

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

19/09/2009 15:32

Date In: 19/09/2009 15:32	Job description	Date & Time Completed	Done by
Ref No: 1039167490165754	SAS e-illing		
Veh No: 810 93527 18:30	E-mail (w/oda 3hrs, AIC 2hrs)		
D.O.A: 810912019 18:30	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Withln: 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: 81A 35687	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: ()

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

Injury: _____

Date/Time	Action	Completed	Done by

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpt Allowance	\$3
	* NG: Repair Co-ordination	\$10
	* NT: Post Repair Inspection	\$25
	* ND: DV / Collect Excess Coordination	\$3
	TE (NI): TP (N-a INC) against INC	\$20
	9) NI: Idao Mobile	\$0
	Invoice dated	Fee Charged
	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	19/09/2019 15:32
Date Of Accident	18/09/2019 18:30
Exact Location Of Accident	CARPARK AT BLK 167 WOODLANDS STREET 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9352T
Insured/Policyholder	
Name Of Registered Owner	SHEELA D/O RAMIAH
NRIC No	S7048579F
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-92381875
Alternative Phone No	OTHERS-92381875

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3003031900
Cover Note Number	

Driver

Name of Driver	VISHNU RAM S/O SELVAM
NRIC No	S9625991C
Date Of Birth	19/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381875
Fax Number	
Contact Number	OTHERS-92381875
EMail Address	SALES@MIA.COM.SG

Address BLK 405A FERNVALE LANE
#21-117
Postcode 791405
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
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? 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) 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 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 SHA3568J
Vehicle Make/Model/Colour
Details Of Properties TAXI
Vehicle Category
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.
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

CARPARK AT BLK 167 WOODLANDS STREET 11.

A) SLQ 93527

B) SLA 35685



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at woodlands st 11 car park BLK 167 to visit my friend and I come back to my car, I saw my car front portion badly damage and there is a note left by someone who saw a taxi had reverse and collided onto my car and he had video to show the taxi reverse and collided onto my car

DECLARATION

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

Shanku

Policyholder's Signature
Date & Time:

AV

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

19/09/2019
Rosa
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 180919 Accident Time: 1830 (24-HR-Format)
Accident Place : Car Park B1K 167 Woodlands St 11
Vehicle No. (Car Plate No.) : SLX9352T Make/Model: MIT Lancer
Insurance Company : CHINA TAIPIING Policy No: DMPCSN3003031900
Owner or Company Name / IC No. : SHEELA D/O RAMIAH (S7048579F)
Owner or Company Contact No. : _____ Owner's Hp 92381875 Company Tel
DRIVER'S Name / IC No. : VISHNU RAM S/O SELVAM 59625991C
DRIVER'S Date Of Birth : 19071996 DRIVER'S License Pass Date 16 Jan 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ^{Sister}
DRIVER'S Address : APT BLK 40.5A FERNVALE LANE # 21-117 791405
DRIVER'S Contact No. / Alt No. : 1) _____ 2) 87683058
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address : _____ sales@mia.com.sg
Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only (Claim Other Party) \ Claim Own Insurance
Number of Passengers (Including Driver): NIL
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: SHA 3568 J	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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)

CERTIFICATE No.	DMPCSN1003031900	Engine No : 4A910109134
		Chassis No: JMYRCY2A8U000663
1. Index Mark and Registration Number of Vehicle	SLQ9352T	
2. Name of Policy Holder	MDN SHEELAH D/O RAMIAH (NON-DRIVER)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07 JANUARY 2019 (16:05 HOURS)	NAMED DRIVERS EX SECT. IS\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	06 JANUARY 2020	EX SECT. I - AGE <= 25S\$3,000.00 EX SECT. I - AGE >= 26S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREENS\$100.00

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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.

8. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : SPEEDO CAPITAL PTE LTD AS HP OWNER

* 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.

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). Please see reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory