

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 12/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23007 045/d4	SAS e-filing		
Veh No: SMV 7265L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/07/2023 07:23	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR 5823Y	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 repalrer.			
() 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

NA2302100	Invoice Preparation Checklist	Amt (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);	1st Bill
	2) DA : Damage Assessment (\$100); INC (\$80)	
Driver/Owner:	3) TF : Towing Fee \$40/\$45	
Contact No:	4) FT : Follow-Through Survey \$120	
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR : Re-inspection \$75	
Auditors Comments:	7) N1 : Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Cat. 1:	OP*	
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 (N-n INC) against INC \$20	
	9) N12: Idao 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	12/07/2023 17:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 07:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7265L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHIN SIM
NRIC No	SXXXX483A
Email Address	ericngcs22@yahoo.com.sg
Mobile Phone No	(Phone) +65-98439664
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE 1.0XS CVT
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	996

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0008719

DRIVER

Name of Driver	NG CHIN SIM
NRIC No	SXXXX483A
Date Of Birth	10/12/1976
Occupation	Indoor

Date Of Driving Pass	04/01/1999
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98439664
Alt. Phone Number	-
Email Address	ericngcs22@yahoo.com.sg
Address	713 YISHUN STREET 71
Address complement	# 06-208
Postcode	760713
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?	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 STATEMENT

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	SLR5823Y
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 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

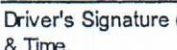
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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.


12/7/23
Policyholder's Signature / Date & Time


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


12/7/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

Along upper Serangoon Road




Describe Circumstance of the Accident


please Refer to the attached
police Report - T/20230712/7017-

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time 12/7/23

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 12/07/2023



SINGAPORE POLICE FORCE



T/20230712/7017

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

1 of 3

Report No. T/20230712/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 11:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG CHIN SIM			Address: 713 YISHUN STREET 71 #06-208 SINGAPORE 760713		
ID Type / ID No.: NRIC NO / S7641483A			Contact No.: Home/Office: Mobile: 98439664		
Nationality: SINGAPORE CITIZEN			Email: ERICNGCS22@YAHOO.COM.SG		
Sex: Male	Age: 46	Date of Birth: 10/12/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Electronics engineer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/07/2023 07:23	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SLR5823Y	Car	SUBARU	Unknown	Blue		1
SMV7265L	Car	TOYOTA	Raize	Yellow	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV7265L	India International Insurance	D22MPC0008719	16/10/2022	15/10/2023



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	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLR5823Y (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	NG CHIN SIM	ID No.	S7641483A
Related Vehicle	SMV7265L (Car)	Contact No.	98439664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I am travelling from Braddell road turning into Upper Serangoon road and travelling on the left lane going to Upper Aljunied road. Along Upper Serangoon road, traffic was heavy and had to move slow. Blue Subaru SLR5823Y was behind me. At few points, traffic stopped completely and during one of the points, the car hit me at the rear. I turned on hazard lights and move slightly left trying to go inside the bus stop in a bid to signified to the car behind to follow. But, the car behind me did not intend to stop and try to continue on the same lane. At this time, my car is still in front of them. Seeing that the car behind would not stop, I stopped my car and alight to tell the lady that we will move into Upper Aljunied road to check and mitigate the situation as well as not to block the heavy traffic. She refused and says there are no damages on my car and she wants to send her son to school. I had turned into Upper Aljunied road with no choice and alight to check on my car. I had suffered no injuries and damage to my car based on my assessment. I will report this incident to my insurance and wait for their advice.



**SINGAPORE
POLICE FORCE**



T/20230712/7017

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

3 of 3

Report No. T/20230712/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

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

Date/Time:
12/07/2023 11:16

Classification Of Case:

This report is lodged at Geylang NPC Kiosk 1
NP168


IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 12/07/2023	TIME OF ACCIDENT : 07:23am
VEHICLE NO : SMV 7265L	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Toyota Raize	LOCATION : Along upper Serangoon Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : India International	POLICY NO : D22MPC0008719
TYPE OF COVERAGE :	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Ng Chin Sim	NRIC : S7641483A
ADDRESS : 713 Yishun Street 71 # 06-208 S. 760713	CONTACT NO : 98439664
EMAIL ADDRESS : ERICNGCS22@yahoo.com.sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP: owner	PASSENGER : 0 MALE () FEMALE ()
DATE OF BIRTH : 10 / 12 / 1976	DRIVING PASSING DATE : 04 / 01 / 1999
OCCUPATION: INDOOR / OUTDOOR	ADDRESS : _____
ANY INJURIES: NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : SLR 5823Y	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:

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.: D22MPC0008719		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMV7265L	
Chassis No	: A200A0020102	
2. Name of Policyholder	: NG CHIN SIM	
3. Effective date of Insurance	: 16 Oct 2022	
4. Expiry date of Insurance	: 15 Oct 2023	
5. Persons or Classes of Persons entitled to drive*		
(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.		
(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		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
The Policy does not cover		
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.		
*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.		
Insured & Name Drivers Excess Section I	SGD	600.00
Unnamed drivers Excess Section I	SGD	1,100.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	: Standard Chartered Bank (Singapore) Limited	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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).		
Agent/Broker	: A000024/Tan Sock Leng Agnes	
Date of Issue	: 04/10/2022 10:30:03	
MX1-Private Car (Insured Driving)		
		<p>For India International Insurance Pte Ltd</p>  <p>_____ Authorised Signatory</p>