

NATIONAL Assessment Centre Services. (part 1 Jan 2005)

NA2003424

Date In: 25/06/2020 12:24	Job description	Date & Time Completed	Done by
Ref No: N/A / T1 200066714	SAS e-filing		
Veh No: GRG 530B	E-mail (to John Star, AIC Staff)		
00A: 20/06/2020 15:30	I-Motor Claim Form		
<input type="checkbox"/> TP / Reporting Only TP Insurer:	I-Motor W/O (With/for: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/VH32			

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

TP Particulars: Vch No: SL 19034 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 repolar.

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: \_\_\_\_\_

Date: \_\_\_\_\_

NA2003424	1) ARI Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Damage Assessment (\$100) INC (110)	
Contact No:	3) TP Towing Fee \$10/\$45	
Damaged Portion:	4) PT Follow-Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PF Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 hrs 200)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NIUC Additional Services	
	9) NI: Courtesy Car / Tnl Allowance \$5	
	*NI: Repairs Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	*NI: DV / Collect Excess Coordination \$10	
	TP (411) / TP (85) INC against INC \$0	
	9) NI: Idan Mobile	
	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	25/06/2020 12:34
Date Of Accident	20/06/2020 15:30
Exact Location Of Accident	ALONG YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG530B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARENA KTV PRIVATE LIMITED
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81386262
Alternative Phone No	OFFICE-83893765

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

#### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0003314_01
Cover Note Number	

#### Driver

Name of Driver	JIMMY ONG WEI SIONG
NRIC No	SXXXX353C
Date Of Birth	30/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81386262
Fax Number	
Contact Number	OTHERS-83893765
EMail Address	NOEMAIL

Address	BLK 677A YISHUN RING ROAD #05-1994
Postcode	761677
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	COLLISION - HEAD TO REAR
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

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	SLL1903H
Vehicle Make/Model/Colour	HONDA
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:

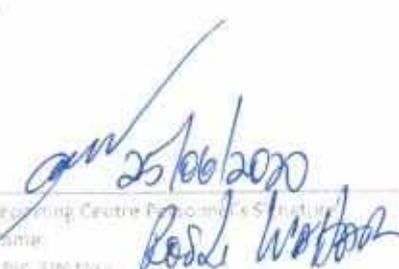
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Driver's Signature: 

(If driver is not the policyholder)

Date & Time: 24.06.2020 @ 04:00pm

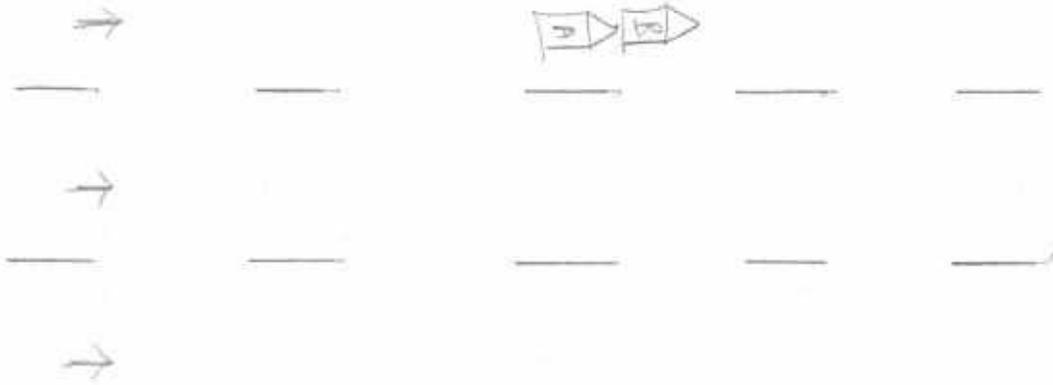
Recording Centre Personnel's Signature: 

Name: Rosal Watson

NRIC/INE NO: 251662020

SKETCH PLAN

Along Yishun AVENUE (



- A) G86 J30B
- B) SL2 1903H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, I was driving along lane 3 & suddenly vehicle B ahead of me braked & I couldn't react as time hence collided onto its rear portion.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 24.06.2010 @ 04:00 pm



Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 24.06.2010 @ 04:00 pm

Reporting Centre Person's Signature  
 Name: Redi  
 BRIC/FIN No.: 25/06/2010

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 20/6/20 Time: 15:30 (24 hr format)
Exact Location of Accident *	Yishun Ave 1
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	G8H530 B Make & Type*: Hiace
Name of Registered Owner *	Arena Ktu Private Limited
NRIC / FIN / Passport / Co Regn No. *	
Contact Number *	8138 6262 Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No If No, Please state action to be taken
	<input type="checkbox"/> Third Party Claim ( <del>over</del> <u>over workshop</u> ) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <u>India</u>
Type of Policy *	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DJ8MCD0002314 - 01
DRIVER	
Name of Driver *	Jianing Ong Wai Siang Gender: <u>Female</u> / Female
NRIC / FIN / Passport Number *	S8921353C
Date of Birth *	30/06/1989 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	24/12/13
Contact Number *	83893765
Address	677A Yishun Ring Rd #05-1994(S) 761677
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / <u>Others</u> <u>Employed</u>
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	<u>Wet</u> / Dry / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	( 2 )
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	( 1 )
Passengers	Name: _____ Name: _____
	Gender: Male / Female _____ Gender: Male / Female _____
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>	

**DETAILS OF OTHER VEHICLE(S) / PROPERTIES**

Vehicle Registration Number *	1) S221903H	2)
Vehicle Make / Model / Colour	Honda	
Damage to Vehicle/Property?	Y	
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
<b>DETAILS OF WITNESS</b>		
Name		
Contact No. / Email Address		

## 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.

<b>CERTIFICATE NO.: D18MCV0003314_01</b>	<b>COVER: Comprehensive</b>
<p>1. Index Mark and Registration Number of Vehicle : <b>GBG530B</b>          Chassis No : <b>KDH2010186499</b></p> <p>2. Name of Policyholder : <b>ARENA KTV PRIVATE LIMITED</b></p> <p>3. Effective date of Insurance : <b>22 Dec 2019</b></p> <p>4. Expiry date of Insurance : <b>21 Dec 2020</b></p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder'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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business.          b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.          c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.          b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <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, 1987 (Malaysia), are not to be included under these headings.</p>	
<p>Excess Sect I: <b>SGD600.00</b>          Windscreen Excess: <b>SGD100.00</b>          Hire Purchase Company : <b>MV Credit Pte Ltd</b></p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>	
<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, 1987 (Malaysia).</p> <p>Agent/Broker : <b>A000050/Sunmex Enterprise</b>          Date of Issue : <b>05/12/2019 11:29:14</b>          M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p> <p style="text-align: right;"><i>For India International Insurance Pte Ltd</i></p> <div style="text-align: right;">   <hr style="width: 100px; margin-left: auto; margin-right: 0;"/>         Authorized Signatory       </div>	

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