

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SM09236M0003

Date In: 27/06/2023 14:48	Job description	Date & Time Completed	Done by
Ref No: NPA/TL 23006334/4	SAS e-filing		
Veh No: SNT 8756G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/2023 20:40	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: SLD 6985E 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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : Towing Fee	\$40/\$45		
	4) FT : Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR : Re-inspection	\$75		
	7) N1 : Idac DA + SMRT Survey	\$160		
Cat. 1:	8) NTUC Additional Services:-			
	OD*			
Cat. 2 / 3:	*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	\$30		
	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	22/06/2023 14:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/06/2023 20:40 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	TOWARDS PAYA LEBAR ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ8756G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM EU CHAI
NRIC No	SXXXX942F
Email Address	SG86115300@gmail.com
Mobile Phone No	(Phone) +65-93803796
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0002002

## DRIVER

Name of Driver	LIM EU CHAI
NRIC No	SXXXX942F
Date Of Birth	26/11/1981
Occupation	Outdoor

Date Of Driving Pass	19/08/2002
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93803796
Alt. Phone Number	-
Email Address	SG86115300@gmail.com
Address	19 CHAI CHEE ROAD #09-314
Address complement	-
Postcode	461019
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 - Change/cross lane
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 POLICE REPORT T/20230620/7078

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	SLD6985E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	LIM EU CHAI
Gender	Male
Phone No	(Phone) +65-93803796
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNJ8756G
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 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

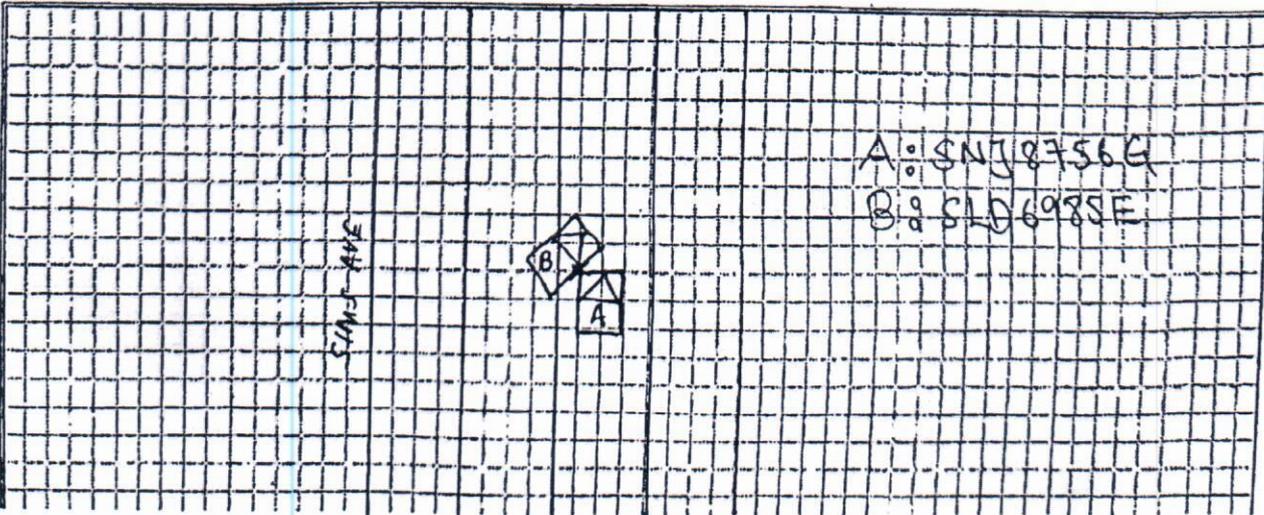
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

JIM  
Policyholder's Signature / Date & Time

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

22/06/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO  
POLICE REPORT

T/20230620/7078

Declaration

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

*KIM*

Policyholder's Signature / Date & Time

*KIM*

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

*[Signature]*  
22/06/2023

Witnessed by Reporting Centre Personnel

Scanned with CamScanner

Scanned with CamScanner





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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNJ8756G	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MPC0002002	02/03/2023	01/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM EU CHAI	ID No.	S8163942F	
Related Vehicle	SNJ8756G (Car)	Contact No.	93803796	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	20/06/2023	Date	20/06/2023	
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SNJ8756G WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 ALONG SIMS AVE TOWARDS PAYA LEBAR RD.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SLD6985E DASH INTO MY LANE FROM LANE 3 AND BANG ONTO THE LEFT PORTION OF MY VEHICLE.

