

NATIONAL Assessment Centre Services

[ver 1 Jan'03]

NA 120012502

Date In: 28/01/2020 18:50	Job description	Date & Time Completed	Done by
Ref No: NA111200015321P	SAS e-filing		
Veh No: SJW4734A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/01/2020 13:15	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SM 8597U	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: ()

Remarks:	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

NA 2000913

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Itemization Checklist	Am't (\$)	Am't (\$)	Am't (\$)
1) AR: Accident Reporting (\$30);	30.00		
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: 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 2003)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance \$3			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
TP (N11): TP (Inc INC) against INC \$20			
9) N12: Idao Mobile \$0			
Invoice dated	Fax Charged		
Invoice dated	Fax Charged		

Auditors' Comments:

Ref: 2/3

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 18:50
Date Of Accident	25/01/2020 13:15
Exact Location Of Accident	PIE TWDS TUAS LAMP POST 12KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4734A
Insured/Policyholder	
Name Of Registered Owner	TAN CHONG CHIANG
NRIC No	SXXXX215Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96342032
Alternative Phone No	OFFICE-90113653

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001659
Cover Note Number	

Driver

Name of Driver	TAN JIA YI AIDEN
NRIC No	SXXXX446F
Date Of Birth	15/02/1993
Occupation	INDOOR
Date Of Driving Pass	24/12/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90113653
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	244 SIMEI STREET 5 #08-26
Postcode	520244
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	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	4
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.	YES
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG PIE TWDS TUAS ON LANE 1. CARS B,C AND D JAMMED BRAKE AND I DID THE SAME BUT WAS UNABLE TO STOP BEFORE HITTING CAR B. WHEN I HIT CAR B, IT WAS IN THE MIDST OF TURNING INTO LANE 2 AFTER HITTING CAR C.

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	SMM8597U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	ADAM TAN ANAU
NRIC/Passport Number	SXXXX291Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	6

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF7475E
Vehicle Make/Model/Colour	BMW 328I
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	SKV9921S
Vehicle Make/Model/Colour	TOYOTA ALTIS
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

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. 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:

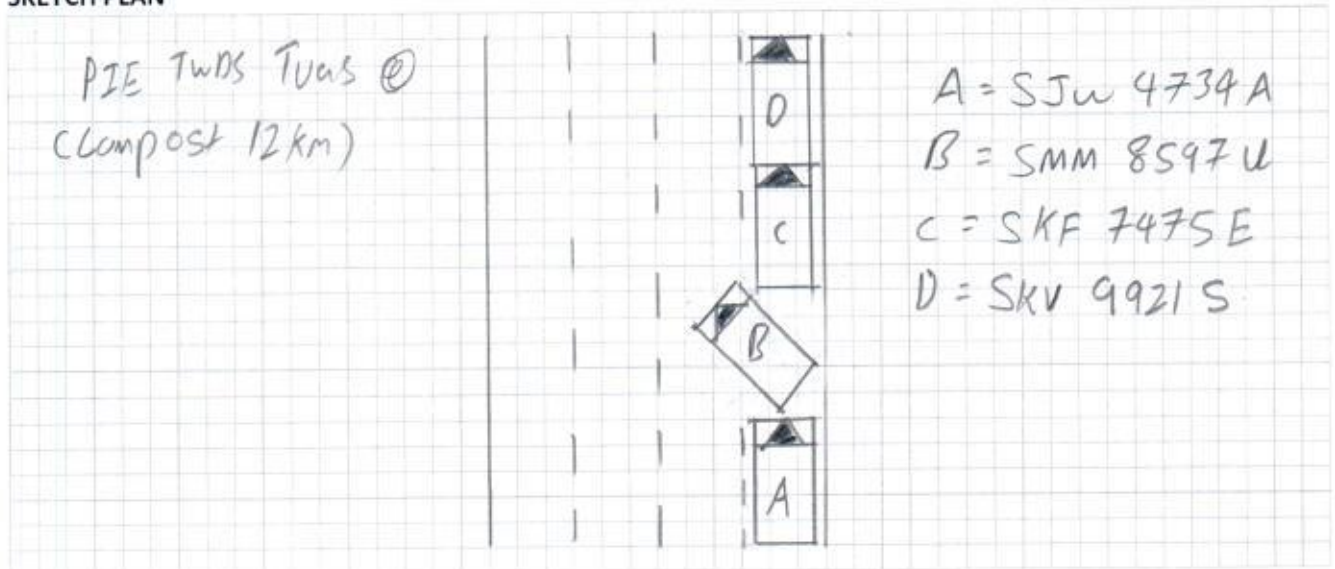


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas on lane 1. Cars B, C, D jammed brake and I did the same but was unable to stop before hitting car B. When I hit car B, it was in the midst of turning out into lane 2 after hitting car C.

DECLARATION

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

Yam
Policyholder's Signature
Date & Time:

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

82
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 1 / 2020 (DD/MM/YYYY), TIME: 13 : 15 (HH:MM)

LOCATION: PIE towards Tuis (Lampost 12km)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 4734A
b) INSURANCE COMPANY: India International Insurance
c) POLICY NUMBER: DIAMPC0001659
d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: Hyundai Avante
f) TYPE: (~~SALOON~~ / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
g) VEHICLE CATEGORY: (~~PRIVATE~~ / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO ←
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tan Chong Chiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1169215Z CONTACT: 96342032
c) ADDRESS: 244 Simei Street 5 #08-26 S(520244)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Jin Yi Aiden (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9305446F CONTACT: 90113653
c) ADDRESS: 244 Simei Street 5 #08-26 S(520244)

*d) DATE OF BIRTH: 15 / 02 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 7

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father-Son

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: SMM8597U MODEL: Hyundai Avante (3rd)
b) DRIVER'S NAME: Adam Tan Anau
c) NRIC/FIN/PASSPORT: S9270291Z CONTACT: 87519225

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKF7475E MODEL: Bmw 328i (2nd)
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

10. d) Vehicle number: SKU9921S model: Toyota Corolla Altis (1st)

* 4 Vehicles
In total

Email = aidentanji@gmail.com

Fax =

VIDEO =

* No of passenger
(including driver)
(5)

2M 3F

2M 4F

* No of passenger
(including driver)
(6)

* No of passenger
(including driver)
()

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.: D19MPC0001659

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle	: SJW4734A
Chassis No	: KMH DU41BLAU865960
2. Name of Policyholder	: TAN CHONG CHIANG
3. Effective date of Insurance	: 27 Mar 2019
4. Expiry date of Insurance	: 26 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 and Named Drivers Excess Sect I: SGD600.00
Unnamed Drivers Excess Sect I: SGD1,100.00
Windscreens Excess: SGD100.00


Hire Purchase Company : Lien Chong Enterprises Pte Ltd

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 : A000050/Sunmex Enterprise
Date of Issue : 21/03/2019 15:49:58
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory

SUNMEX ENTERPRISE
8 ENGGOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120012502-01 Vehicle Registration No: SJW4734A
Name (as shown in NRIC) : TAN JIA YI AIDEN NRIC/FIN/Passport No : SXXXX446F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 244 SIMEI STREET 5 #08-26 Singapore (520244)
Contact (Tel) : 90113653 Mobile No. : 90113653
Email Address : NO EMAIL
Date of Accident : 25/01/2020 Time of Accident : 13:15
Place of Accident : PIE TWDS TUAS LAMP POST 12KM
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADD PHOTOS

SHERWIN

Policyholder / Driver's Signature
Date:

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