

NATIONAL Assessment Centre Services [ver 1 Jan 03] MNA/20012533

Date In: 28/01/2020 12:20	Job description	Date & Time Completed	Done by
Ref No: MNA/20001530/P	SAS e-filing		
Veh No: SLX 2826C	E-mail (within 3hrs, AIC 2hrs)		
IP No: 23/01/2020	I-Motor Claim Form		
IP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

IP Particulars: Veh No: SLX 5926X 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: YBS () / 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 Routine: (678) (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	Action

Claimant's Particulars	Invoice/Preparation Checklist	Amc (\$)	Amc (\$) Add'l Bill
NA 2000915	1) AR: Accident Reporting (\$30);	70.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-inspection \$75		
	7) NI: Idaho 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 (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idaho 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	28/01/2020 19:49
Date Of Accident	23/01/2020 12:20
Exact Location Of Accident	AYE BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2826C
Insured/Policyholder	
Name Of Registered Owner	TEO TENG CHEOW
NRIC No	SXXXX379I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90259049
Alternative Phone No	OFFICE-90259049

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	D19MPC0001494
Cover Note Number	

Driver

Name of Driver	TEO YONG SHUN
NRIC No	SXXXX986A
Date Of Birth	09/01/1992
Occupation	INDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90259049
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 117 TECK WHYE LANE #08-720
Postcode	680117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	5
Was any body injured in the Accident?	YES
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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5926X
Vehicle Make/Model/Colour	UNKNOWN
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF7214S
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Vehicle Make/Model/Colour	UNKNOWN
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLS6674Z
Vehicle Make/Model/Colour	UNKNOWN
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)	

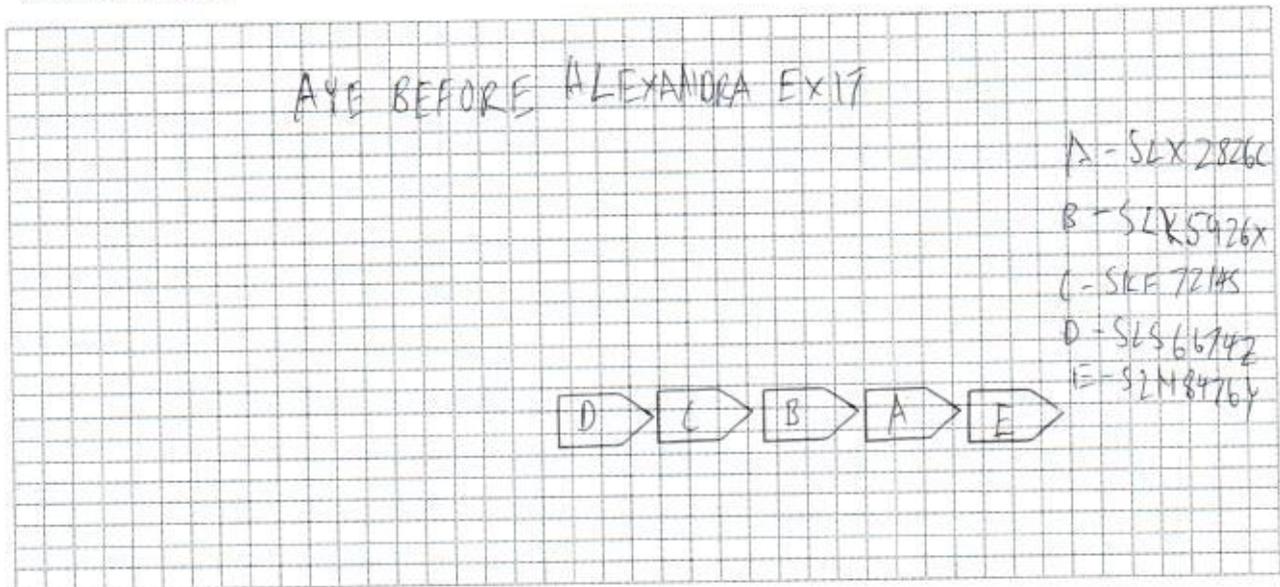
DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLM8476Y
Vehicle Make/Model/Colour	UNKNOWN
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)	

DETAILS OF INJURED PERSON 1

Name	TEO YONG SHUN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	BLK 117 TECK WHYE LANE #08-720
Postcode	680117

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE BEFORE ALEXANDRA EXIT. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED. MOMENT LATER VEH B REAR-ENDED MY VEHICLE, THE IMPACT WAS SO HUGE THAT IT FORGE MY VEHICLE INFRONT AND HIT ONTO VEHICLE E.

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.:

Accident Reporting Draft

VEHICLE NO: SLX2826C

MODEL: HONDA SHUTTLE

DATE OF ACCIDENT	23/1/2020		
TIME OF ACCIDENT	1220	HRS	AM/PM
LOCATION OF ACCIDENT	AYE BEFORE ALEXANDRA EXIT		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	TEO TENG CHEOW		
CONTACT NO.	90259049		
NRIC	S2603379I		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	INDIA		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: TEO YONG SHUN		
NRIC	S9201986A	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	90259049	OFFICE:	HOME:
ADDRESS	BLK 117 TECK WHYE LANE #08-720 S(680117)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE / IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY		
ANY INJURIES	NO / IF YES: <u>Driver</u>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLK5926X	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKF7214S	ANY PASSENGER:	
VEHICLE D NO.	SLS6674Z	ANY PASSENGER:	
VEHICLE E NO.	SLM8476Y	ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
MOBILE NO.			
CONTACT PERSON			
FAX 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.: D19MPC0001494		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	:	SLX2826C
Chassis No	:	GP71121391
2. Name of Policyholder	:	TEO TENG CHEOW
3. Effective date of Insurance	:	22 Mar 2019
4. Expiry date of Insurance	:	21 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 600.00		
Unnamed Driver Excess Sect I : SGD 1,100.00		
Windscreen Excess : SGD 100.00		
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	:	13/03/2019 10:53:39
MX1-Private Car (Insured Driving)		
		<p><i>For India International Insurance Pte Ltd</i></p>  _____ Authorised Signatory

