turning right, I realized that the road leads to a school main gate.

As such, I stopped and reverse back to where I came from which was the carpark exit. While reversing, I heard a sound which I believed I might hit onto something. Therefore I came out of the vehicle to take a look. As it was raining heavily at that point of time, so I made a quick check and observed that I might hit onto the carpark barrier. However there was no damage observed on the barrier and my vehicle as such I proceeded back to my driver seat and drove off.

III (India International Insurance Pte Ltd) reference number: MFL2023D0004454/MP

Signature Of Officer Recording The Report:

G / SGT 2 RAIMEE FARHAN  
SAINAWI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/05/2023 12:56

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
INSP (2) AARON MITCHELL GOH  
Contact No.: 62447200

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: 02/03/2023 (DD/MM/YYYY), TIME: 15:00 (HH/MM)

LOCATION: G9 Red Hill close

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 7045K  
 b) INSURANCE COMPANY: India International  
 c) POLICY NUMBER: DIAMEL 0000105-04  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Nissan N200 AUTO / MANUAL  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working time  
 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: StarHub Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 199802208C CONTACT: 9850 9603  
 c) ADDRESS: \_\_\_\_\_

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

- DRIVER  
 a) NAME: Wong Hon Hen (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7512876B CONTACT: 86601068  
 c) ADDRESS: Apt Blk 125 Marsiling Rise # 01-164  
S730125

d) DATE OF BIRTH: 11/05/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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

## 9. THIRD PARTY VEHICLE

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

Email = honhen.wong@starhub.com

Sex =

Address = NO



## CERTIFICATE OF INSURANCE

ACT (CHAPTER 1  
N. RULES, 196 R. A. TRANSP. RT ACT, 1987 (MALAYSIA)  
MALAYSIA

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL0000105 04

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : GBC7045K  
Chassis No : VSKYBAM20U0048527
2. Name of Policyholder : STARHUB LTD
3. Effective date of Insurance : 01 Jan 2023
4. Expiry date of Insurance : 31 Dec 2023

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

Any person who is driving on the Policyholder's order or with their 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\*

- (1) Use in connection with the Policyholder's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (3) Use for social, domestic and pleasure purposes

The Policy does not cover

- (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing
- (2) Use whilst drawing a trailer except the towing of an engine disabled mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 Section I	SGD	500.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	N/A	

FOR DRIVERS BELOW 21 YEARS OLD OR ABOVE 65 YEARS OF AGE & OR LESS THAN 1 YEAR DRIVING EXPERIENCE, AN EXCESS OF \$ 100.00 - 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 B000018 COMFORTDELGRO INSURANCE BROKERS PTE LTD

F : India International Insurance Pte Ltd

Date of Issue 06/01/2023

M.Z. 300C - GOODS CARRYING (Company's use)