

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN09236N0004

Date In: 23/06/2023 12:07	Job description	Date & Time Completed	Done by
Ref No: N/A/T123006365/4	SAS e-filing		
Veh No: SMY55064	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/06/2023 13:22	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:

SMY 5086A

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

X12301855	Invoice Preparation Checklist		Ant (\$)	Ant
			1st Bill	Add
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	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)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-			
	OD:			
	*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			
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	23/06/2023 12:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/06/2023 13:22 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS POTONG PASIR
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY5504U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOYCE QUEK HWEE MENG
NRIC No	SXXXX508G
Email Address	joycequekhm@gmail.com
Mobile Phone No	(Phone) +65-91118571
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1339

## INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0002024

## DRIVER

Name of Driver	JOYCE QUEK HWEE MENG
NRIC No	SXXXX508G
Date Of Birth	14/03/1972
Occupation	Indoor

Date Of Driving Pass	27/08/1999
Driving experience	23 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91118571
Alt. Phone Number	-
Email Address	joycequekhm@gmail.com
Address	BLK 206D WOODLEIGH LINK #05-93
Address complement	-
Postcode	364206
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?	No
Number of vehicles involved in the accident	2
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?	No
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	SMY5046A
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)	-



## 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

  
23/06/2023

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

### Sketch Plan

UPPERSELANGOR ROADWAY PAVING DESIGN

VERA: SMY/5504U  
VENB: SMY/5046A

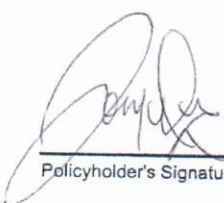


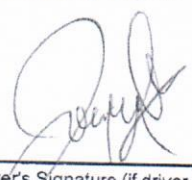
Describe Circumstance of the Accident

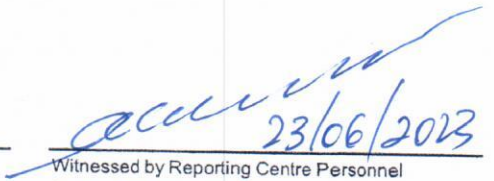
On the stated time & date I veh A (SMY5504U) was travelling on the stated venue. As vehicle in front of me come to a stop I follow suit. Suddenly veh B (SMY5046A) hit me from the rear of my vehicle.

Declaration

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

  
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)

## ACCIDENT REPORTING

Accident Date: (22 / 06 / 23) (DD/MM/YYYY)

Time: (13 : 22) (HH:MM)

Location: Upper Serangoon Road towards Potong Pasir

### 1. Accident Details

- a) Type Of Accident: head to Rear
- b) Weather Condition: (Clear) / Raining / Others: \_\_\_\_\_
- c) Road Surface: (Dry) / Wet / Others: \_\_\_\_\_
- d) Are You Claiming Under Your Own Insurance? (Yes / (No))  
If No, Please State: (Third Party Claim) / Reporting Only
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / (No))  
If Yes, Please State Vehicle No: \_\_\_\_\_
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / (No))
- g) Was The Accident Reported To The Police? (Yes / (No))  
If Yes, Police Station Name: \_\_\_\_\_
- h) Was Notice Of Prosecution Given? No  
If Yes, Against Whom?: \_\_\_\_\_

### 2. Details Of Own Vehicle

- a) Vehicle Registration No: SMY5504 U
- b) Vehicle Category: \_\_\_\_\_
- c) Vehicle Manufacturer: Honda Vehicle Model: Fit
- d) Transmission: Manual / (Auto) CC: \_\_\_\_\_
- e) No. Of Passengers (Including Driver) 01
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)

### 3. Own Vehicle Policy

- a) Handling Insurer: India International Insurance
- b) Coverage Type: (ACT / (Comprehensive) / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / (No))
- d) Owner Name: Joyce Quek Hwee Meng (Female / Male)
- e) ID Type: S7221508G (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: JoyceQuekHM@gmail.com Mobile: 91118571
- g) Alt No. Type: (Home / Office / Not In List) : \_\_\_\_\_

### 4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / (No))
- b) Driver Name: Joyce Quek Hwee Meng (Female / Male)
- c) ID Type: S7221508G (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 14/06/1972
- e) Driving Pass Date: 27/03/1999
- f) Email: JoyceQuekHM@gmail.com Mobile: 91118571
- g) Address: Blk 206D Woodleigh Link #05-93
- h) Postal Code: 364206
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: Owner Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: \_\_\_\_\_ Handling Insurer: \_\_\_\_\_



## ACCIDENT REPORTING

### 5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SMY5046A

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) 02

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

### 6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

### 7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Witness Contact: \_\_\_\_\_

### 8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)



## 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.: D23MPC0002024**

**COVER: COMPREHENSIVE**

1. Index Mark and Registration Number of Vehicle	: SMY5504U
Chassis No	: GR11019730
2. Name of Policyholder	: JOYCE QUEK HWEE MENG
3. Effective date of Insurance	: 12 Mar 2023
4. Expiry date of Insurance	: 11 Mar 2024
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>Insured &amp; Named Drivers Excess Section 1 : SGD600.00          Unnamed Drivers Excess Section I : SGD1,100.00          Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company: United Overseas Bank Limited</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF S\$2500/- ON SECTION I 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 : B000340/INFINITUM FINANCIAL ADVISORY PTE LTD          Date of Issue : 07/03/2023 15:33:55          M.X. 1 - PRIVATE CAR (INDIVIDUAL)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"><i>Nalini</i>          Nalini Venugopal          MD &amp; CEO</p>	