

NATIONAL Assessment Centre Services. Part 1 Jan 2005 MWA 119045429.

Date In: 8/14/19 14:26	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 132 19 006145164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: Gx 1041R	I-Motor Claim Form		
D.O.A: 4/14/19 17:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: W/911 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 Reference: 67886616) Date and 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:

WA1902503

Comments/Particulars:	Invoice/Registration Checklist	Amount (\$)	PAID (\$)
Driver/Owner:	1) AIC: Accident Reporting (\$100)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Sub. E:	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	08/04/2019 14:26
Date Of Accident	04/04/2019 17:00
Exact Location Of Accident	50 CORONATION RD WEST ASTRID MEADOWS CONDO
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX1041R
Insured/Policyholder	
Name Of Registered Owner	NGEW RENOVATION & CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313483
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MCV0000674
Cover Note Number	-
Driver	
Name of Driver	LING NICKO LACESTON
NRIC No	S7780126Z
Date Of Birth	02/09/1977
Occupation	INDOOR
Date Of Driving Pass	25/02/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96631586
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 103 BEDOK RESERVOIR RD #06-418
Postcode	470103
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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?	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 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	
Vehicle Make/Model/Colour	WALL
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	ASTRID MEADOWS CONDO
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

Wall fall down

A = GX1041R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:

Signature

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

MY VEH WAS PARKED INSIDE THE 50 CORONATION ROAD WEST
CARPARK, BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT. WHEN I
WENT BACK TO MY VEH AND REALIZED THE WALL FALL DOWN AND
DAMAGE MY VEH FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (04/04/2019) (DD/MM/YYYY), TIME: (09:59) (HH:MM)

LOCATION: 50 CORONATION ROAD WEST Astrid Meadows Condo.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX1641R
b) INSURANCE COMPANY: ZZI
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
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: New Renovation (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9631 3483
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ling Mielke Lacerston (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9663 1586
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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: W911 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including dr)
(0)

* No of passenger
(including dr)
(-)

* No of passenger
(including dr)
(-)

- * IC
- * License
- * Insurance cert


Email = ngew - renovation @ hotmail.com

fax =

Camera: NO.

Gumal, Chop, CI

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7780126Z





Name
LING NICKO LCESTON

Race
CHINESE

Date of birth
02-09-1977

Country/Place of birth
MALAYSIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7780126Z**

Name:
LING NICKO LCESTON

Birth Date: **02 Sep 1977**

Issue Date: **21 Apr 2004**



001201426G

5408584



NRIC No. **S7780126Z**



Date of issue
09-01-2015


Address
**APT BLK 103 BEDOK RESERVOIR ROAD
#06-418
SINGAPORE 470103**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Feb 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 1998

NP 428A

Licence No: **S7780126Z**






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@iil.com.sg
 Fax (65) 62244174 Website www.iil.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.: D19MCV0000674		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: GX1041R	
Chassis No	: JN1SF4F23Z0851713	
2. Name of Policyholder	: NGEW RENOVATION & CONSTRUCTIONS PTE. LTD.	
3. Effective date of Insurance	: 07 Feb 2019	
4. Expiry date of Insurance	: 06 Feb 2020	
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>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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 : A000050/Sunmex Enterprise Date of Issue : 21/01/2019 15:22:18 MZ300C (GOODS CARRYING) COMPANY</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

SUNMEX ENTERPRISE**8 ENGGOR STREET****#24-02****SINGAPORE 079718****TEL: 6220 5977 FAX: 6220 1698**