

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 23/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/1118009380/13	SAS e-filing		
Veh No: 54C66055	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/05/18 1800	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: (R1060 AUTO	Tel:	Fax:
TP Particulars:	Veh No: SKX63934	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

NA1803247

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st 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:-		
	ON*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice date/	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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	23/05/2018 14:55
Date Of Accident	22/05/2018 18:00
Exact Location Of Accident	DUNEARN RD B4 ESSO,VANDA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC6605S
Insured/Policyholder	
Name Of Registered Owner	QUEK YEOW CHONG
NRIC No	S0004247A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94347940
Alternative Phone No	OTHERS-94347940

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	M066467/17/1000
Cover Note Number	

Driver

Name of Driver	QUEK YEOW CHONG
NRIC No	S0004247A
Date Of Birth	18/06/1936
Occupation	INDOOR
Date Of Driving Pass	27/02/1962
Driving Experience	56 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94347940
Fax Number	
Contact Number	OTHERS-94347940
Email Address	NOEMAIL

Address	52 HUME AVENUE #05-16
Postcode	596230
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?	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	SKX6393U
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	SJN4405Y
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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)

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:

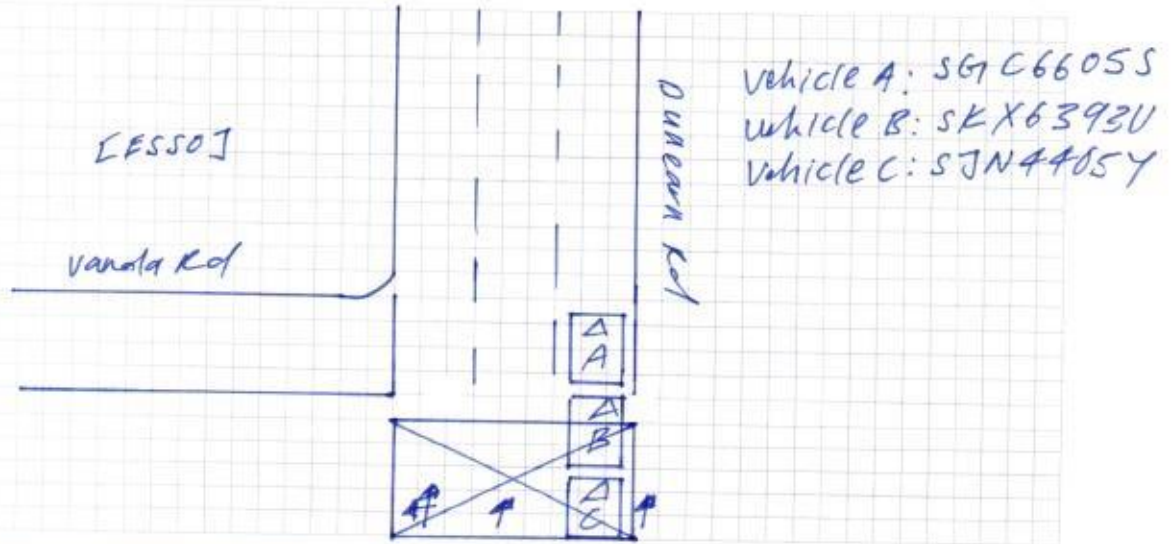


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/05/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, was travelling on the stated road. As traffic was heavy, vehicles were slow-moving. Suddenly, vehicle B hit into my vehicle rear part. I am involved in a 3 vehicles chain collision.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 23/05/18

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

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 05 / 2018 (DD/MM/YYYY), TIME: 18 : 00 (HH:MM)

LOCATION: Dumeara Rd before ESSO, Vanda Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC66055
b) INSURANCE COMPANY: India
c) POLICY NUMBER: M066467/17/1000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda City
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Quek Yoon Chong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0004247A CONTACT: 9434 7940
c) ADDRESS: 52 Hume Avenue #05-16 S(596230)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 18 / 06 / 1936 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 56

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SKX6393V MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJN4405Y MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01)

Email = vico60autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0004247A



Name
QUEK YEOW CHONG



郭耀宗
Race
CHINESE
Date of Birth
18-06-1936
Country of Birth
SINGAPORE

Sex
M

S0004247A

REPUBLIC OF SINGAPORE DRIVING LICENCE

QUEK YEOW CHONG

18 Jun 1936

16 Jun 1960

S0004247A



0928839



NRIC No. S0004247A



Blood Group
O+

Date of issue
02-05-1993

52 HUME AVENUE #05-16
SINGAPORE 596230

NRIC No. S0004247A


Date: 16-12-2002

No. 4588639

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	16 Jul 1960
Class 2A	Motorcycles between 201 cc and 400 cc	16 Jul 1960
Class 2	Motorcycles exceeding 400 cc	16 Jul 1960
Class 3	Motor Cars and Motor Tractors the weight of which (combined) does not exceed 2500 kilograms	17 Feb 1962

NRIC No. S0004247A



Excess: \$1000 on Sect II on driver below 26
& above 65 years of age &/or less
than 2 years Singapore Driving
Licence

NO EXCESS ON THE INSURED UNDER ENDT M22B
CERTIFICATE NO

M066467/17/1000

M066467/17/1000

1. Index Mark and registration
Number of Vehicle **SGC 5605 S**
2. Name of Policy Holder **QUEK YEOW CHONG**
3. Effective date of the Commencement
of Insurance for the purposes of
the Ordinance **24 JAN 2018**
4. Date of Expiry of Insurance **23 JAN 2019**
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 policyholders 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
made driving the Motor Vehicle.

6. Instructions as to use*
(a) Only for social, domestic and pleasure purposes and for the
Policyholder's business.
(b) Policy does not cover use for hire or reward, racing, pace-
making, liability trial, speed testing, or the carriage of goods
(except samples) in connection with any trade or business
or any other purpose in connection with the Motor Trade.

* Instructions rendered Inoperative by Section 79 of the Road
Traffic Ordinance 1958 (Federation of Malaya) or Section 7 of the
Motor Vehicles (Third Party Risks and Compensation) Ordinance
1980 (Republic of Singapore) are not to be included under these
headings.

WE HEREBY CERTIFY that the Policy to which this Certificate
relates is issued in accordance with the provisions of part IV of the
Road Traffic Ordinance 1958 (Federation of Malaya) and Motor
Vehicles (Third Party Risks and Compensation) Act (Cap 68 of the
Revised Edition)/(Amendment) Act 1980 (Republic of Singapore).

15.12.2017/ja for India International Insurance Pte. Ltd.
(APPROVED INSURERS)
U. I. ENTERPRISE

FOR PRIVATE CAR)
FOR THE OWNERSHIP

AS CHIEF AGENT