

NATIONAL Assessment Centre Services.

(ref 1 Jan 03)

MMA 418157655

Date In: 22/11/2018 / 17:21	Job description	Date & Time Completed	Done by
Ref No: NBA/11/002170/Y	SAS e-filing		
Veh No: SKX 6553A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/2018 / 16:50	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: GBD 858VJ	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 repelior.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:	INC () / Non-INC ()	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:

MMA 1807668	
Client's Particulars:	Invoice/Registration Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ref 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OR:
	* NS: Courtesy Car / Tpt Allowance \$5
	* NG: Repair Co-ordination \$10
	* NP: Post Repair Inspection \$25
	* ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: 1 day Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	22/11/2018 17:21
Date Of Accident	21/11/2018 16:50
Exact Location Of Accident	ALONG TUAS SOUTH SOUTH AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6553A
Insured/Policyholder	
Name Of Registered Owner	LAM NAM MEE JOSEPHINE
NRIC No	S0178500A
Email Address	LIZ.LAIST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91590430
Alternative Phone No	OTHERS-97972524

Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MPC0001199
Cover Note Number	

Driver

Name of Driver	LAI SHI TING, ELIZABETH
NRIC No	S8701468A
Date Of Birth	18/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97972524
Fax Number	
Contact Number	OTHERS-91590430
EEmail Address	LIZ.LAIST@GMAIL.COM

Address	37 GREENLEAF PLACE
Postcode	279439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	AFTER RAIN
Road Surface	WET

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

PLEASE REFER TO SKETCH

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	GBD8584J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH MING SAI
NRIC/Passport Number	S6807757E
Contact Number	96621589
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

SKETCH PLAN

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. 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.

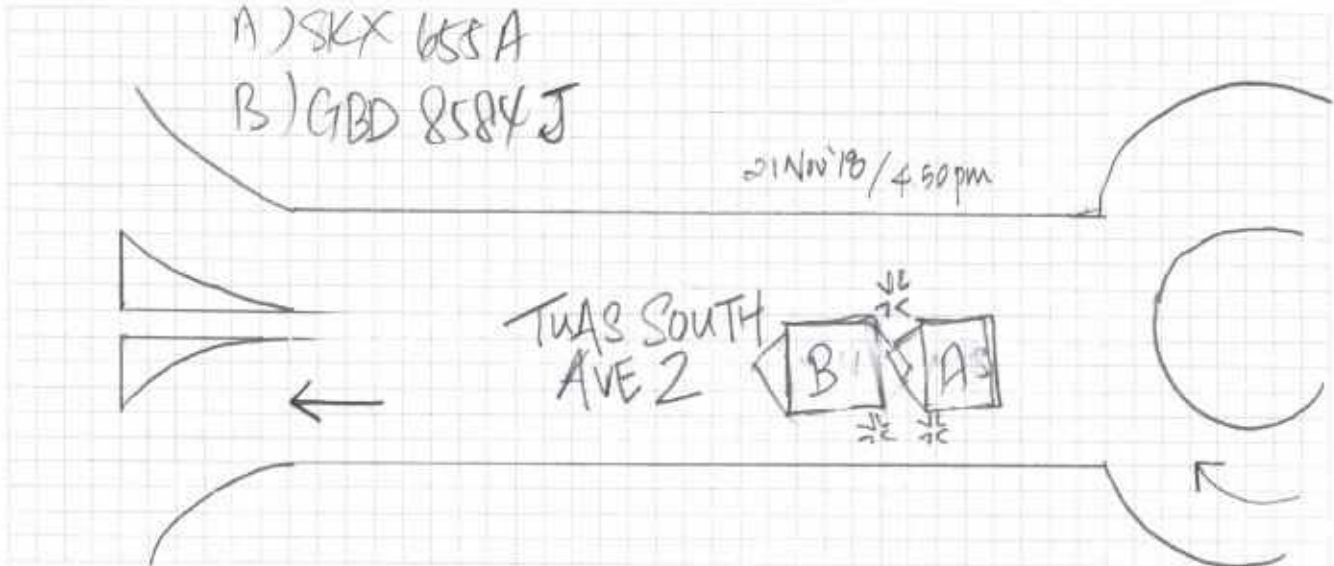
Policyholder's Signature

Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on Tuas South Ave 2, 21 November 2018, 4:50pm. Vehicle (SKX 6553A) hit the rear of vehicle B GBD 8584J while waiting for the red light to clear.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2008 (DD/MM/YYYY), TIME: 18.50 (HH:MM)
LOCATION: Alumut Tuar South Avenue 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX655A
b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE
c) POLICY NUMBER: MR054HY9104001828
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YARIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE / PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LAM NAM MEE JOSEPHINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0179500A CONTACT: 91591450
c) ADDRESS: 37 GREENLEAF PLACE (S) 279439

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAI SHI TUNG ELIZABETH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S870468A CONTACT: 97972524
c) ADDRESS: 37 GREENLEAF PLACE (S) 279439

* d) DATE OF BIRTH: 19/01/1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13/10/2006

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AFTER RAIN

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: G8D8584J MODEL: NISSAN VAN
b) DRIVER'S NAME: TOH MING SAI
c) NRIC/FIN/PASSPORT: S6807757E CONTACT: 96621589

9. THIRD PARTY VEHICLE

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

97983689

ANM

Email = liz.laist@gmail.com

Fax =

VIDEO

No of passengers
(Including driver)
(1)

No of passengers
(Including driver)
(2)

No of passengers
(Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8701468A



Name

LAI SHI TING, ELIZABETH

黎诗婷

Race

CHINESE

Date of birth

18-01-1987

Country/Place of birth

SINGAPORE

Sex

F



S8701468A

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8701468A

Name

LAI SHI TING, ELIZABETH

Birth Date: 18 Jan 1987

Issue Date: 25 Jun 2010



001869218D

5818507



NRIC No. S8701468A



Date of issue

25-10-2017

Address

37 GREENLEAF PLACE
SINGAPORE 279439

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

EFFECTIVE DATE

Class 1 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 13 Oct 2006

NP-328A



License No: S8701468A



陳兄弟保險代理有限公司
INDIA INTERNATIONAL INSURANCE PTE LTD
TAN BROTHERS INSURANCE AGENCIES PTE LTD
10 ANSON ROAD, #11-16
INTERNATIONAL PLAZA SINGAPORE 049711
TEL: (65) 6220 1822 FAX: (65) 6224 6806
E-MAIL: tan.brothers@tbsgroup.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MPC0001199		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SKX6553A	
Chassis No	: MR054HY9104001828	
2. Name of Policyholder	: LAM NAM MEE JOSEPHINE	
3. Effective date of Insurance	: 30 Aug 2018	
4. Expiry date of Insurance	: 29 Aug 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 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	
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.	
*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.		
Hire Purchase Company	N.A.	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS 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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD	For India International Insurance Pte Ltd	
Date of Issue : 08/08/2018 15:33:13		
MX1-Private Car (Insured Driving)		
	 R. Ravindra Kumar MD & CEO	

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 : MNAY18151655 Vehicle Registration No: SKX6553A
Name (as shown in NRIC) : MNAY18151655 NRIC/FIN/Passport No : S8701468A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9797-2524
Email Address : _____
Date of Accident : 21/11/2018 Time of Accident : 16:50
Place of Accident : Along Tuas South Ave 2
Insurance Company : INDIA INTERNATIONAL

(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:

Inserted Vehicle Number 70 SKX6553A

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rafli W M J
NRIC/FIN No.:
Date: 28/11/2018