TIONAL Assessment Centre Services. [ver 1 Jan'09]

	Job description	Date & Time Completed	Done by
Date: 11/12/18	SAS e-filling		
NA/III 18022244/13	E-mail (Within 3hrs, AIC 2hrs)		
SKG5564L	I-Motor Claim Form		
10/12/18 1500	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
(TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Workshop / INC Assign Wksp / OW: (Tel: Fax:)

Particulars: Veh No: XB8446A 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: ( )

Follow-Ups: (INC hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )		
CC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > $3000] ( )		

Remarks:

Date & Time	Actions

NH1808146

Claimant's Particulars:

Car Owner:

Claim No:

Charged Portion:

Checked by (Engr-In-Charge):

Other Comments:

Invoice Preparation Checklist		Amt ($) Ad Bill	Amt ($) Ad 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) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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		
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 witholding 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	11/12/2018 09:14
Date Of Accident	10/12/2018 13:00
Exact Location Of Accident	NEYTHAL RD DESIGNATED PARALLEL PARKING LOT NO 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5564L
Insured/Policyholder	
Name Of Registered Owner	DENG LU
NRIC No	S8477842G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98005319
Alternative Phone No	OTHERS-98005319
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VOXY
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	M494482
Cover Note Number	
Driver	
Name of Driver	DENG LU
NRIC No	S8477842G
Date Of Birth	23/08/1984
Occupation	INDOOR
Date Of Driving Pass	05/08/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98005319
Fax Number	
Contact Number	OTHERS-98005319
EMail Address	NOEMAIL

Address	BLK 509 WOODLANDS DRIVE 14 #12-15
Postcode	730509
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	COLLIDED INTO PARKED VEHICLE
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)	0

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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8446A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

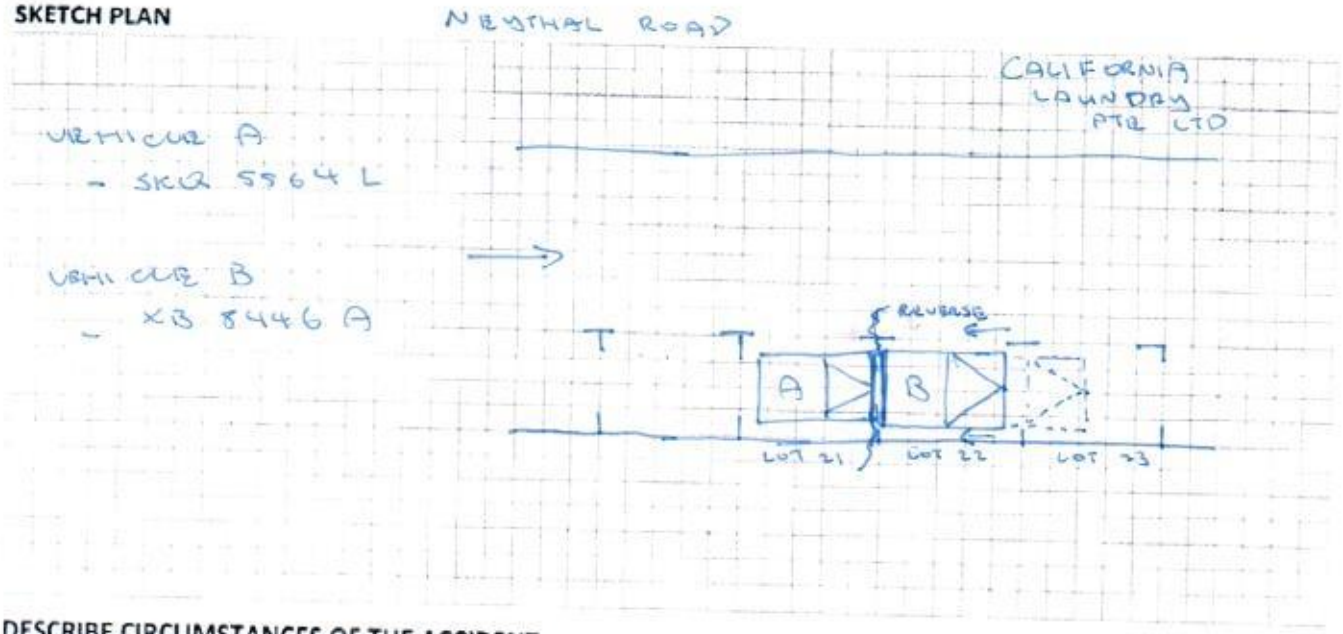
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	11/12/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY PARKED IN A DESIGNATED PARKING LOT ALONG NEYTHAL ROAD.

