

NATIONAL Assessment Centre Services. [part 1 J3805].

MINAY 2004 2053

Date In: 14/04/2020 15:42	Job description	Date & Time Completed	Done by
Ref No: NBA/HIG/2000519714	SAS e-filing		
Veh No: SMR 4386L	e-mail (E-jobs sheet, AIC sheet)		
DOA: 13/08/2020 11:30	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (With/In: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whiz		

Preferred Wreck / INC Assign Wreck / OW: () Tel: () Fax: ()

TP Participants: () Veh No: YN182FC INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: ()

NA2002692	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$20
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (var 10 Jan 2019)	\$20
	6) TR: Re-inspection	\$100
	7) NI: Day DA + SMRT Survey	\$100
	8) NIUC: Additional Services	
	9) NI: Day Mobile	\$0
	*NS: Courtesy Car / Tpt Allowance	\$20
	*NS: Repair Co-ordination	\$20
	*PT: Post Repair Inspection	\$20
	*NI: DV / Collect Documents Coordination	\$20
	TP (NI) + YP (NS) + INC Supplement	\$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	14/04/2020 15:42
Date Of Accident	13/04/2020 11:30
Exact Location Of Accident	TUAS SOUTH AVENUE 4 AFTER TUAS SOUTH AVENUE 7 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4386L
Insured/Policyholder	
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Co Reg No	1XXXXX320D
Email Address	FOI@TAIYOJACK.COM
Mobile Phone No	(LOCAL) +65-88794923
Alternative Phone No	OFFICE-88794923
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE-2.5 ELEGANCE MOONROOF (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993916/100880085-00000
Cover Note Number	
Driver	
Name of Driver	OI FUKUICHI
Passport No/FIN	FXXXX288R
Date Of Birth	13/02/1991
Occupation	INDOOR
Date Of Driving Pass	16/06/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88794923
Fax Number	
Contact Number	OTHERS-88794923
E-Mail Address	FOI@TAIYOJACK.COM

Address	10, FOURTH LOK YANG
Postcode	629707
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	YN1828C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:

大井福一

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

14/04/2020
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/04/2020 (dd/mm/yy) Time of Accident: 11:30 (24-HR-FORMAT)
Vehicle No.: SMR 4386 L Vehicle Make & Model: TOYOTA VELLFIRE ELEGANCE MOONRO
Exact location of Accident: Tuas South Avenue 4 after Tuas South Ave 7 exit.
Policyholder's Name / IC No.: HONG SEH MOTORS PTE LTD 198203320D
Driver's Name / IC No.: oi Fukuchi / F187 22882 (As Above)
Driver's Contact No.: 8879 4923 Company Contact No.:
Driver's Address: 10 FOURTH LOK YANG ROAD S629707
Insurance Company: AIG Email address (if any): foi@taiyotack.com

Relationship between Owner & Driver: HIRER or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 0

Passenger Name: _____

Gender: _____

Passenger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: YN 1828 C

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,200.00 (1 & 1)
CERTIFICATE NO. 999993916/109880085-00000	WINDSCREEN EXCESS	SS\$100.00
	<small>(for policies with effect from 1st November 2002)</small>	
	SUM INSURED	SS\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SMR4386L	
2) NAME OF INSURED	HONG SEH MOTORS PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	8 Jan 2020	
4) DATE OF EXPIRY OF INSURANCE	7 Jan 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
Any person who is driving on the insured's 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) LIMITATION AS TO USE *		
Use for the carriage of passengers or goods in connection with the insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. 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. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.		
LOSS OF USE	NOT INCLUDED	
* NAMED DRIVER	N/A	
HIRE PURCHASE COMPANY	UNITED OVERSEAS BANK LTD	
<small>* 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</small>		

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)

Issued At Singapore 31 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
 DIRECT CLIENTS 01-4-95
 AIG BUILDING
 78 SHENTON WAY #07-16
 SINGAPORE 079120


 Authorized Representative

ORIGINAL

ISSP141