

# NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 12/06/19        | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/1119010400/13 | SAS e-filing                             |                       |         |
| Veh No: GBC5048R         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 11/06/19 1555     | 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: ( J-MART  | Tel:                               | Fax:                  |
| TP Particulars:  | Veh No: 4N4273H                    | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1904391

| Claimant's Particulars :- | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>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) 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                         |                      |                      |
| Cat 1:                    | Invoice dated                                   | Fee Charged          |                      |
| Cat 2 / 3:                | 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 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             | 12/06/2019 14:28 |
| Date Of Accident           | 11/06/2019 15:55 |
| Exact Location Of Accident | ANG MO KIO AVE 3 |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | GBC5048R  |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERING |
| Co Reg No                   | -   |
| Email Address               | NOEMAIL   |
| Mobile Phone No             |   |
| Alternative Phone No        | OFFICE-99999999                                     |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | -                  |
| Exact Purpose for which vehicle was being used at time of accident           | 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                         |
| Fleet Policy              | NO                                    |
| Policy Number             | D18MCV0001843                         |
| Cover Note Number         |                                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHAI MIN CHOY         |
| NRIC No              | G8314898K             |
| Date Of Birth        | 14/11/1989            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 05/07/2016            |
| Driving Experience   | 2 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-82182771  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 883 TAMPINES ST 84<br>#07-75 |
| Postcode  | 520883                           |
| 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 | 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?   | YES                               |
| 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)   | 2                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |

#### 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

FRT VEH STOPPED AND I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE INTIME AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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 | YN4273H            |
| 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)

**DETAILS OF INJURED PERSON 1**

Name CHAI MIN CHOY

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBC5048R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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:

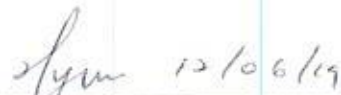
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



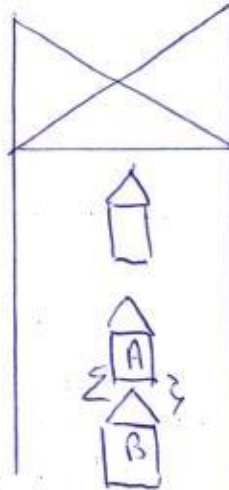
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

AMK  
Ave  
3



DOA: 11/6/19

A: GBC 5048 R

B: YN 4273 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but  
veh B failed to brake in time hit onto  
my veh rear portion.

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.:



## Personal Particulars

Date of Accident: 11/6/19 Time of Accident: 3.55 pm  
Exact Location of Accident: AMK Ave 3  
Owner's Name: Majcool Air-Conditioning & Electrical Engineering HP No: \_\_\_\_\_  
Driver's Name: Chai Min Choy NRIC No: G83148819 HP No: 82182771  
Date of Birth: 14/11/1989 Driving Licence Passing Date: 4/8/2011 Occupation: Indoor / Outdoor  
Address: Blk 883 Tampines St 84 #07-75 (520883)  
Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_  
Vehicle No: GBC 5048R Make & Model: Nissan  
Insurance Co: Indica Coverage: Comprehensive Policy No: DISM CV001843

\*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: 1 + 1 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_  
man

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

Name / NRIC / In Vehicle: Chai Min Choy neck & back

\*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: YN 4273H Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer in  
**MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERING**

Sector: **CONSTRUCTION**

Name  
**CHAI MIN CHOY**

Occupation  
**CONSTRUCTION WORKER**

Work Permit No.  
**4 02910089**

Date of Application  
**04-03-2010**

Date of Issue  
**13-07-2017**

Date of Expiry  
**28-07-2019**



L8124740

**For LKK/NAC Use Only**

REPUBLIC OF SINGAPORE  
MINISTRY OF MANPOWER

License Number  
**G 8314898K**

Name  
**CHAI MIN CHOY**

Birth Date: **14 Nov 1989**

Issue Date: **05 Jul 2016**

Valid Till: **03/08/2021**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

EFFECTIVE DATE

- Class 3  
31/05/17  
Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver, and other motor vehicles with unladen weight  $\leq$  2500kg
- Class 3C  
Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver

04 Aug 2011

05 Jul 2016

Name  
**CHAI MIN CHOY**

Immigration Regulations

Date of Birth: **14-11-1989** Sex: **M** Nationality: **MALAYSIAN**

Pin: **G8314898K** Date of Issue: **13-07-2017** Date of Expiry: **28-07-2019**



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**For LKK/NAC Use Only**



NP 428A




License No: G8314898K



## 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.**

|   |   |                             |
|---|---|-----------------------------|
| <b>CERTIFICATE NO.: D18MCV0001843</b>   |   | <b>COVER: Comprehensive</b> |
| <b>1. Index Mark and Registration Number of Vehicle</b>   | : <b>GBC5048R</b>   |                             |
| <b>Chassis No</b>   | : <b>JN1MG4E25Z0796748</b>  |                             |
| <b>2. Name of Policyholder</b>  | : <b>MEGA COOL AIR-CONDITIONING &amp; ELECTRICAL ENGINEERING</b>  |                             |
| <b>3. Effective date of Insurance</b>   | : <b>20 Sep 2018</b>  |                             |
| <b>4. Expiry date of Insurance</b>  | : <b>19 Sep 2019</b>  |                             |
| <b>5. Persons or Classes of Persons entitled to drive*</b>  | <p>Any person who is driving on the Policyholder's order or with their permission.<br/>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>  |                             |
| <b>6. Limitations as to use*</b>  | <p>a) Use in connection with the Policyholder's business.<br/>b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br/>c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.<br/>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<br/>Windscreen Excess: SGD100.00<br/>Hire Purchase Company : Maybank</p>  |   |                             |
| <p><b>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</b></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<br/>Date of Issue : 14/09/2018 10:08:27<br/>MZ300C (GOODS CARRYING)<br/>COMPANY</p>  | <p>For India International Insurance Pte Ltd</p> <br><p>R. Ravindra Kumar<br/>MD &amp; CEO</p>   |                             |