

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 17/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/118008986/13	SAS e-filing		
Veh No: SJW 8316Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/05/18 1945	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: (	SMART	Tel:	Fax:
TP Particulars:	Veh No: SLF 7779S	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

NA1803118	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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) RT : 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		
Damaged Portion:	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	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 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	17/05/2018 16:04
Date Of Accident	16/05/2018 19:45
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW8316Y
Insured/Policyholder	
Name Of Registered Owner	MOK PEI SHAN JEAN
NRIC No	S8830104H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90620232
Alternative Phone No	OTHERS-90620232

Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496307
Cover Note Number	

Driver	
Name of Driver	MOK PEI SHAN JEAN
NRIC No	S8830104H
Date Of Birth	17/08/1988
Occupation	INDOOR
Date Of Driving Pass	16/06/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90620232
Fax Number	
Contact Number	OTHERS-90620232
EMail Address	NOEMAIL

Address	BLK 717 BEDOK RESERVOIR RD #08-4560
Postcode	470717
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	CHAIN COLLISION
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?	YES
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	SLF7779S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ284C
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKD7888H
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)

DETAILS OF INJURED PERSON 1

Name MOK PEI SHAN JEAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW8316Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

 17/05/18

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

SKETCH PLAN

PIE



DOA : 16/5/18

A: SJW 8316Y

B: SLF 7779J

C: SGZ 284C

D: SKD 7888H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C stopped, I followed suit but veh - B failed to brake in time hit onto my veh rear portion & due to the strong impact my veh moved forward & hit veh C. Later I realised there was veh D involved. (my vehicle totally came to stop when veh B hit me)

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118064456 Vehicle Registration No: SW8316Y
Name (as shown in NRIC) : MOK REISHAN JEAN NRIC/FIN/Passport No : S88301044
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 717 BEDOK RESERVOIR RD #08-4560 470717 Singapore ()
Contact (Tel) : _____ Mobile No. : 90620232
Email Address : _____
Date of Accident : 16/05/18 Time of Accident : 19:45
Place of Accident : PIC TWAS CHANGI
Insurance Company : INDIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN INJURIES

Policyholder / Driver's Signature
Date:

sfym 17/05/18

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

Personal Particulars

Date of Accident: 16/5/18 Time of Accident: 7.45 pm
Exact Location of Accident: P1E towards Changi
Owner's Name: Mok Pei Shan Jean NRIC No: _____ HP No: 90620232
Driver's Name: N NRIC No: _____ HP No: _____
Date of Birth: _____ Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: 2 _____
Relationship of Driver with Insured: _____ Email Address: _____
Vehicle No: STW 83164 Make & Model: Suzuki
Insurance Co: Indra Coverage: Comprehensive Policy No: M496037
*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work
*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____
*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B: 1+2 C: 1+2 D: _____
*Was Anybody Injured? (Yes / No) If yes,
Name / NRIC / In Vehicle: Mok Pei Shan Jean neck & back
*Was The Accident Reported To The Police?
☐ No ☐ Yes, Which Police Station? _____
*Does the Driver Own Any Other Vehicle?
☐ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SLF 77795 Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8830104H

Name

MOK PEI SHAN, JEAN
(MO PEISHAN)

莫佩珊

Race
CHINESE

Date of birth
17-08-1988

Sex
F

Country of birth
SINGAPORE



339348

339348



NRIC No. S8830104H



Date of issue
08-09-2003

Address

APT BLK 717 BEDOK RESERVOIR ROAD
#08-4560
SINGAPORE 470717

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

16 Jun 2008



Licence No. S8830104H

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8830104H

Name

MOK PEI SHAN, JEAN
(MO PEISHAN)

Birth Date: 17 Aug 1988

Issue Date: 16 Jun 2008



001614063F

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)

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: **61301SE**

Comprehensive

Insured/ Named Drivers Excess: **\$600/- Sect I**

Unnamed Drivers Excess: **\$1100/- Sect. I & additional \$2500/- Sect. I for age < 21 years or > 65 years &/or S'pore D.L. < 2 years**

Windscreen Excess: **\$100/-**

CERTIFICATE NO.

M496307

1. **Index Mark and Registration Number of Vehicle**

SJW 8316 Y

2. **Name of Policy Holder**

Mok Pei Shan Jean

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

17th March 2018

4. **Date of Expiry of Insurance**

20th April 2019

5. **Person 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 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 imperative 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: **hh/15.03.2018**

for **India International Insurance Pte. Ltd.**
(APPROVED INSURERS)

M.N. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP



Authorized 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: **M Plus**

Hire Purchase Company: **NA**