WHILE I WAS AWAY FROM MY VEHICLE NEARBY, AND ABOUT 1300 HRS SOMEONE CAME OVER AND INFORMED ME THAT MY VEHICLE WAS INVOLVED IN A ACCIDENT. SO I WENT OVER TO MY VEHICLE WHERE THE DRIVER OF VEHICLE (XB 8446 A) WAS THERE WAITING FOR ME.

SOON AFTER EXCHANGE OF PARTICULAR, WE AGREED TO PROCEED WITH INSURANCE CLAIM.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SKQ 5564 L
VEHICLE B - XB 8446 A

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:	11/12/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	SKQ 5564 L	**Model / Make**	TOYOTA VOXY
Date of Accident	10/12/18		
Time of Accident	1300 **HRS**		
Location of Accident	NEWTHAL ROAD, DESIGNATED PARALLEL PARKING LOT 21.		
Exact purpose use during accident	STATIONARY PARKED IN LOT		
Name of Owner	DENG LU		
Telephone No.	**H/P :** 98005319 **Home :**	**Office :**	
NRIC	S8477842G		
Address	BLK 509 WOODLANDS DR 14 #12-15 S(730509)		
Claim type	**OD** **THIRD PARTY** **REPORTING ONLY**		
Insurance Company	INDIA INTERNATIONAL		
Type of Coverage	**Comprehensive** **Third Party** **Third Party / Fire /Theft**		
Policy No.	01294SE / M494482		
Name of Driver	**As Above** **If No,**		
NRIC		**Any Passengers :**	NIL
Date of birth	23 AUG 1984		
Occupation	**Outdoor** / **Indoor**		
Driving License Pass Date	05 AUG 2015		
Gender	**Male** / **Female**		
Contact No.	**H/P :** **Home :**	**Office :**	
Address			
Driver have any own vehicle	**No,** **If yes, Reg No.**		
Relationship	**Employee,** **If no, state**	OWNER	
Weather condition	**Clear** **Raining** **Other**		
Road Surface	**Dry** **Wet** **Other**		
Any Injuries	**No,** **If Yes, Who?**		
Name And Contact No.			
Name And Contact No.			
Police Report	**No,** **If Yes, Where?**		
Vehicle B No.	XB 8446 A	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		**Witness Contact :**	
Accident Portion	FRONT PORTION		
Camera Recorder	**Yes / No**		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		**Yes / No**	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	**6842 0051 / 6744 0510**		
CONTACT PERSON	IAN		
FAX NO	**6741 0510**		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8477842G

Name

DENG LU

邓璐

Race

CHINESE

Date of birth

23-08-1984

Sex

M

Country/Place of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8477842G

Name

DENG LU

Birth Date 23 Aug 1984

Issue Date 05 Aug 2015

002459411G

SG 50

5311597

NRIC No. S8477842G

Date of issue

29-05-2014

Address

APT BLK 509 WOODLANDS DRIVE 14
#12-15
SINGAPORE 730509

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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	05 Aug 2015

Licence No:S8477842G

NP 428A

INDIA INTERNATIONAL INSURANCE SINGAPORE

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711
Office (65) 63476100 Email: insure@iii.com.sg
Fax (65) 62244474 Website: www.iii.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)

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.

Agency Code: **01294SE**
Comprehensive

Insured/ Named Drivers Excess: **$600/- Sect I**
Unnamed Drivers Excess: **$1100/- Sect. I & additional $2500/- Sect. I for age < 21 years or >65 years &/or S'pore D.L. < 2 years**
Windscreen Excess: **$100/-**

CERTIFICATE NO. M494482

1. **Index Mark and Registration Number of Vehicle** SKQ 5564 L
2. **Name of Policy Holder** Deng Lu
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 21st December 2017
4. **Date of Expiry of Insurance** 20th December 2018
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

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: **Fy /16.11.2017**

for **India International Insurance Pte. Ltd.**
(APPROVED INSURERS)

Authorised Signatory

M.X. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP

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 or 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 AN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Asia One**

Hire Purchase Company: **DBS Bank Ltd**