

NATIONAL Assessment Centre Services.

(w/ef 1 Jan 2015)

MANA 19047539

Date In: 11/04/2019 19:25	Job description	Date & Time Completed	Done by
Ref No: N/A/TM 19006509/Y	SAS e-Milling		
Veh No: GX 1134G	E-mail (Update Status, AIC 2hrs)		
D.O.A: 11/04/2019 18:35	I-Motor Claim Form		
OID (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/When		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 5396.J	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	NA1902666
Additional Comments:	
Invoice dated:	
Invoice dated:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100%)	INC (\$40)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Forfeiting against INC Only (w/ef 10 Jun 2015)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NI: Courtesy Car / TP Allowance	\$1
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$50
TP (NI) / TP (Non INC) *including	\$20
9) NI: Idao Mobile	
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	11/04/2019 19:25
Date Of Accident	11/04/2019 13:35
Exact Location Of Accident	SLIP ROAD OF SIN MING AVENUE TO MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1134G
Insured/Policyholder	
Name Of Registered Owner	LIAN HUP MOTOR WORKS
Co Reg No	045946100X
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96705531
Alternative Phone No	OFFICE-96705531

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	M495525
Cover Note Number	

Driver

Name of Driver	TEO A TIE
NRIC No	S2165406Z
Date Of Birth	06/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96705531
Fax Number	
Contact Number	OTHERS-96705531
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 192B RIVERVALE DRIVE #05-944
Postcode	542192
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	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 (including own vehicle) involved in the accident	2
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 PLAN

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	SMG5396J
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS NG
NRIC/Passport Number	S9327163G
Contact Number	88696755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

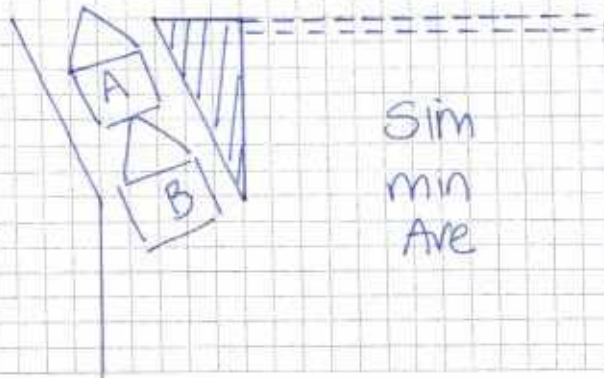


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Rohani*
NRIC/FIN No.: *111001/2019*

SKETCH PLAN



Vehicle A:
GX1134G.

Vehicle B:
SMG5396J

Slip road of
Sin ming Ave to
Marymount Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along ^{the} slip road of Sin Min Ave to Marymount Road
on 11/04/19 at about 1335Hrs.

I stopped to give way to incoming traffic when Vehicle B

Suddenly came from behind and hit onto me.

DECLARATION

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

ALSu

Policyholder's Signature
Date & Time:

X ALSu

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

PERSONAL PARTICULARS

Date of Accident: 11/04/2019

Time of Accident: 13:35 (24Hrs)

1 Driver
No passenger

Vehicle No: GX1134G

Vehicle Make/Model: Toyota

Exact Location of Accident: Slip Road of Sin Ming Ave to Marymount Road

Owner's Name/NRIC: Lian Hup Motor Works 045946100X

Driver's Name/NRIC: Teo A Tie I/c No: S2165406Z

Driver's Contact: 96705531 Insurance Co & Policy No: _____

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Nicholas Ng I/c No: S9327163G Vehicle No: SMG 5396J Audi

Insurance Company: _____ Driver's Contact: 88696755

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

1 Driver
No passenger

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S2165406Z**
 Name: **TEO A TIE**
 Birth Date: **06 Apr 1957**
 Issue Date: **05 Feb 2004**

001107704F



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S2165406Z**


Name: **TEO A TIE**
 張雅迪
 Ethnicity: **CHINESE**
 Date of Birth: **06-04-1957** Sex: **M**
 Country of Birth: **INDONESIA**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Oct 1977
Class 2A	Motorcycles between 201 cc and 400 cc	19 Oct 1977
Class 2	Motorcycles exceeding 400 cc	19 Oct 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Apr 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Apr 1980

NP 428A



Licence No. S2165406Z

1000099


 UIC No. **S2165406Z**


 Date of Issue: **15-02-1994**

APT BLK 192B RIVERVALE DRIVE #05-344
 SINGAPORE 62152
 NRIC No: **S2165406Z** Date: **15-06-1999** No: **2980119**

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1986 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: **15310SE**

Third Party Only

Excess: **Nil**

Young &/or Inexperienced Drivers (Sec 2) SS2500/- Sect II for age <21 years or > 65 years &/or S'pore D.L. <2 years

CERTIFICATE NO.

M495525

1. Index Mark and Registration Number of Vehicle

GX 1134 G

2. Name of Policy Holder

Lian Hup Motor Works

3. Effective date of the commencement of Insurance for the purposes of the Act

11th February 2018

4. Date of Expiry of Insurance

10th February 2019

5. Person or Classes of Person entitled to drive*

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.

6. Limitations as to use*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.

(2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered imperative by Section 3 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: **SJ/23.01.2018**

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

M/Z 300C (GOODS CARRYING)
PRIVATE TYPE

(Authorized Signature)

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 to 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 IN CANCELLATION OF INSURANCE LIABILITY.

Agent/Broker Name: **Drivers' Choice**