

NATIONAL Assessment Centre Services.

(Ref: J34/05)

MAA9170512

Date In: 27/12/2019 19:31	Job description	Date & Time Completed	Done by
Ref No: N/A/2019022831/Y	SAS e-filing		
Veh No: S49 850 Z	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 27/12/2019 14:20	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 328L	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 repolar.

() 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: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA200006X

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$5
*NG: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$5
*NE: DV / Collect Excess Coordination	\$20
TE (NI): TP (S-n INC) against INC	\$0
NI: Idas Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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	27/12/2019 19:31
Date Of Accident	27/12/2019 14:20
Exact Location Of Accident	ALONG TANGLIN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ3150Z
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	GARKOLAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88584702
Alternative Phone No	OFFICE-88584702
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	
Cover Note Number	102075
Driver	
Name of Driver	LAI GARKO
NRIC No	SXXXX984B
Date Of Birth	28/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88584702
Fax Number	
Contact Number	OTHERS-88584702
EMail Address	GARKOLAI@GMAIL.COM

Address	BLK 168A QUEENSWAY #02-242
Postcode	140168
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SMQ328L
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KHENG HUI
NRIC/Passport Number	SXXXX411H
Contact Number	97351331
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

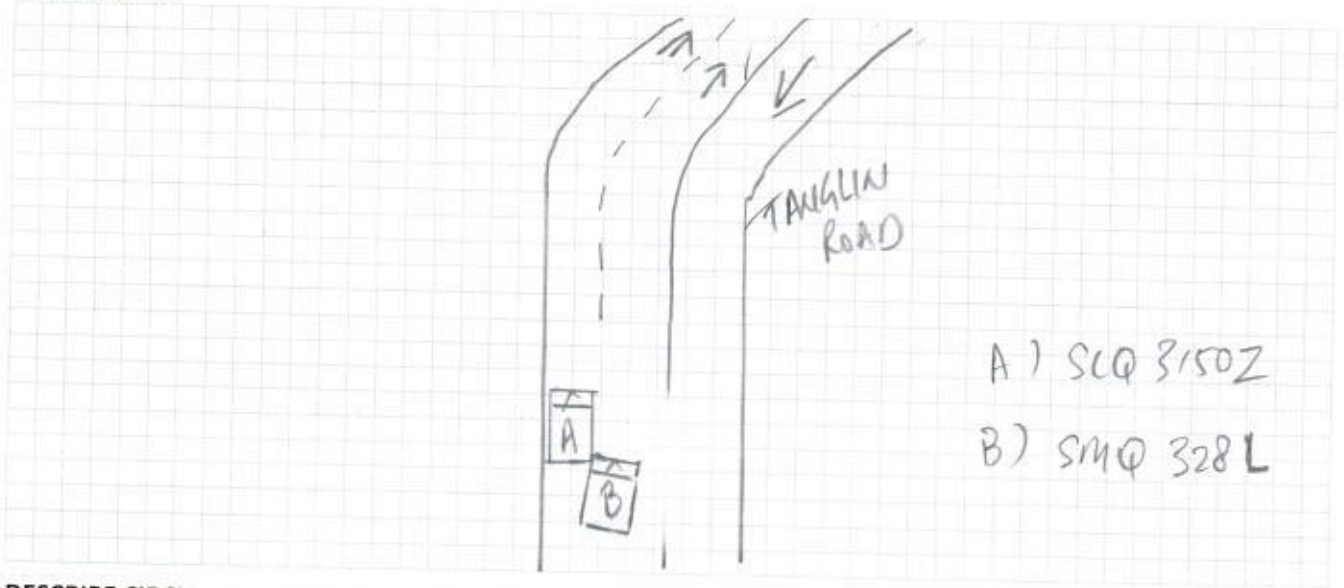


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/12/2019 1628

30/12/2019
Reporting Centre Personnel's Signature
Name: Keshi Latoras
NRIC/FIN No.:

SKETCH PLAN



A) SCQ 8150Z

B) SMQ 328L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop my vehicle waiting for the traffic light to turn green to proceed for my grab pick up. I stop on the left side on my own lane. Suddenly I felt a knock from my right rear. I notice a suv has hit me. The vehicle stop and then move to the front of my vehicle. We took photo and exchange details. After that we drove off. I notice her car damage was from the left front bumper to the rear door area. Her left hand wind mirror was bending when I took the damage photo.

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: 27-12-2019
1628

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/12/2019) (DD/MM/YYYY), TIME: (14:23) (HH:MM)

LOCATION: Tanlin Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ31502
 b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE PTE LTD
 c) POLICY NUMBER: 102075
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA FREED
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: VINCAR LEASING & RENTAL Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAI GARKO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7036984B CONTACT: 88584702
 c) ADDRESS: B1K168A, QUEENSWAY, #02-242
S140168

* d) DATE OF BIRTH: (28/10/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 APRIL 1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG328L MODEL: Audi Q5
 b) DRIVER'S NAME: CHAN KHENG HUI
 c) NRIC/FIN/PASSPORT: S7123411H CONTACT: 97351331

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(01)

No of passengers
(including driver)
(01)

No of passengers
(including driver)
()

email: garkolai@gmail.com
 VIDEO

INDIA INTERNATIONAL INSURANCE PTE LTD

(INCORPORATED IN SINGAPORE) CO. REG. NO. 198703722K

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174 • 6225 7743

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

This cover note is valid for
Singapore Registered Vehicles only.

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)

A/c: Aetna
Cover Note No. 102075
Grab

Cover note not valid if issued on or after

09/02/2020

3/10/2019

Date: 27/12 2019

Vincar Leasing & Rental Pte Ltd



..... having proposed for insurance in
respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in
the terms of the Company's usual form of Comprehensive
Policy applicable thereto for the period from 12.01 a.m./p.m. 16/11/19
to midnight on 15/11/20 unless the cover be terminated by the Company by notice
in writing in which case the insurance will thereupon cease and a proportionate part of the
annual premium otherwise payable for such insurance will be charged for the time the Company
has been on risk and provided that an insurance covering the aforesaid liability has not been
effected with other authorised insurers.

SCHEDULE

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petro/Diesel Eng.
Honda Freed 1.5G Hybrid Auto	2017	1.5cc	Market Value	Private Car	-
				Commercial Vehicle Motor Cycle	Registration No.
					SLQ31502
Use 'Private Hire'		Authorised Driver -			Excess \$2,000 sect I & II (SGP)

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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).

Hire Purchase:

This cover note is not valid unless

countersigned by: Aetna Ins Brokers



Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

[Signature]

Authorised Signatory

IMPORTANT NOTE:

Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.

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