

NATIONAL Assessment Centre Services

[Ref: Jan 2005]

Date In: 15/02/18

Ref No: NA/1118003070/13

Veh No: SKR 5939X

D.O.A: 14/02/18 1430

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

HUP 500W

Tel:

Fax:

TP Particulars:

Veh No:

SLP3077P

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Date:

Time:

Confirmed by: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Date & Time Completed

Done by

Injury:

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI2: Idac Mobile

Amt (\$)
In Bill

Amt (\$)
Add Bill

Invoice dated
Invoice dated

Fee Charged
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 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	15/02/2018 09:04
Date Of Accident	14/02/2018 14:30
Exact Location Of Accident	GEYLANG LORONG 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5939X
Insured/Policyholder	
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62849558

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	M494674
Cover Note Number	

Driver

Name of Driver	PEE WEAI CHONG
NRIC No	S7477268D
Date Of Birth	20/08/1974
Occupation	INDOOR
Date Of Driving Pass	26/01/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 715 JURONG WEST ST 71 #06-59
Postcode	640715
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLP2077P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BALU KOTTAITHAMBI
NRIC/Passport Number	S2664774F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:

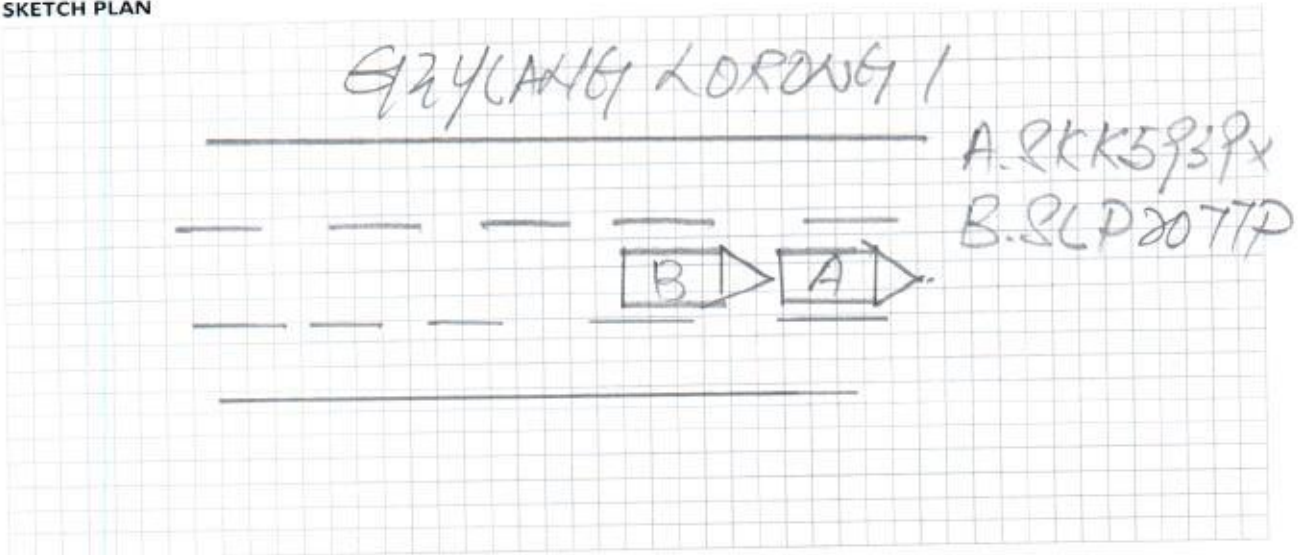
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VAN WAS STATIONARY OUT OF RUDDAN 1

FELT AN IMPACT FROM MY VAN REAR PORTION.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14/02/2018) (DD/MM/YYYY), TIME: (14:30) (HH:MM)

LOCATION: 824CANG LARONG 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8KK 53593PX
b) INSURANCE COMPANY: 777
c) POLICY NUMBER: 41494674
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA PRIMO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: DECCARY INTERIOR P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DEE WEAI CHONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 87477268B CONTACT:
c) ADDRESS: 8KK 715 JURONG WEST 8771 #08-59
(8) 640715

*d) DATE OF BIRTH: (20/08/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 years.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: STUFF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8LP2077P MODEL: MAZDA
b) DRIVER'S NAME: BALU KOTTAI THAMB
c) NRIC/FIN/PASSPORT: 82664774F CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
(0)

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of PEE WEAI CHONG

License Number: **S7477268D**

Name: **PEE WEAI CHONG**

Birth Date: **20 Aug 1974**

Issue Date: **10 Oct 2003**

Barcode: 000910104D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7477268D**

Portrait of PEE WEAI CHONG

Name: **PEE WEAI CHONG**

Chinese Name: **彭偉忠**

Race: **CHINESE**

Date of birth: **20-08-1974**

Sex: **M**

Country of birth: **MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	02 Nov 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jan 1999

Licence No: **S7477268D**

NP 428A

3844319

Barcode

NRIC No: **S7477268D**

Fingerprint

Date of issue: **03-12-2004**

APT BLK 715 JURONG WEST STREET 71 #06-50
SINGAPORE 640715

NRIC No: **S7477268D** Date: **08/02/2017**



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X

64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711

Office (65) 63476100 Email insure@iil.com.sg

Fax (65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1983 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1950 (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 returned to the insurer, 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 returned if the insurance is suspended during its currency.

Agency Code: 91374SE

Excess: Nil

Third Party Fire & Theft

Young &/or Inexperience Drivers Excess: \$2500/- All Claims for age <21 or > 65years &/or S'pore D.L. < 2years

CERTIFICATE NO.

M494674

1. Index Mark and Registration Number of Vehicle

SKK 5939 X

2. Name of Policy Holder

Delco Art Interior Pte Ltd

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

18th January 2018

4. Date of Expiry of Insurance

17th January 2019

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or 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.

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).

Date of Issue: SJ/30.11.2017

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)M.X. 4 (OFFICE)
PRIVATE CAR

Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on 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).

The Policy will cease to be valid once the motor vehicle has been sold 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 in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: Tan Shi Jack

Hire Purchase Company: Sweet Seng Credit Pte Ltd