

NATIONAL Assessment Centre Services (wef: 1 Jan 2005)

Date In: 02/11/2018 17:31	Job description	Date & Time Completed	Done by
Ref No: NA/III18019972/K4	SAS e-filing		
Veh No: SJF7925K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/11/2018 07:00	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: SJH 727B 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

NA1807114

Claimant's Particulars: Invoice Preparation Checklist Amt (\$) Add Bill Amt (\$) Add Bill

Driver/Owner: 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120

Damaged Portion: 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)

QC Checked by (Engr-In-Charge): 6) TR: Re-inspection \$75 7) N1: Idao DA + SMRT Survey \$160

Auditors Comments: 8) NTUC Additional Services: ON*

Pat. 1: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10

Pat. 2/3: *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N/n INC) against INC \$20 9) N12: Idao Mobile 30 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 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	02/11/2018 17:31
Date Of Accident	02/11/2018 07:00
Exact Location Of Accident	JB CUSTOM TWDS WOODLANDS CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7925K
Insured/Policyholder	
Name Of Registered Owner	NORLEILA BINTE SALLEH
NRIC No	S1613299C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94488477
Alternative Phone No	OTHERS-94488477

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA ESTATE 1.6 AT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18MPC00013301
Cover Note Number	

Driver

Name of Driver	OSMAN BIN SALIM
NRIC No	S0124514G
Date Of Birth	23/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94488477
Fax Number	
Contact Number	OTHERS-94488477
EMail Address	NOEMAIL

Address	BLK 687C WOODLANDS DRIVE 75 #01-55
Postcode	733687
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : MALE

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	SJH727B
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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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

JB Custom towards Woodlands Custom

A-SJF1925K
B-SJH 727B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving ~~Along~~ along JB Custom towards Woodlands Custom. Vehicle B suddenly horn from behind and Vehicle A stop and ask him what happens to Vehicle B driver. Vehicle B told that Vehicle A make the scratchness. Then he said that he wants to claim from my Company.

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.:

REPUBLIC OF SINGAPORE
ENTITY CARD NO. S0124514G

Name
OSMAN BIN SALIM

Photo

Race
MALAY

Date of Birth
23-07-1953

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S0124514G

Name
OSMAN BIN SALIM

Birth Date
23 Jul 1953

Issue Date
28 Jul 2004

Photo

Barcode
001264747G

3243323

Barcode

NRIC No. **S0124514G**

Photo

Blood Group
O+

Date of issue
15-01-2001

APT BLK 687C WOODLANDS DRIVE 75 #01-55
SINGAPORE 733887

NRIC No: **S0124514G** Date: **22/07/2015**

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 9 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
13 Jul 2004

Barcode
Licence No: **S0124514G**

NS 428A

CERTIFICATE OF INSURANCE


51613 299C

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. : 18MPC00013301		COVER: Third Party Only	
1. Index Mark and Registration Number of Vehicle	:	SJF7925K	
Chassis No	:	KL1NA356E8H104001	
2. Name of Policyholder	:	NORLEILA BINTE SALLEH	
3. Effective date of Insurance	:	11/06/2018	
4. Expiry date of Insurance	:	10/06/2019	
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.			
Limitations as to use*			
Use only for social, domestic and pleasure purposes and for the Policyholder's business.			
The Policy does not cover			
a)	Use for hire or reward.		
b)	Use for racing, pace-making, reliability trial, speed-testing.		
c)	Use for the carriage of goods other than samples in connection with any trade or business.		
d)	Use for any purpose in connection with the Motor Trade.		
<i>*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>			
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 : SUNMEX ENTERPRISE-87396SE-001			
Date of Issue : 21/05/2018 13:29:49			
MX1			

Signed for and on behalf of the Company



Authorised Signatory