

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 10/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III23006208/d4	SAS e-filing		
Yeh No: SNK 3443L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/2023 15:45	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: BKX 4839	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: 6788 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

NA2301800

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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	19/06/2023 16:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/06/2023 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE BEFORE WOODLANDS AVENUE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK3443L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG POH WAH
NRIC No	SXXXX614Z
Email Address	NGPOHWAH65@GMAIL.COM
Mobile Phone No	(Phone) +65-81823434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0002675

DRIVER

Name of Driver	NG POH WAH
NRIC No	SXXXX614Z
Date Of Birth	17/06/1965
Occupation	Outdoor

Date Of Driving Pass	17/12/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81823434
Alt. Phone Number	-
Email Address	NGPOHWAH65@GMAIL.COM
Address	APT BLK 139 YISHUN RING ROAD
Address complement	# 08-116
Postcode	760139
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	BKX4839
Vehicle Category	Private car

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230616/7079

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BKX4839
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	WOO KEN HUA
Contact Number	(Phone) +65-84134338
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	NG POH WAH
Gender	Male
Phone No	(Phone) +65-81823434
Address	APT BLK 139 YISHUN RING ROAD
Address Complement	# 08-116
Post Code	760139
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SNK3443L
Were seat belts worn?	-
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.

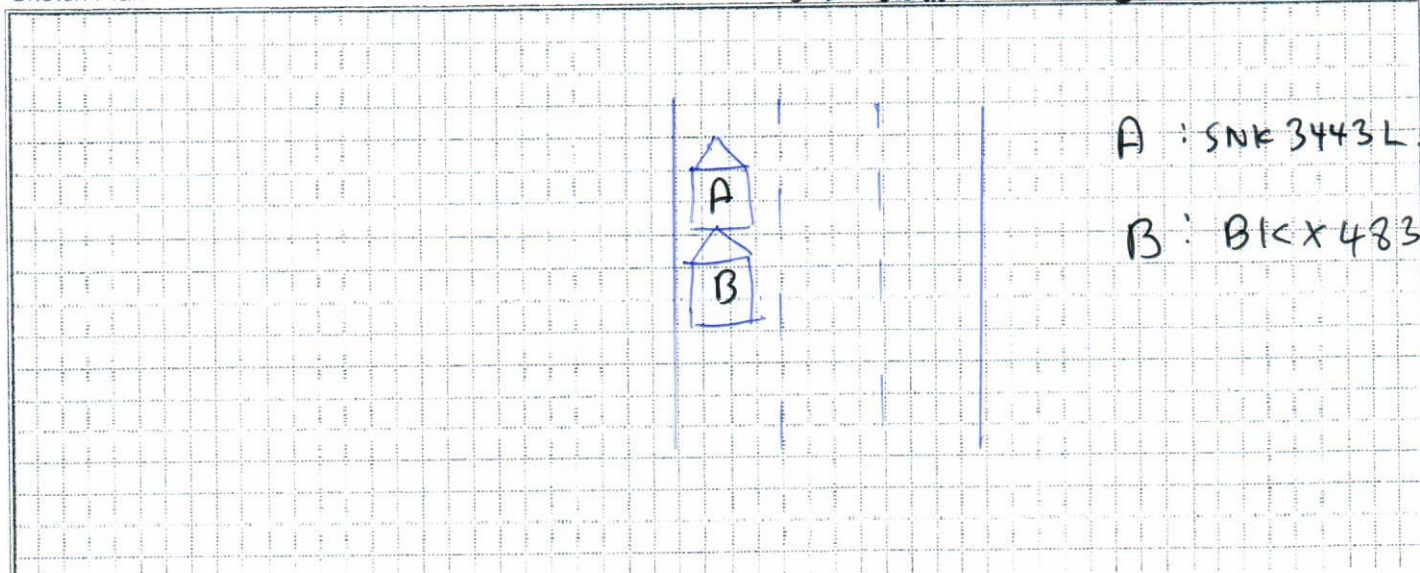
Policyholder's Signature / Date & Time

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

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

Sketch Plan

400 SLE towards BKE Before WOODLAND AVE 12
EXIT.



Describe Circumstance of the Accident

REFER To
POLICE REPORT.

