

NATIONAL Assessment Centre Services.

part 1 Jan 2021

MMA 120002481

Date In: 7/1/20 09:10	Job description	Date & Time Completed	Done by
Ref No: MA/122 20000433164	SAS e-filing		
Veh No: P2 3388K	E-mail (within 2hrs, A/C 2hrs)		
IP: 5/1/20 11:30	I-Motor Claim Form		
(H) - IP Rep (Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Preferred Whsp / INC Assign Whsp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLY 344A

INC () / Non-INC ()

Tel:

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 rep/rep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:

(INC Rolling: 0748 6616)

Date:

Time:

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:

MA2000345

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Invoice Preparation Checklist

Am (5)

Am (5)

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

30.00

2) DA: Damage Assessment (\$100); INC (\$30)

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

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-Inspection \$75

7) NI: Idan DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*NS: Courtesy Car / Tpt Allowance \$5

*NG: Repair Co-ordination \$10

*NF: Post Repair Inspection \$25

*NR: DV / Collect Excess Coordination \$5

TE (N11): TP (N-in INC) against INC \$20

9) N12: Idan Mobile \$0

Invoice dated

Fee Charged

Fee Charged

MA2000345

MA2000345

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	07/01/2020 09:10
Date Of Accident	05/01/2020 11:30
Exact Location Of Accident	NEIL RD TWDS KAMPONG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ3388K
Insured/Policyholder	
Name Of Registered Owner	GOH WHERE TRANSPORTATION AND TOURS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97848055

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

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	D19MCV0001214
Cover Note Number	

Driver

Name of Driver	NG CHEE HONG
NRIC No	SXXXX290G
Date Of Birth	30/07/1948
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96274963
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 115 LENGKONG TIGA #06-201
Postcode	410115
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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)	5

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

I WAS TRAVELLING ALONG NEIL RD TWDS KAMPONG BAHRU ON THE SECOND LANE, SUDDENLY VEH B AT THE FIRST LANE SIDE SWIPE MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLY344A
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

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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

A = PZ 3388K
B = SLY 344A

Neil Rd twds Kampong Bahru

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

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.:

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.: D19MCV0001214

COVER: Third Party Fire & Theft

- | | |
|---|--------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | : PZ3388K |
| Chassis No | : JTGFC538503000335 |
| 2. Name of Policyholder | : GOH WHERE TRANSPORTATION AND TOURS |
| 3. Effective date of Insurance | : 02 Apr 2019 |
| 4. Expiry date of Insurance | : 23 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive* | |

Any person provided he/she is in the Policyholder's employ and is driving on their order or with their 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 the carriage of passengers or goods in connection with the Policyholder's business.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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.

Excess Sect II (Within Singapore Only): SGD1,500.00

Excess Sect II (Within Johor Only): SGD2,000.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & JOHOR ONLY

Hire Purchase Company : N.A

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 II 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 : A000041/P & C INSURANCE AGENCY

Date of Issue : 27/02/2019 14:10:52

MZ600C - (PUBLIC) Omnibuses (company's use)

For India International Insurance Pte Ltd



Authorised Signatory