

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA1991355**

Date In: 8/12/19-14:19	Job description	Date & Time Completed	Done by
Ref No: NA1991355/24	SAS e-filing		
Veh No: 5673424	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 8/12/19-09:20	i-Motor Claim Form		
<input checked="" type="radio"/> 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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:

Veh No: **555382**

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 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

NA1991355

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2/3:

Invoice Preparation Checklist

Am (\$)

Int Bill

Am (\$)

Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : 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:-

QD*

*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 30

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	08/10/2019 19:19
Date Of Accident	08/10/2019 09:20
Exact Location Of Accident	KJE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT742U
Insured/Policyholder	
Name Of Registered Owner	CHAN PHECK HONG
NRIC No	S1289453H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97968258
Alternative Phone No	OFFICE-97968258

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TL TUCSON 1.6 GLS T-GDI DCT 2WD
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0002218
Cover Note Number	

Driver

Name of Driver	SOH LI QUAN (SU LIQUAN)
NRIC No	S8742066C
Date Of Birth	21/12/1987
Occupation	INDOOR
Date Of Driving Pass	16/02/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91453612
Fax Number	
Contact Number	OFFICE-91453612
Email Address	NOEMAIL

Address	25 PHOENIX ROAD
Postcode	668171
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	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?	
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

REFER TO 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	SJS38Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HWEE HENG DAVIS
NRIC/Passport Number	S7230066A
Contact Number	91017779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

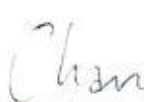
SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
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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:

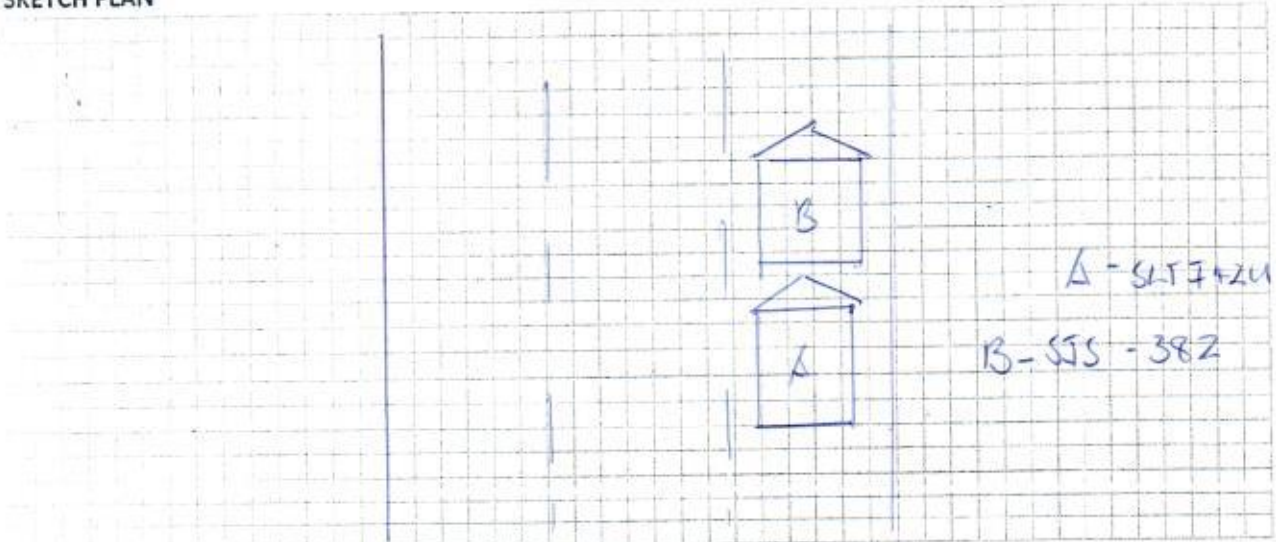
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER REPORTED TIME & DATE I WAS TRAVELLING ALONG
KSE TOWARDS PCE THAS, TRAFFIC WAS MODERATE, I WAS DRIVING ON
THE FIRST LANE. SUDDENLY VEHICLE B IN FRONT OF MY VEHICLE A MAKES
A SUDDEN E BRAKE, AND I WASNT ABLE TO BRAKE IN TIME WHICH
RESULTED A COLLISION TOWARDS THE REAR PART OF VEHICLE B, THE IMPACT
CAUSES DAMAGE TO MY FRONT VEHICLE BUT NO ONE WAS INJURED.

DECLARATION

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

Chan
 Policyholder's Signature
 Date & Time:

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

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

ACCIDENT STATEMENT

Date of accident: 8/10/2019 Time: 0920 HRS
 Location of accident: ALONG KSE TOWARDS PEG (THAS)

Details of Own Vehicle

Vehicle Number: SAT 742U Make/Model: HYUNDAI TUCSON
 Insurer: INDIA INTERNATIONAL INSURANCE Passenger (incl. Driver): 1
 Policy No: 018MPC0002218 Policy Type: C/ TPFT/ TPO

Policyholder

Name: CHAN PECK HONG NRIC/FIN no.: S1289453H
 Contact no.: S1289453H 97968258

Driver

Name: SOH LI QUAN NRIC/FIN no.: S8742066C
 Contact no.: 91453612 D.O.B: 21/12/1987
 Email: ONEHUB77@gmail.com Occupation: MANAGER (inborn)
 Address: 25 PHONBIX ROAD SC 668171
 Driving pass date: 16/02/2007 Relationship with Policyholder: M PARENTS / MOTHER

General Information

Weather conditions: Clear Raining

Road surface: Dry Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: _____

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>S5538Z</u>	
Driver name:	<u>NG HUIFE HENG DAVIS</u>	
NRIC/ FIN no.:	<u>S7230066A</u>	
Contact no:	<u>91017779</u>	
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/
driver

Workshop: _____

Signature: _____

**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: insured@ii.com.sg
Fax (65) 62244174 Website: www.ii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MPC0002218**COVER: COMPREHENSIVE**

1. Index Mark and Registration Number of Vehicle	: SLT742U
Chassis No	: KMHJ3812VJU588261
2. Name of Policyholder	: CHAN PHECK HONG
3. Effective date of Insurance	: 17 Oct 2018
4. Expiry date of Insurance	: 16 Oct 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.	

Insured and Named Drivers Excess Sect I: SGD600.00
Unnamed Drivers Excess Sect I: SGD1,100.00
Windscreen Excess: SGD100.00

Hire Purchase Company : Maybank

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE.
ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : 05/10/2018 16:01:13
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

R. Ravindra Kumar
MD & CEO