

# NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2001)

MAN/20058015

Date In: 08/01/2020 17:27	Job description	Date & Time Completed	Done by
Ref No: N/A/20007361	SAS e-filing		
Veh No: SW 1639K	E-mail (Ejula Sur, AIC Sur)		
DDA: 08/01/2020 10:15	1-Motor Claims Form		
(01) TP: Reporting Only	1-Motor W/O (W/O: OD Sur, TP Sur)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Whse / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SW 1639K	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 > \$3000] ( )		

Injury: \_\_\_\_\_

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engn-In-Charge):	

Additional Comments:	1) AIT Accident Reporting (\$30)	
	2) DA1 Damage Assessment (\$100) INC (\$10)	
	3) TP1 Towing Fee	\$40/\$45
	4) PT1 Follow-Through Survey	\$120
	5) PT1 Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2001)	
	6) TL1 Re-inspection	\$75
	7) NI1 Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD1	
	• NI1 Courtesy Car / Tpl Allowance	\$5
	• NI1 Repairs Coordination	\$10
	• NI1 Post Repair Inspection	\$25
	• NI1 DV / Collect Excess Coordination	\$5
	TP (NI1) / TP (Non INC) against INC	\$30
	9) NI1 Idas 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	08/07/2020 17:27
Date Of Accident	08/07/2020 10:15
Exact Location Of Accident	ALONG QUEENSWAY UNDERPASS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1639K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN KIAT FONG
NRIC No	SXXXX004C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97777226
Alternative Phone No	OTHERS-97777226

### Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001819_01
Cover Note Number	

### Driver

Name of Driver	CHIN KIAT FONG
NRIC No	SXXXX004C
Date Of Birth	02/03/1966
Occupation	INDOOR
Date Of Driving Pass	19/12/1992
Driving Experience	27 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97777226
Fax Number	
Contact Number	OTHERS-97777226
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 333 CLEMENTI AVENUE 2 #08-84
Postcode	120333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	SMN4258U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN WEE JIAN REN
NRIC/Passport Number	SXXXX749G
Contact Number	98351994
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

## SKETCH PLAN

### IMPORTANT NOTICE

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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.:

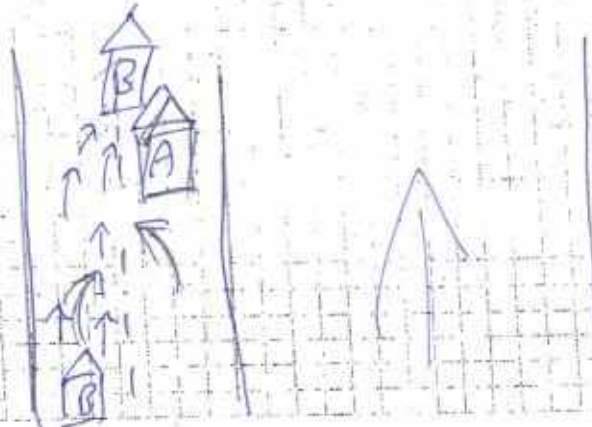


SKETCH PLAN

(A) SLN 1639K

(B) SMN 42584

Queenway  
underpass



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Queenway underpass when suddenly,  
vehicle (B) cut into my lane and jammed brake.

DECLARATION

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

Policyholder's Signature

Date & Time: 08-07-2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/07/2020  
Reporting Centre Personnel's Signature  
Name: Keith Watters  
NRIC/FIN No.:

PERSONAL PARTICULARS

(1) Driver (Female)

Date of Accident: 08/07/2020

Time of Accident: 10 17 (24Hrs)

Vehicle No: 3LN 1639 K

Vehicle Make/Model: Honda Odyssey

Exact Location of Accident: Along Queensway Underpass.

Owner's Name/NRIC: Chin Kiat Tong 51736004 C

Driver's Name/NRIC: Chin Kiat Tong 51736004 C

Driver's Contact: 97777266

Insurance Co & Policy No: India Ins. - DIA MFC0001819-01

Driver's Email Address: Hancorepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? \_\_\_\_\_

(1) driver male

(2) passenger

The Other Party (Vehicle B) Details

Driver's Name/IC: Darren Wee Jian Ren 58637749G Vehicle No: SMN 4258U

Insurance Company: \_\_\_\_\_

Driver's Contact: 98351994

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_

Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_

Contact: \_\_\_\_\_

\* If no proper document 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, 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.: D19MPC0001819_01</b>		<b>COVER: COMPREHENSIVE</b>
<b>1. Index Mark and Registration Number of Vehicle</b>	: SLN1639K	
<b>Chassis No</b>	: JHMRC1890GC209717	
<b>2. Name of Policyholder</b>	: CHIN KIAT FONG	
<b>3. Effective date of Insurance</b>	: 25 Apr 2020	
<b>4. Expiry date of Insurance</b>	: 24 Apr 2021	
<b>5. Persons or Classes of Persons entitled to drive*</b>	<p>(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.</p> <p>(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</p>	
<b>6. Limitations as to use*</b>	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>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.</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>Insured &amp; Named Drivers Excess Sect I : SGD1,000.00          Unnamed Drivers Excess Sect I : SGD1,500.00          Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : Maybank</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 : A000030/Drivers' Choice (Pte Ltd)          Date of Issue : 06/03/2020 15:28:37          MX1-Private Car (Insured Driving)</p>		
		<p>For India International Insurance Pte Ltd</p>  _____ Authorized Signatory