

NATIONAL Assessment Centre Services [out 1 Jan 05] NA919101004			
Date In: 04/01/2009 17:45	Job description	Date & Time Completed	Done by
Ref No: NA91910135334	SAS e-filing		
Veh No: 8 JF 5658	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 01/01/2009 07:45	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wkap</u>		

Preferred Wkap / INC Assign Wkap / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8 JF 28	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:	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

NA905744 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Addit'l Comments: Cal. 1: Cal. 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add. Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$80)		
	3) TR: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	Excluding against INC Only (waf 10 Jan 2005)			
	6) TR: Itc-Inspection	\$75		
	7) N1: Idno DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
(21) * N3: Courtesy Car / Tpt Allowance \$5 * N6: Repair Co-ordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * N11: TP (Non INC) against INC \$20 * N12: Idno Mobile \$0				
Invoice dated 1 Jan 2009		Pen Charged Fuel 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	01/08/2019 17:58
Date Of Accident	01/08/2019 07:45
Exact Location Of Accident	PIE TOWARDS TURN OFF KALLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5699B
Insured/Policyholder	
Name Of Registered Owner	YONG LIMIN
NRIC No	S7483318G
Email Address	YONG.LIMIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91004283
Alternative Phone No	OFFICE-91004283

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MPC0003140
Cover Note Number	

Driver

Name of Driver	YONG LIMIN
NRIC No	S7483318G
Date Of Birth	06/07/1974
Occupation	INDOOR
Date Of Driving Pass	31/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91004283
Fax Number	
Contact Number	OFFICE-91004283
Email Address	YONG.LIMIN@GMAIL.COM

Address	BLK 414 BEDOK NORTH AVENUE 2 #02-111
Postcode	460414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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	SJH2J
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

IMPORTANT NOTICE

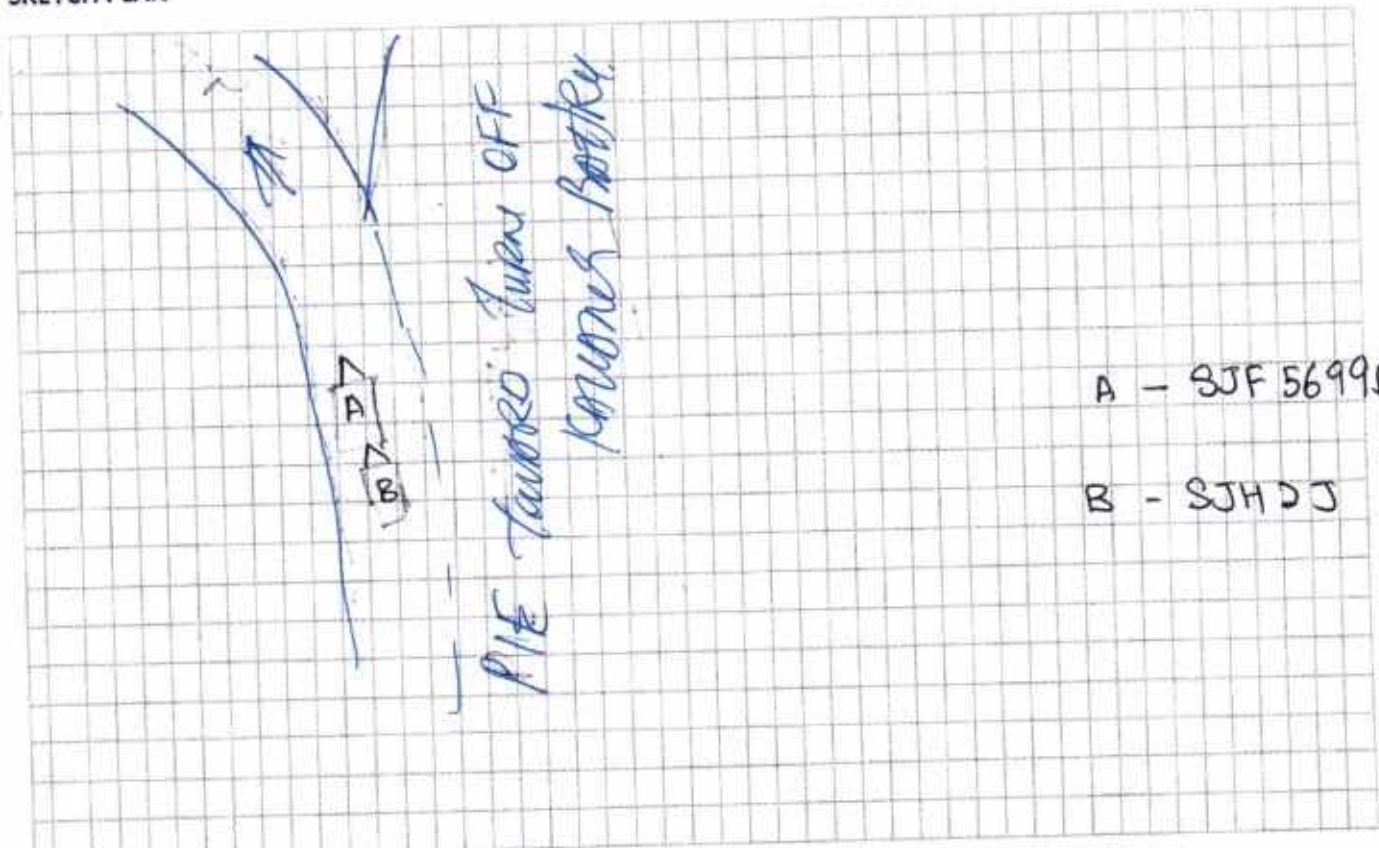
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