MY VEHICLE PROPEL AND HIT ONTO THE KERB.

AFTER THE ACCIDENT, WE EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE ACCIDENT SCENE.

I FELT PAIN ON MY NECK, LOWER BACK, CHEST, RIGHT LEG, LEFT HAND, RIGHT FINGER. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR. I RECEIVED 5 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20230620/7078

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

3 of 3

Report No. T/20230620/7078

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:  
20/06/2023 22:30

Classification Of Case:

VEHICLE NO: SNJ8756A

MAKE & MODEL: HONDA VEZEL  
1.5G CVT

AUTO/MANUAL

DATE OF ACCIDENT	20 / 06 / 2023	C.C. / 1500
TIME OF ACCIDENT	20:40	AM / PM
LOCATION OF ACCIDENT	61M5 AVE TOWARDS PAYA LEBAR RD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LIM EU CHAI	
EMAIL	SG 86115300@GMAIL.COM	OFFICE: MOBILE: 93803796
NRIC	S8163942F	
CLAIM TYPE	OD / THIRDPARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURENCE CO.	INDIA INTERNATIONAL INSURANCE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	D23MPC0002002	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	AS ABOVE	
DATE OF BIRTH	26 / 11 / 1981	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	19 / 08 / 2002	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: AS ABOVE	Office: Home:
EMAIL	AS ABOVE	
ADDRESS	19 CHAI CHEE RD #07-314 (J) 461019	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURE:
RELATIONSHIP	Employee / If No: OWNER	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / (If yes) Who? DRIVER	
CONTACT NO.	AS ABOVE	
ROLICE REPORT	No / (If yes, Where? ONLINE	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SLD6985E	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Scanned with CamScanner

Scanned with CamScanner

## 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.: D23MPC0002002		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SNJ3756G	
Chassis No	: RV31009646	
2. Name of Policyholder	: LIM EU CHAI	
3. Effective date of Insurance	: 02 Mar 2023	
4. Expiry date of Insurance	: 01 Mar 2024	
5. Persons or Classes of Persons entitled to drive*		
For private hire: LIM EU CHAI only		
For Social, Domestic & Leisure purposes: Any person who is driving on the Policyholder's order or with their permission and who are at least 18 years old and holding a valid driving licence on the relevant class. 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*		
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 any person to whom the vehicle is hired.		
<b>The Policy does not cover</b>		
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.		
*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 for NPHVA member:		
Excess Section I & II Separately: SGD1500.00 (Within Singapore)		
Excess Section I & II Separately: SGD3000.00 (Outside Singapore)		
Excess Section I & II Separately (For Unnamed Driver): SGD2000.00 For Social, Domestic & Leisure Purposes only (Within Singapore)		
Excess Section I & II Separately (For Unnamed Driver): SGD4000.00 For Social, Domestic & Leisure Purposes only (Outside Singapore)		
Excess for non NPHVA member:		
Excess Section I & II Separately: SGD3000.00 (Within Singapore)		
Excess Section I & II Separately: SGD6000.00 (Outside Singapore)		
Excess Section I & II Separately (For Unnamed Driver): SGD3500.00 For Social, Domestic & Leisure Purposes only (Within Singapore)		
Excess Section I & II Separately (For Unnamed Driver): SGD7000.00 For Social, Domestic & Leisure Purposes only (Outside Singapore)		
Windscreen Excess: SGD100.00		
Remarks: If any named drivers, the above excess will be applicable.		
GEOGRAPHICAL AREA: PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - WITHIN THE REPUBLIC OF SINGAPORE ONLY FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA		
Hire Purchase Company	: Kenso Leasing Pte Ltd	
For drivers below 22 years or above 75 years of age &/or less than 2 years Singapore Driving Licence, an additional excess on Section I & II separately of S\$1500/- 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).		