

Date In: 2/2/18 - 17:41	Job description	Date & Time Completed	Done by
Ref No: NA/IIII8002142/24	SAS e-filing		
Veh No: SHP86645	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/10/17 - 1835	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: SKX47610 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

NA1800728

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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):	QD*		
	*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-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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 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 ability.
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 Report	02/02/2018 17:41
Date Of Accident	29/10/2017 11:35
Exact Location Of Accident	ALONG WOODLANDS CHECKPOINT TWDS JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF8664S
Insured/Policyholder	
Name Of Registered Owner	GOH SENG SOON
NRIC No	S1372084C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90666725
Alternative Phone No	OFFICE-90666725

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M491316
Cover Note Number	

Driver

Name of Driver	GOH SENG SOON
NRIC No	S1372084C
Date Of Birth	05/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1981
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90666725
Fax Number	
Contact Number	OFFICE-90666725
EMail Address	NOEMAIL

Address	BLK 76 MARINE DRIVE #05-01
Postcode	440076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG MOST LEFT LANE WOODLANDS CHECKPOINT AND THE TRAFFIC FLOW WAS VERY CONGESTED. I SLIGHTLY TOUCH VEHICLE B REAR PORTION. AFTER THE INCIDENT, WE GET OUT FROM THE VEHICLE AND THERE WAS NO DAMAGE AT ALL FOR BOTH VEHICLE. AND WE BOTH AGREED THAT IS NOT NECESSARY TO PURSUE FURTHER OR MAKE A REPORT. THERE WAS NO PHOTOGRAPH TAKEN AT THAT MOMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX4761D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

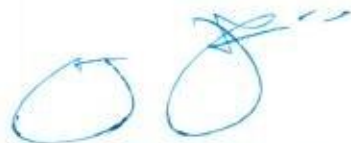
SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A: 56F866Y3

B: JEX 4761D

Workponds

direction

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Goh Seng Soon

License Number: **S1372084C**

Name: **GOH SENG SOON**

Birth Date: **05 Aug 1959**

Issue Date: **04 Sep 2003**

Barcode: **000801702A**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1372084C**

Portrait of Goh Seng Soon

Name: **GOH SENG SOON**

Chinese Name: **吳成順**

Race: **CHINESE**

Date of Birth: **05-08-1959**

Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class: **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

Valid Until: **22 Sep 1981**

License No: **S1372084C**

NP 428A

Barcode: **0508787**

Portrait of Goh Seng Soon

NRIC No: **S1372084C**

Blood Group: **A+**

Date of Issue: **07-09-1992**

APT BLK 76 MARINE DRIVE #05-01

SINGAPORE 440076

S1372084C

28/10/2013

CERTIFICATE OF INSURANCE

ACT 1987 (THE MOTOR VEHICLES THIRD PARTY RISKS AND COMPENSATION ACT) (CHAPTER 189)
MOTOR VEHICLES THIRD PARTY RISKS AND COMPENSATION (RULES) 1988 (ROAD TRANSPORT ACT 1987 (MALAYSIA))
MOTOR VEHICLES THIRD PARTY RISKS (RULES) 1990 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate must be retained by the insured, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.

The Certificate must be retained if the insurance is suspended during its currency.

Agency Code: 55722SE

Comprehensive

Insured/Named Drivers Excess: S\$750/- Sect 4

Uninsured Drivers Excess: S\$250/- Sect. 1 & additional S\$500/- Sect. 1 for age < 21 years or > 65 years & for N'pore D.L. < 2 years

Windscreen Excess: S\$100/-

CERTIFICATE NO.

M491316

1. Index Mark and Registration Number of Vehicle

SGF 8664 S

2. Name of Policy Holder

Goh Seng Soon

3. Effective date of the Commencement of Insurance for the purposes of the Act

25th April 2017

4. Date of Expiry of Insurance

24th April 2018

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 employees 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 on use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples or commodities made for trade or business or use for any purpose in connection with the Motor Trade.

The conditions and limitations in Schedule 1 of the Motor Vehicles Third-Party Risks and Compensation Act (Cap. 189) and Schedule 1A of the Motor Vehicles Third-Party Risks and Compensation (Rules) 1988 apply to the vehicle under this policy.

(WE) HEREBY CERTIFY that the Policy in which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles Third-Party Risks and Compensation Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Dated this 14th April 2017

for India International Insurance Pte. Ltd.
(APPROVED SIGNATURE)

MY APPROVED USE:
PRIVATE OWNERSHIP

Signature of Insured

IMPORTANT NOTICE

PLEASE BE AWARE that under the Motor Vehicles Third-Party Risks and Compensation Act (Cap. 189) it will be unlawful for any person to use a motor vehicle or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

PLEASE BE AWARE that in the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles Third-Party Risks and Compensation Act (Cap. 189).

If the vehicle is sold, the motor vehicle has been sent to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance to the new owner's name.

IN THE EVENT OF AN ACCIDENT THE CLAIMS SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL BE A BREACH OF THE POLICY.

Agent/ Broker Name: Thomas Lim

Hire Purchase Company: NA