T/20230616/7079

Declaration

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

LOA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/6/2023



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2023 22:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG POH WAH			Address: 139 YISHUN RING ROAD #08-116 SINGAPORE 760139		
ID Type / ID No.: NRIC NO / S1727614Z			Contact No.: Home/Office: Mobile: 81823434		
Nationality: SINGAPORE CITIZEN			Email: NGPOHWAH65@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 17/06/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 16/06/2023 15:45	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
BKX4839	Car			Blue		0
SNK3443L	Car			Green	Slightly Damaged	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG POH WAH	ID No.	S1727614Z
Related Vehicle	SNK3443L (Car)	Contact No.	81823434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SNK3443L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	WOO KEN HUA	ID No.	NIL
Related Vehicle	NIL	Contact No.	84134338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 16/06/23 at about 1545hrs, I was stationary on the most left lane of SLE before Woodlands Avenue 9 exit as the car in front of me stopped due to heavy traffic. Suddenly I feel an impact on the rear, I exit my car and discovered a malaysia car collided it's front against my rear. No ambulance and no police. Nobody injured.



**SINGAPORE
POLICE FORCE**



T/20230616/7079

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230616/7079

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
16/06/2023 22:23

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP168

Date of Accident: 16/06/2023 Accident Time: 15:45 (24-HR-FORMAT)

Accident Place: ~~ALONG WOODLAND AVE~~ @ SLE towards BKE before WOODLAND AVE 12 EAST

Vehicle Reg. No (Car plate No.): SNK 3443L CC: 1600 Vehicle Make/Model: KIA / NIRO 1.6 Hybrid

Insurance Company: INDIA Policy No: D23MPC 0002675

Name of Registered Owner: Company / Individual NG POH WAH

ID of Registered Owner: Co Reg No: - Owner's NRIC No: S17276142.

OWNER EMAIL ADDRESS: NG POH WAH 656 Gmail.com. Co Contact No: - Owner's Contact No: 81823434.

DRIVER'S Name: NG POH WAH. DRIVER'S NRIC No: S17276142.

DRIVER'S Date of Birth: 17 06 1965. DRIVER'S License Pass Date: 17 12 2007

Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address: 139 YISHUN RING ROAD #08-116 S760139.

DRIVER'S Contact No./ Alt No.: 1) 21823434 2) -

DRIVER'S Occupation: INDOOR / OUTDOOR (eg: working inside or outside of an ofc)

Email Address: -

Weather & Road Surface: LEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 2 Name & Gender: NG POH WAH. / M

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): NG POH WAH.

Other Party Driver's Particulars (if any)

Vehicle Reg No: BKX 4839 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.: D23MPC0002675		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SNK3443L	
Chassis No	: KNACP81EVP5082214	
2. Name of Policyholder	: NG POH WAH	
3. Effective date of Insurance	: 20 Mar 2023	
4. Expiry date of Insurance	: 19 Mar 2024	
5. Persons or Classes of Persons entitled to drive*	Private Hire use: NG POH WAH only	
<p>For Social, Domestic and Leisure purposes only. 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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of the policyholder.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. c) 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>Excess Section I : SGD1,500.00 Excess Section II : SGD1,500.00 Windscreen Excess: SGD100.00 WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY</p>		
<p>Geographical Area: Private Hire Use: within the Republic of Singapore only For Social, Domestic & Leisure purposes only: within the Republic of Singapore and West Malaysia</p>		
<p>Hire Purchase Company : Dickson Capital Pte Ltd</p>		
<p>FOR DRIVERS BELOW 24 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.</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>		
<p>Agent/Broker : A000115/BELLA INSURANCE AGENCY PTE. LTD Date of Issue : 04/04/2023 11:40:44 MZ406 – Hire Car (Hired Driving)</p>	<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  Nalini Venugopal MD & CEO </div>	