

NATIONAL Assessment Centre Services

Form 1 (2005)

MMA 118121031

Date In: 18/11/18 13:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA112218016968164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: G0H 4899K	i-Motor Claim Form		
DOA: 17/11/18 11:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: Reporting Only	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: SKX 69360. 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

MA1805933

Invoice Preparation Checklist

Amt (\$) In Bill Amt (\$) Adj. Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 16 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idao Mobile 30		
	TP (N11): TP (Non INC) against INC \$20		
	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 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	18/09/2018 13:30
Date Of Accident	17/09/2018 11:45
Exact Location Of Accident	CHAI CHEE LANE TWDS CHAI CHEE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4889K
Insured/Policyholder	
Name Of Registered Owner	HARMONY FURNISHING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62436137

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000356
Cover Note Number	-

Driver

Name of Driver	TEO HOCK LAI
NRIC No	S6846851E
Date Of Birth	09/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90258168
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 82 STRATHMORE AVE #10-144
Postcode	141082
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?	
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

PLEASE REFER TO 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	SKX6936D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS OH
NRIC/Passport Number	
Contact Number	83990122
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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

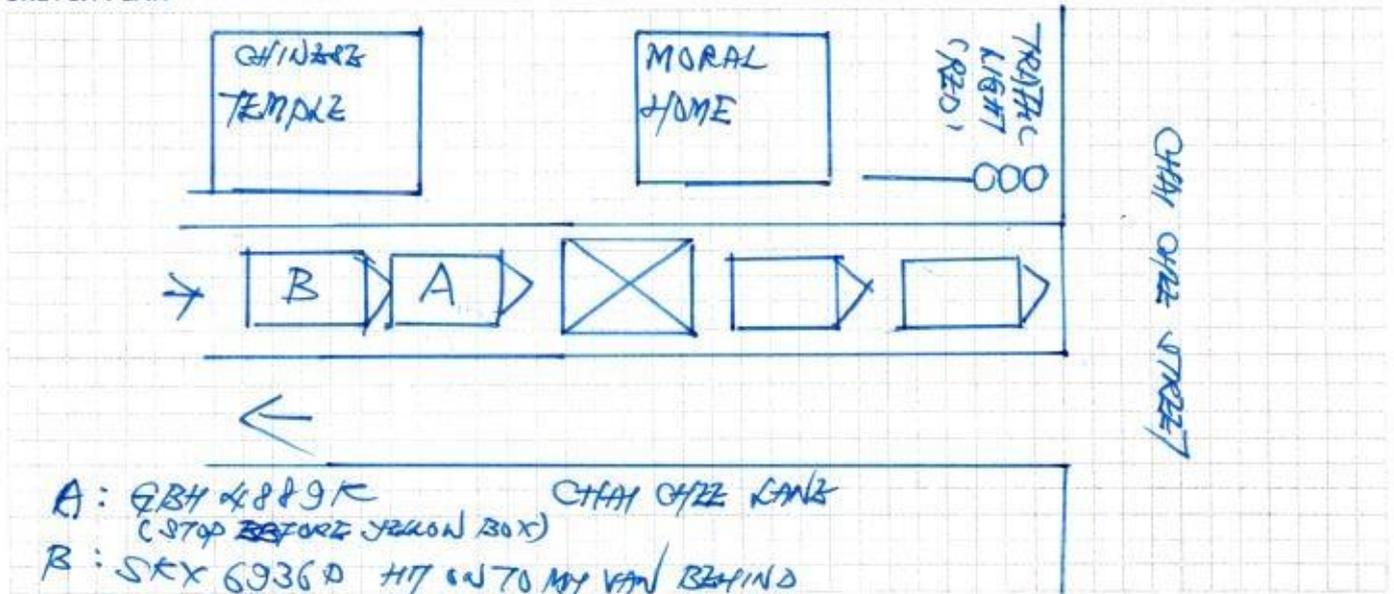
Date & Time: 18/09/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On day 17th September 11:45am, due to traffic light turned red I stopped my vehicle (GBH4889K) before the yellow box. Suddenly, I got a bang my van from my rear. I came out from my van to check the driver and she perfectly fine. I checked my vehicle and her vehicle (SKX6936D) damaged, and she admitted her fault and apologised.

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: 18/09/18

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

HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

Accident Information

1 Date of Accident : 17/09/18 Time(base on 24hrs): 11:45 AM

2 Location : CHAI CHEE LANE TOWARDS CHAI CHEE STREET

3 Weather condition : Clear / Rain Road Surface : Dry / Wet

4 Claiming under : Own Damage _____ Third Party YES Reporting Only _____

5 Injuries : Yes / No Type Of Collision : TRUCK TO REAR T/P HIT INSURED

6 Witness Name / Hp : XIK

7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : GBH 4889K Model : TOYOTA YARIS VAN

Policy Holder Name : HARMONY FURNISHING PTE LTD

Policy I/C No. : 200507314K Contact: 62436137

Policy Address : 15, SENANG CEMENT, S 416588

Policy No. : D18MCV0000356 Cover : Comp / 3rd pty / Fire n Theft

Insurance Company: INDIA INTEX. INP. No Of Pax 1 (including Driver)

1) XIK Sex(Male / Female)

2) XIK Sex(Male / Female)

Driver Particulars

Name : MR TEO HOCK KAI NIRC S 6846871E DOB: 09/12/68

Address : BLK 82, # 10-144, STRATHMORE AVE, S 141082

Pass Date: 24/5/91 Gender : Male / Female Occupation: Indoor / Outdoor

Contact :HP 90258168 Office _____ Home _____

Email _____ Relationship: Spouse/Children/Friend/Relative
Employee/Hirer/Parent/Sibling

VEHICLE B : VTX 69360 Model: XIK VAN Insurance : _____

Driver Name : MR OH I/C No. : _____

Contact No. : 83990122

REPUBLIC OF SINGAPORE DRIVING LICENCE

TEO HOCK LAI

09 Dec 1968

23 Apr 2004

0012031600



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6846851E

TEO HOCK LAI

張福來

CHINESE

09-12-1968

SINGAPORE



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

24 May 1991

Licence No: S6846851E



TEO HOCK LAI

NRIC No: S6846851E

16-02-1993

API BK 82 STRATHMORE AVENUE #10-144

SINGAPORE 113082

Date: 06/08/2009 (R) No: 6233047





ACCIDENT REPORTING CENTRE
& AUTHORISED WORKSHOP:
HUP MOTOR TRADING & SERVICE
BLK 9004 TAMPINES STREET 93
#01-120 SINGAPORE 528838
TEL: 67840039 (24 hrs) HP: 98154655
Email: hupmotor@gmail.com

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No: 198703792k | GST Reg. No: M2-007RR06-X
rd | 102nd Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@ii.com.sg
Fax (65) 62244174 Website www.ii.com.sg

CERTIFICATE OF INSURANCE

Road Tax Expiry Date : 13/06/2019

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.: D18MCV0000356		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBH4889K	
Chassis No	: JTFHT02P900242961	
2. Name of Policyholder	: HARMONY FURNISHING PTE LTD	
3. Effective date of Insurance	: 19 Jun 2018	
4. Expiry date of Insurance	: 18 Jun 2019	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
*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.		
Excess Section I : SGD 600.00 Windscreen Excess: SGD 100.00 Hire Purchase Company : Maybank		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 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	: M Plus Consultancy	For India International Insurance Pte Ltd  R. Ravindra Kumar MD & CEO
Date of Issue	: 20/06/2018 14:09:47	
MZ300C (GOODS CARRYING)		
COMPANY		