

# NATIONAL Assessment Centre Services -

Date: 18/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/III/23005068/d4	E-mail (within 2hrs, 4hrs, 2hrs):		
Veh No: 8JA 4610P	I-Motor Claim Form:		
DOA: 17/05/2023 18:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	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: GY 5850R.	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: 67886616)	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

NA2301473	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idno 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		
	TP (N11): TP (N7a INC) against INC \$20		
	9) N12: Idno 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	18/05/2023 11:18 (SGT)
Reported by	Actual Driver
Date of Accident	17/05/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE MARINA SQUARE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA4610P

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHUANG JIALIN
NRIC No	SXXXX930F
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-96438438
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0002849_04

#### DRIVER

Name of Driver	MORGAN CHNG KWEE LIM ( ZHUANG GUILIN )
NRIC No	SXXXX389I
Date Of Birth	23/11/1980
Occupation	Indoor



Date Of Driving Pass .....	16/10/2002
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96438438
Alt. Phone Number .....	-
Email Address .....	autohub325@gmail.com
Address .....	647 EAST COAST ROAD
Address complement .....	-
Postcode .....	459033
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Side Swipe
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) .....	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 .....	DAUGHTER
Gender .....	Female

#### 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 THE ATTACHED STATEMENT

#### 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 .....	FILE TOO BIG , WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY5850R
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHONG KOK KIEN
Passport No/FIN	GXXXX098K
Contact Number	(Phone) +65-88142984
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	MORGAN CHNG KWEE LIM ( ZHUANG GUILIN )
Gender	Male
Phone No	(Phone) +65-96438438
Address	647 EAST COAST ROAD
Address Complement	-
Post Code	459033
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	SJA4610P
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 Authorised 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. The 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.

### 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

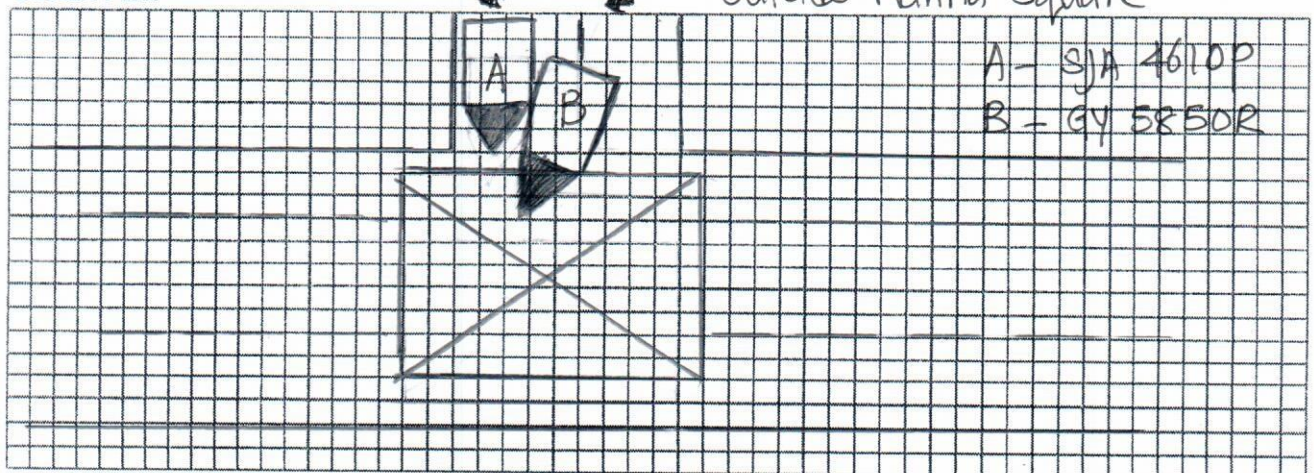
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstance of the Accident

please Refer to the attached  
statement

**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)

## ACCIDENT LOCATION : OUTSIDE MARINA SQUARE

On the above stated date and time, I was outside Marina Square. , At the side road which is the exit from Marina Square carpark onto the main road (Raffles Blvd). Pan Pacific Hotel is directly across the road. There are two lanes in this side road.

I stopped at the exit juncture to wait for the traffic in the main road (Raffles Blvd) to clear.

My car (SJA4610P) was in the right lane. My car was stationary.

Suddenly, a delivery vehicle with vehicle plate GY5850R (hereafter "lorry") which was in the left lane drove forward and turned right into my lane. The lorry ate into my lane and smashed into the front left side of my stationary car.

The lorry was in the left lane of the side road and wanted to turn right onto the main road (Raffles Blvd). But the lorry did not check his blind spot and drove into my lane causing the collision.

It must be highlighted that my red car was stationary throughout the entire incident.

Please see the attached videos and photos taken.

Key points:

From the videos and photos, it is clear that my red car is inside its own lane. The lorry turned into my lane and drove forward into the yellow box of the main road (Raffles Blvd). My red car is still in its waiting place inside the side road.

The long and deep scratch marks (see photos) on the side of the lorry also prove that the lorry drove forward after the collision. Hence resulting in deep and long scratch marks on the right side of the lorry.

The lorry is the one that moved into the lane of my stationary red car.

Furthermore, the lorry driver admitted that he only checked his left side for incoming traffic and did not check the right side when he was turning right onto the main road. Hence he drove into my lane and smashed into my car. He further admitted that my red car was in his "blindspot".

It must be noted that the entire incident is captured by the CCTVs of Marina Square. I saw a few CCTVs around the area. The CCTVs will verify that everything I said above is true and accurate.

A- SJA 4610P  
B- GY5850R



18/5/2023



# IDAC ACCIDENT STATEMENT


DATE OF ACCIDENT : 17/05/2023	TIME OF ACCIDENT : 18:00 pm
VEHICLE NO : SJA 4610P	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Mazda 3	LOCATION : outside Marina Square
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : INDIA INTERNATIONAL	POLICY NO : D18MPC0002849-04
TYPE OF COVERAGE :  COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY & THEFT	VEHICLE TYPE : ( <u>SALOON</u> ) COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Zhuang Jialin	NRIC : S8230930F
ADDRESS : 647 East Coast Road S, 459033	CONTACT NO : 96438438
EMAIL ADDRESS : Morganck80@hotmail.com, autohub325@gmail.com	VIDEO RECORDING : <u>YES</u> / NO File too big with driver
NAME OF DRIVER : AS ABOVE / IF NO : Morgan Chng Kwee Him (Zhuang Guilin)	NRIC : S8037389I
CONTACT NO : 96438438	PASSENGER : 1 (F) Daughter
DATE OF BIRTH : 23 / 11 / 1980	DRIVING PASSING DATE : 16 / 10 / 2002
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : 647 East Coast Road, S, 459033
ANY INJURIES : NO, IF YES : Neck & shoulder	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : GY 5850R	VEHICLE C REG NO : _____
DRIVER NAME : Chong Kok Kien	DRIVER NAME : _____
NRIC : G6591098K	NRIC : _____
CONTACT : 88142984	CONTACT : _____
ANY WITNESS ? <u>NO</u> , IF YES :	WERE SEAT BELTS WORN ? : <u>YES</u> / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



## 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.: D18MPC0002849_04</b>		<b>COVER: Third Party Only</b>
1. Index Mark and Registration Number of Vehicle	: SJA4610P	
Chassis No	: JM6BK106280368086	
2. Name of Policyholder	: ZHUANG JIALIN	
3. Effective date of Insurance	: 11 Dec 2022	
4. Expiry date of Insurance	: 10 Dec 2023	
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><b>The Policy does not cover</b></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>	
<p><b>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</b></p>		
<p>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).</p>		
Agent/Broker : A000045/S K Motoring	For India International Insurance Pte Ltd	
Date of Issue : 06/10/2022 19:10:29		
M.X. 1 - PRIVATE CAR(INDIVIDUAL)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorised Signatory	