

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA 11902873v

Date In: 2/2/19-14:45	Job description	Date & Time Completed	Done by
Ref No: NA 12219207905/24	SAS e-filing		
Veh No: 606634614	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/3/19-22:05	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: 606634614	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
	QD:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	02/03/2019 14:45
Date Of Accident	01/03/2019 23:05
Exact Location Of Accident	121 YISHUN ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6396H
Insured/Policyholder	
Name Of Registered Owner	MEGACOOOL (SINGAPORE) PTE LTD
Co Reg No	201107898Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0001532
Cover Note Number	

Driver

Name of Driver	BOO CHIN WEE
NRIC No	S8165810B
Date Of Birth	20/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84993089
Fax Number	
Contact Number	OFFICE-84993089
EMail Address	NOEMAIL

Address BLK 121 YISHUN STREET 11
#06-453
Postcode 760121

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - L/20190302/2006.

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 GBF9822E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver RANGZEB S/O SAIDEK

NRIC/Passport Number S1742704J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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:



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



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

DOA: 1/3/19

A: GBC 6396 H

B. GBF 9822 E

Refer to Police Report

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

DECLARATION
I declare the foregoing part

Subholder's Signature

true in every respect



Driver's Signature

Personnel's Sig

Personal Particulars

Date of Accident: 11/3/19 Time of Accident: 11:05 pm
Exact Location of Accident: 121 Yishun St 11
Owner's Name: Mega Cool (S'pore) Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Bao Chun Hoo NRIC No: S81658108 HP No: 84993089
Date of Birth: 20/6/198 Driving Licence Passing Date: 28/1/2005 Occupation: Indoor / Outdoor
Address: 121 Yishun St 11 # 06-453 (760121)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: G66 639CH Make & Model: Nissan
Insurance Co: Indica Coverage: Comprehensive Policy No: D18MCV0001532

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GBF 9822F Make & Model: _____

Driver's Name: Rangzeb s/o Saidek NRIC No: S1742704J HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



**SINGAPORE
POLICE FORCE**



L/20190302/2006

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POLICE REPORT (NP299)

Report No. L/20190302/2006

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 2/03/2019 01:34		Vide Report No. L/20190301/0149		Station Diary No 15	
Name Of Informant BOO CHIN WEE		Address APT BLK 121 YISHUN ST 11 #06-453 SINGAPORE 760121			
ID Type / ID No. NRIC NO / S8165810B		Contact No. Home/Office Mobile 84993089			
Nationality MALAYSIAN		Email Address			
Occupation AIR-CON TECHNICIAN		Sex Male	Age 37	Date of Birth 20/06/1981	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 01/03/2019 23:05		Location Of Incident 121 YISHUN STREET 11 CHONG PANG VIEW SINGAPORE 760121 Carpark Lot No. 177			

Brief details.

On 01/03/2019 at about 7 plus in the evening, I parked my lorry bearing registration number GBG6396H at Carpark Lot No.: 177 of Blk 121 Yishun Street 11 and had subsequently left to home.

On 01/03/2019 at about 11 in the evening, I was at home and heard sound of vehicles colliding, thus looked out of the kitchen windows and discovered that there was a van collided to my lorry. As such I had

Signature Of Officer Recording The Report: L / Staff Sgt YAP YHEE HOE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2019 01:34
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 LEOW SU LING Contact No.: 64660000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20190302/2006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190302/2006

immediately proceeded down to the carpark to make a check and confirmed that a van bearing registration number GBF9822E had collided to my parked lorry while driving.

The driver of GBF9822E had admitted that he had collided to my lorry (GBG6396H) and also provided his particulars to me for insurance claimant; the driver was one Rangzeb S/O Saidek (NRIC: 1742704J, B1k 207 Jurong East Street 21 #03-201, Tel: 90702537). There were Police officers attended to the incident as the said van driver had collided to other parked

This is the first time such incident happened. I am lodging this report for insurance claimant. I also wish to state that the said driver might be drunk as he was slurring in speech.

Signature Of Officer Recording The Report:

L / Staff Sgt YAP YHEE HOE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Sgt 3 LEOW SU LING
Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time:
02/03/2019 01:34

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Holder's Name: **S81653105**

Photo

BOO CHIN WEE

Expiry Date: **20 Jun 1981**

Issue Date: **09 Feb 2011**

1001536015K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8165810B**

Photo

Name: **BOO CHIN WEE**

Race: **英 敬 伟**

Ethnicity: **CHINESE**

Date of Birth: **20-06-1981**

Sex: **M**

Country of Birth: **MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 2B: Motorcycles ≤ 200 cc

Class 3: Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500 kg

06 Oct 2004

28 Jan 2005

NP 428A

Licence No: **S8165310B**



9017489

MRIC No: **S8165810B**

Photo

Ethnicity: **MALAYSIAN**

Date of Issue: **30-03-2009**

APT BLK 121 YISHUN ST 11 #06-453

SINGAPORE 760121


NRIC No: **S8165810B**

Date: **29/08/2017**

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.: D18MCV0001532		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBG6396H	
Chassis No	: JN1SC2F24Z0859997	
2. Name of Policyholder	: MEGACOOOL (SINGAPORE) PTE LTD	
3. Effective date of Insurance	: 16 Sep 2018	
4. Expiry date of Insurance	: 15 Sep 2019	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their 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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Sect I: SGD600.00 Windscreen Excess: SGD100.00 Hire Purchase Company : United Overseas Bank Limited</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000038/M Plus Consultancy Date of Issue : 28/08/2018 09:30:48 MZ300C (GOODS CARRYING) COMPANY</p>		<p>For India International Insurance Pte Ltd</p>  <p>R. Ravindra Kumar MD & CEO</p>