

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 14/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/11/19002786/13	SAS e-filing		
Veh No: 5ME97145	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/02/19 0650	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: (HUP 800N) Tel: Fax:)

TP Particulars: Veh No: GBF9037E 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. ()

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

NA1901292

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	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 \$0		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 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	14/02/2019 15:24
Date Of Accident	14/02/2019 06:50
Exact Location Of Accident	TPE TWDS SLE(SELETAR WEST LINK)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME9714J
Insured/Policyholder	
Name Of Registered Owner	AWESOME GAMING PTE LTD
Co Reg No	201716372Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98635688
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	C01100
Cover Note Number	
Driver	
Name of Driver	ALEX LIM JIE WEI
NRIC No	S9042275H
Date Of Birth	12/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076401
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 286C COMPASSVALE CRESCENT #09-115
Postcode	543286
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

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	GBF9037E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN YONG SENG
NRIC/Passport Number	
Contact Number	90217921
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCQ2118G
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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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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)**

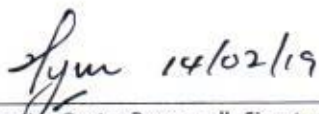
I understand, acknowledge, agree and consent that:

- (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.



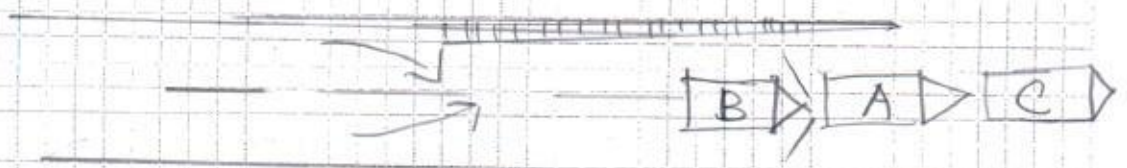
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

TPE TOWARDS SLE (SELETAR WEST LINK)



(A) SME 9714J

(B) GBF 9037E

(C) SCQ 2118G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TPE TOWARDS SLE.
I NOTICED A FEW CARS INFRONT SLOWED DOWN TO STOP SO I
FOLLOWED. SUDDENLY I FELT AN IMPACT FROM THE REAR OF
MY VEHICLE. WHICH CAUSED MY VEHICLE TO MOVE FORWARD
AND HIT VEHICLE C.

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.:

[Signature] 14/02/19



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SME 9714J

MAKE/MODEL: TOYOTA ALPHARD

DATE OF ACCIDENT

14/02/2018
DAY/MONTH/YEAR

TIME

6 HR

50 MIN

AM / PM

LOCATION OF ACCIDENT

THE TOWARDS CTE (EXIT) SKE

EXACT PURPOSE USE DURING ACCIDENT

TRAVELLING TO WORK

CAR OWNER

NAME OF CAR OWNER

AWESOME GAMING PTE LTD

CONTACT NO

9863 5688

NRIC

UEN

2017163122

CLAIM TYPE

☐ OD

☒

THIRD PARTY

☐

REPORTING ONLY

INSURANCE COMPANY

INDIA INTERNATIONAL

TYPE OF COVERAGE

☒

COMPREHENSIVE

☐

THIRD PARTY

☐

THIRD PARTY FIRE & THEFT

POLICY NO

C01100

ACCIDENT DRIVER

☐ AS ABOVE

☐

IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

ALEX LIM JIE WEI

NRIC

S9042275H

NO OF PASSENGER/S

0

DATE OF BIRTH

12-11-1990

OCCUPATION

DRIVER

☒

OUTDOOR

☐

INDOOR

DATE OF DRIVING PASS

15/01/2009

GENDER

☒

MALE

☐

FEMALE

CONTACT NO

9007 6401

ADDRESS

BLK 288C COMPASSUAL CRESCENT #09-115 (S) 543286

DRIVER OWN ANY VEHIC

NO IF YES- REGISTRATION NO

RELATIONSHIP

EMPLOYEE

IF NOT:

WEATHER CONDITION

☒

CLEAR

☐

RAINING

OTHER: _____

ROAD SURFACE

☒

DRY

☐

WET

OTHER: _____

ANY INJURIES

NO IF YES- NAME: _____

CONTACT NO

NO IF YES- LOCATION: _____

POLICE REPORT

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

GBF 9031E

NO OF PASSENGER/S

0

NAME

TAN YONG SENG

CONTACT NO

9021 7921

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9042275H



Name
ALEX LIM JIE WEI

林 杰 伟

Race
CHINESE

Date of birth
12-11-1990

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9042275H

Name:
ALEX LIM JIE WEI

Birth Date: 12 Nov 1990
Issue Date: 15 Sep 2009



3798931



NRIC No. S9042275H



Date of issue
21-11-2005


BLK 288C COMPASSVALE CRESCENT #09-115
*ORE 543288
S9042275H
Date: 01/02/2017

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

PASS DATE 15 Sep 2009

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No. S9042275H



NP 428A

MOTOR VEHICLE WARRANTY INSURANCE Policy Schedule

Tax Invoice (GST Reg. No: M2-0078806-X)

Owner/Insured

AWESOME GAMING PTE LTD
8 EU TONG SEN STREET
#20-91 THE CENTRAL
S(059818)

India International Insurance Pte Ltd (hereinafter referred as "the Company") hereby certifies that the Owner/Insured of the Motor vehicle described below is insured under the Company's Motor Vehicle Warranty Insurance Policy subject to the Terms, Conditions, Exclusions and Endorsements attached thereof.

The Cover under this Policy shall be automatically void if any service, repair, maintenance, trouble-shooting is conducted by any third parties other than Auto Sprint Pte Ltd including any repairs arising out of an Accident.

Please read the Policy booklet carefully to fully understand the coverage.

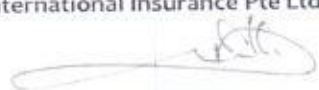
Coverage Details

Certificate No.	C01100	
Endorsement applicable	MW1	
Period of Insurance	24/10/2018 to 23/10/2023	} whichever shall first occur
Mileage cover	130,000km	
Maximum claim limit per year	S\$10,000/-	
Vehicle No.	SME9714J	
Year of Manufacture	2018	
Vehicle Make	TOYOTA	
Vehicle Model	ALPHARD 2.5	
Engine Capacity	2493cc	
Chassis No.	AGH300200718	
Engine No.	2ARJ125331	
Premium due	As Arranged	

Issue Date/Issuer
A/c: 01364SE / M497570

26/10/2018 / LM

for India International Insurance Pte Ltd


Authorised Signatory

General Information

Policy Owner's Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). For more information on the scheme, please visit www.gia.org.sg or www.sdic.org.sg

Personal Data Protection (applicable to individual policy owners)

Personal particulars will be collected, used and disclosed by the Company in accordance with the Personal Data Protection Act 2012 and the Company's Privacy Policy for the provision of all services related to, and protection under this insurance policy, including for proper servicing, underwriting and claims administration. The Company may disclose personal particulars to its business partners and third party service providers for these purposes. The Company's complete Privacy Policy can be found at www.iil.com.sg.