

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA11818745

Date In: 25/12/18-14:57	Job description	Date & Time Completed	Done by
Ref No: NA/231801945924	SAS e-filing		
Veh No: 5R52424	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 25/12/18-12:00	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: 5R52424

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

for Bill

Add Bill

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

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA180659~

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 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 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. 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	25/10/2018 14:57
Date Of Accident	25/10/2018 10:00
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5242Y
Insured/Policyholder	
Name Of Registered Owner	THE TITULAR ROMAN CATHOLIC ARCHBISHOP OF SINGAPORE
Co Reg No	T08CC4023D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M495060
Cover Note Number	

Driver

Name of Driver	CHEONG SENG LUONG VALERIAN
NRIC No	S1808689A
Date Of Birth	15/12/1967
Occupation	INDOOR
Date Of Driving Pass	31/05/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92763664
Fax Number	
Contact Number	OFFICE-92763664
EMail Address	NOEMAIL

Address	618 UPPER BUKIT TIMAH ROAD #02-01
Postcode	678214
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	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

REFER TO 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	SKD984J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS PERRIN CHIAM
NRIC/Passport Number	S1201820G
Contact Number	81284836
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

25/10/2018

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

25/10/18

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



SKETCH PLAN

PIE towards Changi (before Lornie Rd Exit) on Lane 1

A = SJR5242Y

B = SKD984J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Changi on Lane 1 and the car (B) in front of mine braked and I hit the rear of the car. Road condition was clear but heavy.

DECLARATION

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

Pam Rahmay
Policyholder's Signature

Date & Time:
25/10/2018

SGR/MTC Sketch of Accident, V2

Valery
Driver's Signature

(If driver is not the policyholder)
Date & Time: 25/10/18

Chop

[Signature]
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 25 OCT 2018 Time 10:00 Hrs
 Exact Location Of Accident * PIE towards Changi before Lorong Rd Exit @ Lane 1

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SJR 5242 Y
 Insured Policy Number
 Name of Registered Owner * The Titular Roman Catholic Archbishop of Singapore
 NRIC/FIN/Passport Number * T08CC4023 D

Manufacturer Toyota
 Model VIOS
 Exact Purpose for which vehicle was being used at time of accident
 * Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify
 Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☒ No ☐ Others ☐
 If No, please state action to be taken
 * Third Party Claim ☐ Reporting Only ☐
 Vehicle Category
 * Private ☐ Commercial ☐ Motorcycle ☒

Insurance Company
 Name of Insurance Company * India International Insurance P/L
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes ☐ No ☐
 Policy Number * M495060
 Cover Note Number

Driver
 Name of Driver * VALERIAN CHEONG
 NRIC/FIN/Passport Number * S1808689A
 Date of Birth * 15 DEC 1967
 Occupation * TEACHER (PRIEST)
 Date of Driving Pass * 31 MAY 2005
 Gender * Male ☒ Female ☐
 Mobile Number * 92763664
 Address * 618, BUKIT TIMAH ROAD, #02-01 SINGAPORE (678214)
 Email Address * V

Was driver an employee of the Insured's Company?
 * Yes ☒ No ☐
 If no, Relationship of the Driver with the Insured
 *

Vehicle Registration Number of Driver's Own Vehicle (if applicable) _____
Insurance Company of Driver's Own Vehicle (if applicable) _____

General Information of the Accident

Type of Accident * FRONT TO REAR
Weather Conditions * Clear ☒ Raining ☐ Others _____
Road Surface * Dry ☒ Wet ☐ Others _____

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☐ No ☐

Details of Injured Person

Name * _____
Address _____
Approximate Age * _____
Injuries Sustained * _____
If vehicle Occupants, state in which vehicle? _____
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☐
If Yes, please state which Police Station _____
Was notice of intended Prosecution given? * Yes ☐ No ☐
If Yes, against whom? _____

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SKD 984 J
Vehicle Make / Model / Colour TOYOTA
Detail Of Properties _____
Name of Driver * MS PERIN CHIAM
NRIC/Passport Number 512018206
Contact Number * 81284836
Email Address perinchiam777era@gmail.com
Address _____
Insurance Company Name _____
Nature of Damage _____

Details Of Witness

Name _____
Phone Number _____
Email Address _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTIFICATION: S1808689A

CHEONG SENG LUONG
VALERIAN

Birth Date: 15 Dec 1967
Valid Until: 31 May 2005

001345256G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1808689A

Name
CHEONG SENG LUONG
VALERIAN
张 成 龙

Race
CHINESE

Date of birth
15-12-1967

Sex
M

Country of birth
SINGAPORE

S1808689A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor tractors / vehicles < 2500 kg

31 May 2005

NP 428A

License No: S1808689A

4103364

NRIC No: S1808689A

Date of issue
20-09-2007

816 UPPER BUKIT TIMAH ROAD #02-01
SINGAPORE 670211

NRIC No: S1808689A Date: 17/09/2018

Authorised workshop for Windscreen claim Glass-Fix Pte Ltd	
a. 52 Ubi Avenue 3 #04-42 Frontier E Park S(408867)	Tel: 6278 0887
b. 1 Bukit Batok Crescent #08-11 Weega Plaza S(658064)	Fax: 6749 0541

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.

SFXMS

Agency Code: **45060SE**

Comprehensive

Excess: **\$500/- Sect I**

Young & Inexperienced Drivers Excess: **Additional \$750/- Sect. I for driver age < 21 years or >65 years &/or S'pore D.L. < 2 years**

CERTIFICATE NO.

M495060

1. Index Mark and Registration
Number of Vehicle

SJR 5242 Y

2. Name of Policy Holder

The Titular Roman Catholic Archbishop of Singapore

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

01st January 2018

4. Date of Expiry of Insurance

31st December 2018

5. Person or Classes of Persons entitled to drive*

Any 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 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/28.12.2017**

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: **Jardine**

Hire Purchase Company: **NA**