

NATIONAL Assessment Centre Services. [Part 1 Jan 2005]

NA2003338

Date In: <i>23/06/2005 17:51</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA2003338/NA20006615/Y</i>	SAS e-filing		
Veh No: <i>8MD 5371X</i>	E-mail (Update 2hrs, AIC 2hrs)		
D.O.A: <i>23/06/2005 13:55</i>	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Withur OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Asst Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: <i>8MD 5371X</i>	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%. F: 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: _____

<i>NA2003338</i>	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damage Portion:	4) PT: Follow-Through Survey	\$110
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	*For claiming against INC Only (valid 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$100
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NT: DV / Collect Excess Coordination	\$3
	TP (NIU) / TP (S-in INC) against ITC	\$10
	9) NI: Idea 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	23/06/2020 17:51
Date Of Accident	23/06/2020 13:55
Exact Location Of Accident	PIONEER SECTOR 1 TOWARDS KEPPEL SHIPYARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5371X
Insured/Policyholder	
Name Of Registered Owner	HONG SEH MOTORS PTE. LTD.
Co Reg No	-
Email Address	KENNETH@HONGSEH.COM.SG
Mobile Phone No	(LOCAL) +65-93696686
Alternative Phone No	OFFICE-93696686

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	999993916/100864457-00000
Cover Note Number	

Driver

Name of Driver	ROSZANI BIN ROSLAN
NRIC No	SXXXX779B
Date Of Birth	06/09/1978
Occupation	INDOOR
Date Of Driving Pass	17/08/2006
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93696686
Fax Number	
Contact Number	OTHERS-93696686
E-Mail Address	KENNETH@HONGSEH.COM.SG

Address	BLK 944 JURONG WEST STREET 91 #03-495
Postcode	640944
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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

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	SMD8311A
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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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.

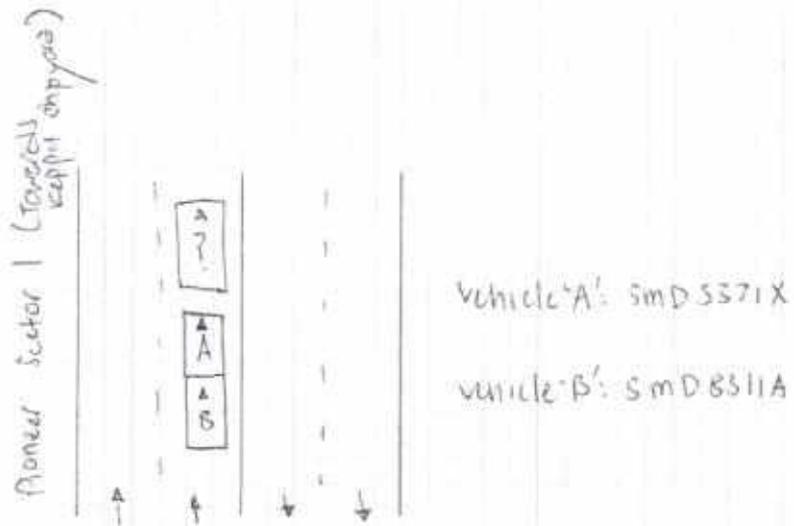


Policyholder's Signature
Date & Time:

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

on the stated date and time, i vehicle 'A' was travelling along my designated lane along pioneer sector 1 towers koppel stopped. There was a trailer in front of me as such i was stationary also shortly after i felt a huge impact hitting me from the left. I got down to realized that vehicle 'B' has collided into me that is all.

DECLARATION

I/We declare that the above 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:

28/06/2022
Resli
[Signature]

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/6/20 (dd/mm/yy) Time of Accident: 13:55 (24-HR-FORMAT)

Vehicle No: SMD 5371X Vehicle Make & Model: Toyota Alphard

Exact location of Accident: Pioneer Sector 1 towards Koppel Shipyard

Policyholder's Name / IC No: Hony seh Motors Pte Ltd / S

Driver's Name / IC No: ROSZANI Bin ROSLAN / S7825779B (As Above)

Driver's Contact No: 9369 6686 Company Contact No:

Driver's Address: APT BIK 944 Julong West St 91 #03-495, S(640944)

Insurance Company: AIG Email address (if any): Kenneth@honyseh.com.sg

Relationship between Owner & Driver:

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): 1

Passenger Name: _____
Passenger Name: _____

Gender: _____
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: SMD 8311A

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, 1960
 ROAD TRANSPORT ACT, 1967 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M2400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$1,200.00 (I & II)
CERTIFICATE NO. 999993916/100864457-00000	WINDSCREEN EXCESS	S\$100.00
	<small>(for policies with effect from 1st November 2002)</small>	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SMD5371X	
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.	
<p>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.</p>		
6) LIMITATION AS TO USE *	<p>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</p> <ol style="list-style-type: none"> 1) Use for racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for forward) 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	
<p>* 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, 1967 (Malaysia), are not to be included under these headings.</p>		

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, 1967 (Malaysia).

Issued At Singapore 31 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

00064-000
 DIRECT CLIENTS 01495
 AIG BUILDING
 78 SHENTON WAY #07-10
 SINGAPORE 078120


 Authorised Representative

ORIGINAL

03/1/20