

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

210913610004

Date In: 21/06/2023 13:05	Job description	Date & Time Completed	Done by
Ref No: NAB 11230062914	SAS e-filing		
Veh No: FBQ 5483T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/06/2023 09:30	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: 8CA 155B	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%; F: 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

21091361828	Invoice Preparation Checklist	Am't (\$)	Am't
		1st Bill	Add
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
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		
	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	21/06/2023 13:05 (SGT)
Reported by	Actual Driver
Date of Accident	04/06/2023 03:30 (SGT)
Exact Location of Accident	20 Bedok Rise, Singapore 465411
Additional Location Information	THE GLADES CONDOMINIUM
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5483T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD.
Company Reg No	2XXXXX853H
Email Address	jxiika97@gmail.com
Mobile Phone No	(Phone) +65-86116161
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Motorcycle
Transmission	Auto
CC	155

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0006909

## DRIVER

Name of Driver	SIM WEE KWANG
NRIC No	SXXXX569G
Date Of Birth	06/05/1983
Occupation	Outdoor

Date Of Driving Pass	26/02/2004
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-8398808
Alt. Phone Number	-
Email Address	jxiika97@gmail.com
Address	BLK 21 EUNOS CRESCENT #08-2981
Address complement	-
Postcode	400021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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 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	SKA155B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SIM WEE KWANG
Gender	Male
Phone No	(Phone) +65-8398808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBQ5483T
Were seat belts worn?	No
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

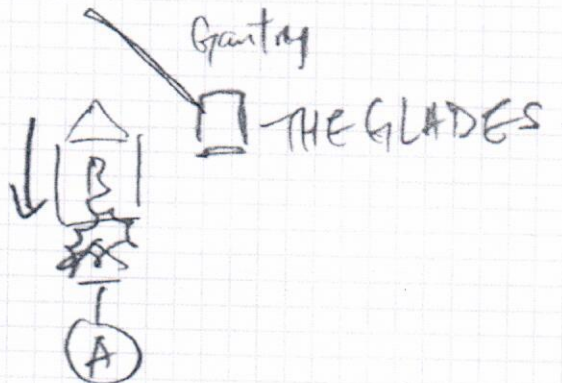
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

VEH A: FBQ5483T

VEHB: SKA155B



**Describe Circumstances of the Accident**

Refer to Police Report

7/20230605/7050

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
21/06/2023  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20230605/7050

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

1 of 3

Report No. T/20230605/7050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2023 16:37	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SIM WEE KWANG			Address: APT BLK 21 EUNOS CRESCENT #08-2981 SINGAPORE 400021		
ID Type / ID No.: NRIC NO / S8313569G			Contact No.: Home/Office: Mobile: 83988008		
Nationality: SINGAPORE CITIZEN			Email: jymsim.properties@gmail.com		
Sex: Male	Age: 40	Date of Birth: 06/05/1983	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2023 03:30	Type of Location:
Location:  BEDOK RISE				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ5483T	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



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

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	SIM WEE KWANG		ID No.	S8313569G
Related Vehicle	FBQ5483T (Motorcycle)		Contact No.	83988008
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, I was riding FBQ5483T exiting the condo THE GLADES.

I was the second vehicle behind the gantry and I was stationary behind SKA155B.

Suddenly, SKA155B reversed and collided into the front portion of my vehicle at fast speed catching me off guard.

The impact was huge but fortunately, as I held onto my brakes hard and both my feet were on the ground, I managed to avoid falling off my bike.

However, the mudguard of bike had snapped and the front portion of my bike was also cracked. The rear of SKA155B was also dented.

Later the same morning, I woke up with aches over my back, forearms and wrists.

