

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA1913913

Date In: 11/10/19-16:35	Job description	Date & Time Completed	Done by
Ref No: HA/33319018585/24	SAS e-filing		
Veh No: JW7926A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 19/10/19-17:15	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: () Tel: () Fax: ()

TP Particulars: Veh No: JR65165 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

HA07938

Invoice Preparation Checklist

Claimant's Particulars :-	Am't (\$)	Am't (\$)
Driver/Owner:	Est. Bill	Add. Bill
Contact No:	1) AR: Accident Reporting (\$30);	
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)	
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45	
Auditors' Comments:-	4) FT: Follow-Through Survey \$120	
Ref. 1:	5) FT: Follow-Through Survey (Resurvey) \$30	
Ref. 2/3:	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 / Tpl 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	
	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	21/10/2019 16:35
Date Of Accident	19/10/2019 13:15
Exact Location Of Accident	BEDOK NORTH AVE 1 TWDS BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7926A
Insured/Policyholder	
Name Of Registered Owner	CHAN YUON CHOU
NRIC No	S15889171
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91089248
Alternative Phone No	OFFICE-91089248

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001484
Cover Note Number	

Driver

Name of Driver	HE XIUFANG
NRIC No	S7164568A
Date Of Birth	20/09/1971
Occupation	INDOOR
Date Of Driving Pass	22/06/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91089247
Fax Number	
Contact Number	OFFICE-91089247
Email Address	NOEMAIL

Address	152 MARIAM WAY #02-04 BALLOTA PK CONDO
Postcode	507080
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : FAN YUANYUAN GENDER: : FEMALE

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	SJR6516B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED SHARIFFUDIN BIN MOHAMED SALLEH
NRIC/Passport Number	
Contact Number	88702367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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:

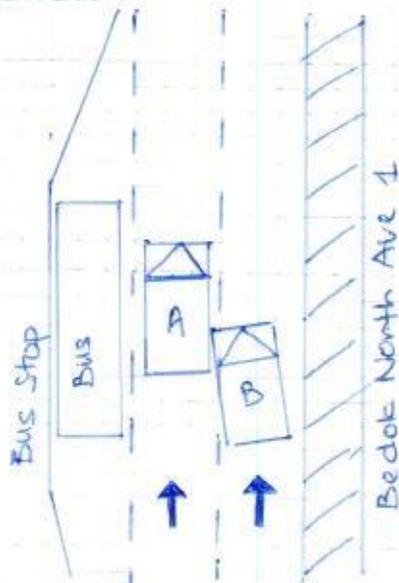


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A : SLV 7296A

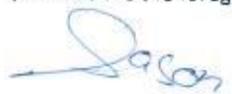
Vehicle B : SJR 6516B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

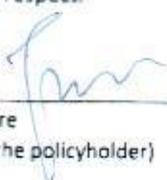
On the above said date & time, I was driving my vehicle A (SLV 7296A) travelling along Bedok North Avenue 1 towards Bedok North Road on the second lane of a two lanes. I was driving straight, out of sudden vehicle B (SJR 6516B) from first lane filter to my lane. Thus, his vehicle front left portion collided onto my vehicle right side 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.:

Vehicle No.	SLV 7926 A	Model / Make	Mercedes Benz E200
Date of Accident	19/10/2019		
Time of Accident	1315	HRS	
Location of Accident	Along Bedok North Avenue 1 towards Bedok North Rd		
Exact purpose use during accident	Private use		
Name of Owner	Chan Yuen Chou		
Telephone No.	H/P : 9108 9248	Home :	Office :
NRIC	S1588917I		
Address	2 Tampines Street 73 #02-04 S1528823)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	India International Insurance		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire /Theft
Policy No.	D19MPC 0001484		
Name of Driver	As Above If No, He Xiufang		
NRIC	S7164568A	Any Passengers : 1 Fan YuanYuan (F)	
Date of birth	20-09-1971		
Occupation	Outdoor / (Indoor) Admin		
Driving License Pass Date	22 June 2005		
Gender	Male / (Female)		
Contact No.	H/P : 9108 9247	Home :	Office :
Address	152 Mariam Way # 02-04 Ballata PK Condo S507080)		
Driver have any own vehicle	No,	(If yes, Reg No.	SJY 6807A
Relationship	Employee,	If no, state	Spouse
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No)	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	(No)	If Yes, Where?	
Vehicle B No.	SJR 6516 B	Any Passengers : -	
Name of Driver	Mohamed Sharifudin	Contact No. : 8870 2367	
Vehicle C No.	Bin Mohamed Salleh	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right portion		
Camera Recorder	Yes / (No)		
Email Address	mary49870@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

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.: D19MPC0001484

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle	:	SLV7926A
Chassis No	:	WDD2120482A385216
2. Name of Policyholder	:	CHAN YUON CHOU
3. Effective date of Insurance	:	16 Mar 2019
4. Expiry date of Insurance	:	15 Mar 2020

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 & Named Driver Excess Sect I : SGD 750.00
 Unnamed Driver Excess Sect I : SGD 1,250.00
 Windscreen Excess : SGD 100.00

Hire Purchase Company : Sing Investments & Finance Limited

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 : A000029/DQ INSURE
 Date of Issue : 12/03/2019 16:08:19
 MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



 Authorised Signatory