x Yap Q. 1/8/19
Policyholder's Signature Date
& Time:

Yap Q. 1/8/19
Driver's Signature
(If driver is not the policyholder) Date
& Time:

02/08/2019
Reporting Centre Personnel's Signature
Name: Reda
NRIC/FIN No.: 100103

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along the left lane of PIE before I turn off at the Kallang Bahru exit this car SJH 2 J all of a sudden hit my rear of my car.

DECLARATION

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

[Signature] 1/8/19 *[Signature]* 1/8/19

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.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/08/2019 (dd/mm/yy)

Time of Accident: 07:45 (24-HR-FORMAT)

Vehicle No.: 55F 5899B Vehicle Make & Model: _____

Exact location of Accident: P1E towards turn off Kallang Bahru.

Policyholder's Name / IC No.: 57483318G

Driver's Name / IC No.: Yong Limin / 57483318G (As Above) ☒

Driver's Contact No.: 91004283 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 414, Bedok North Ave 2, #02-111, Singapore 460414

Email address: yong.limin@gmail.com Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 01

Gender: Male / Female
Gender: Male / Female

*Passanger Name: _____

*Passanger Name: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 55H 2J

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7483318G



YONG LIMIN

楊莉敏

Race

CHINESE

Date of birth

06-07-1974

Country/Place of birth

MALAYSIA

Sex

F



9301692



NRIC No. S7483318G



Nationality

MALAYSIAN

Date of issue

19-06-2013

Address

APT BLK 414 BEDOK NORTH AVENUE 2
#02-111
SINGAPORE 460414

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



IDENTITY CARD NO. S7483318G

YONG LIMIN

For LKK/NAC Use Only

Birth Date: 06 Jul 1974

Issue Date: 21 May 2018



002805001G

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

EFFECTIVE DATE

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 cc	31 Jan 2009
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	21 Jan 2009

For LKK/NAC Use Only

NP 428A




Licence No. S7483318G

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.: D18MPC0003140		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SJF5699B	
Chassis No.	: JN1BAAC11Z0007513	
2. Name of Policyholder	: YONG LIMIN	
3. Effective date of Insurance	: 03 Dec 2018	
4. Expiry date of Insurance	: 02 Dec 2019	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.		
(b) Any other person who is driving on the Policyholder's order or with his/her 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*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
The Policy does not cover		
a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.		
*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.		
Hire Purchase Company	Maybank	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.		
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).		
Agent/Broker	A000031/Excel Insurance Agency	
Date of Issue	03/12/2018 12:26:52	
MX1-Private Car (Insured Driving)		
		For India International Insurance Pte Ltd  R. Ravindra Kumar MD & CEO