The pain persisted and as such, I sought treatment the following day at Ubi Family Clinic near my place and was given 3 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20230605/7050

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

3 of 3

Report No. T/20230605/7050

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
05/06/2023 16:37

Classification Of Case:

COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD  
(MOTORBIKE RENTAL DIVISION)  
39 WOODLANDS CLOSE, MEGA@WOODLANDS, #04-62, SINGAPORE 737856  
GST REG. NUMBER: 201728853H

HIRER PARTICULARS

ID/NRIC/ROC S8313569G  
Name/Company SIM WEE KWANG  
Address BLK 21 EUNOS CRESCENT  
#08-2981 S(400021)  
Person-in-charge  
Contact Number 83988008

RENTAL AGREEMENT CVDBR/2023/0418

Agreement Date 15/11/2022  
Rental Term MONTHLY  
Rental Rate (inc. of GST) \$560/MONTH  
Agreed End Date  
Agreed Period  
Contract Ref  
Excess for vehicle damage \$2000 EACH SECTION

RENTAL VEHICLE/ACCESSORIES

RENTAL ID  
REG. NO. FBQ5483T

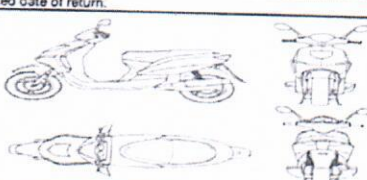
MAKE HONDA  
MODEL ADV 150  
CAPACITY

DRIVER PARTICULARS (IF NOT STATED)

NAME AS ABOVE  
NRIC  
DOB  
LIC PASS

NATIONALITY  
CONTACT  
ADDRESS

DELIVERY OF VEHICLE

Check Out By:		
Date	Time	Mileage Out
Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Estimated date of return:		
		
Check In By:		
Date	Time	Mileage In
Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Petrol used:		
(Note: Petrol Level to be Return as it was Rented out)		
Return Note:		

MODE OF PAYMENT PAYNOW

RENTAL DUE \$560  
DELIVERY CHARGE  
TOTAL DUE \$560  
TOTAL PAID \$560  
DAMAGE RECOVERY  
OTHERS  
DEPOSIT \$100 FBR8193E 15/8/2022  
AMOUNT REFUND

REMARKS

COMPANY AUTHORISED SIGNATURE

HIRER SIGNATURE



Date of Accident : 04/06/2023 Accident Time: 0330 (24-HR-Format)  
Accident Place : AT THE GLADES CONDO BEDOK RISE  
Vehicle. No. (Car Plate No.) : FBQ5483T Make/Model: YAMAHA AEROX  
Insurance Company : III Policy No: D22MFL0006909  
Owner or Company Name /IC No. : COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD / 201728853H  
Owner or Company Contact No. : 86116161 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SIM WEE KWANG / S8313569G  
DRIVER'S Date Of Birth : 06/05/1983 DRIVER'S License Pass Date 26/02/2004  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : 21 Eunoz Crescent #08-2981 Singapore 400021  
DRIVER'S Contact No./ Alt No. : (1) 83988008 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : jxiika97@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 1  
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 Injury (If YES, Pls state): YES, BODILY INJURIES

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SKA155B</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 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.: D22MFL0006909**

**COVER: Third Party Fire & Theft**

1. **Index Mark and Registration Number of Vehicle** : FBQ5483T  
**Chassis No** : MH1KF6117KK005604
2. **Name of Policyholder** : COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD.
3. **Effective date of Insurance** : 01 Aug 2022
4. **Expiry date of Insurance** : 29 Jul 2023
5. **Persons or Classes of Persons entitled to drive\***  
Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.  
The Hirer  
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 only for the Policyholder's business or profession or the hirer's business.
- (2) Use for social, domestic and pleasure purposes by any person provided he/she is in the Policyholder's employ and is driving on the order or with the permission of the Policyholder or by any person to whom the vehicle is hired.
- (3) Use for food/parcel/other delivery services.

**The Policy does not cover**

- (1) Use for hire or reward.
- (2) Use for racing, pace-making, reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) 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.

Excess Section II WITHIN SINGAPORE : SGD  
Excess Section II OUTSIDE SINGAPORE : SGD  
Hire Purchase Company : N/A

THE POLICY DOES NOT COVER ANY DRIVER WHO IS BELOW 22 YEARS OLD OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE.

THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM IT IS HIRED TO. THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. SUBLETTING IS NOT COVERED.

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 : A000112/CVD AUTO PTE LTD  
Date of Issue : 02/08/2022 14:44:41  
M.Y. 100 - Motor Cycle(Company's Hire use)

For India International Insurance Pte Ltd



Authorized Signatory