

# NATIONAL Assessment Centre Services.

(not a job)

MMAY20051699

Date In: 15/06/2020 16:21	Job description	Date & Time Completed	Done by
Ref No: NBT/1420006273/Y	SAS e-illing		
Veh No: GBT/5644	E-mail (Update this, Atc this)		
OD: 15/06/2020 14:15	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (w/under OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whip		

Toll:

Post:

Preferred Wkep / INC Assign Wkep / GW: (

TP Particulars:

Veh No:

SBF 63044

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 (

)

( ) 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 > \$9000) ( )

Injury: ( )

NA2003123

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Begr-In-Charge):

Sub It

7/7

1) All: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$110)

4) PT: Follow-Through Survey (\$110)

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

6) TR: Re-inspection (\$75)

7) NI: Day DA + SMRT Survey (\$100)

8) IFUC: Additional Services

9) ON: ( )

10) NS: Courtesy Car / Tpt Allowance (\$3)

11) NC: Repairs Coordination (\$10)

12) PT: Post Repair Inspection (\$25)

13) NO: DV / Collect Repairs Coordination (\$2)

14) TP (HLL) TP (HLL) against IFUC (\$25)

15) NI: Day DA (\$100)

16) NI: Day DA (\$100)

17) NI: Day DA (\$100)

18) NI: Day DA (\$100)

19) NI: Day DA (\$100)

20) NI: Day DA (\$100)

For Charged

For Charged

For Charged

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For 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	15/06/2020 16:21
Date Of Accident	15/06/2020 14:15
Exact Location Of Accident	CARPARK HG25 KOVAN MARKET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5768U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARHUB LTD
Co Reg No	-
Email Address	HUAHONG.TAN@STARHUB.COM
Mobile Phone No	(LOCAL) +65-98512695
Alternative Phone No	OFFICE-83326341

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	LUNCH
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	D19MFL0000105_01
Cover Note Number	

### Driver

Name of Driver	TAN HUA HONG
NRIC No	SXXXX660D
Date Of Birth	10/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512695
Fax Number	
Contact Number	OFFICE-83326341
EMail Address	HUAHONG.TAN@STARHUB.COM



Address	BLK 352 HOUGANG AVENUE 7 #11-739
Postcode	530352
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	WET

#### 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

I AM DRIVING VEHICLE 'A' JUST DROVE OUT OF THE PARKING LOT, GOING ALONG THE FLOW OF TRAFFIC IN ORDER TO EXIT THE CARPARK. VEHICLE 'B' SUDDENLY BRAKE HARD AFTER SEEING A LOT AND START TO REVERSE WITHOUT CHECKING AND BANG INTO VEHICLE 'A'.

#### 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	SGF6304U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUN MUXJAN
NRIC/Passport Number	SXXXX862D
Contact Number	97119166
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.

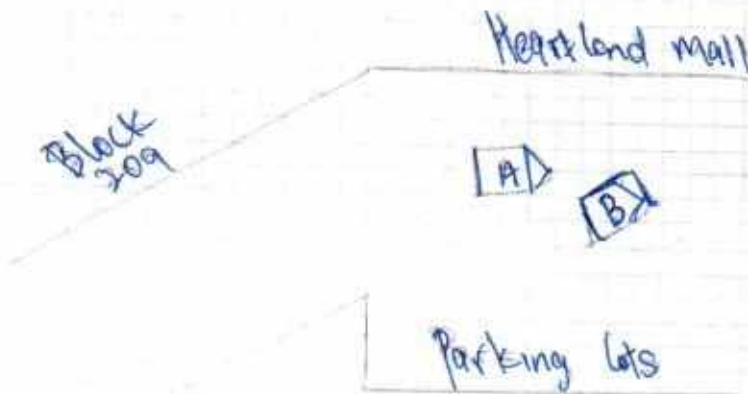


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/6/2020 15:00

Reporting Centre Personnel's Signature  
Name: Rosli  
NRIC/FIN No: 15/06/2020

SKETCH PLAN



A = 6B451684  
B = 59f63044

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving vehicle A. Just drove out of the parking lot, ~~was~~ going along the flow of traffic in order to exit the carpark. Vehicle B suddenly brake hard after seeing a lot of road to reverse without any check when being in vehicle A.

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: 13/6/20 15:41

Reporting Centre Person's Signature  
Name:

NRIC/FIN No.:

15/6/2020

Rohit [Signature]

# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 05 / 2020) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: Caroline Way 25 Novan market

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GH5763A  
 b) INSURANCE COMPANY: Indie International Insurance  
 c) POLICY NUMBER: DIAMTELO000016-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes Benz  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 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: Starlink Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT:  CONTACT: 48512695  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tom Van Nuy (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 98006600 CONTACT: 912 0001  
 c) ADDRESS: 200 3rd Floor, 200 3rd Floor, 200 3rd Floor

\* d) DATE OF BIRTH: (10 / 05 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9

## 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) Clear

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: 56663AM MODEL: TOYOTA  
 b) DRIVER'S NAME: Sun Mawson  
 c) NRIC/FIN/PASSPORT: 92006600 CONTACT: 9211 9100

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 56663AM MODEL:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT:  CONTACT:

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
(1)

Chassis = Mercedes van @ Starlink van

fax = motor @ km van 30

video = wa



MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 159)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966 ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO.: D19MFL0000105\_01

1. Index Mark and Registration Number of Vehicle	: GBH5768U
Chassis No	: VSKYBAM20Z0158414
2. Name of Policyholder	: STARHUB LTD
3. Effective date of Insurance	: 01 Jan 2020
4. Expiry date of Insurance	: 31 Dec 2020

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

Limitations as to use\*

(1) Use in connection with the Policyholder's business;  
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business;  
(3) Use for social, domestic and pleasure purposes.

(2) Use whilst drawing a trailer except the towing 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 Section I	:	SGD	500.00
Excess Section II	:	SGD	1,000.00
Windscreen Excess	:	SGD	100.00
Hire Purchase Company	:	N.A	

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 1 YEAR DRIVING EXPERIENCE, EXCESS OF \$51000+ ON SECTION I & \$51500+ 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: B000018 COMFORTDELGRO INSURANCE BROKERS PTE LTD  
Date of Issue: 03/12/2019 11:42:23

M.Z. 300C - GOODS CARRYING (Company's Use)

For India International Insurance Pte Ltd

Authorized Signatory