

NATIONAL Assessment Centre Services. [Date: 1 Jan 2001]

MA 480065475

Date In: 02/18/2020 18:05	Job description	Date & Time Completed	Done by
Ref No: N/A / TP 2000 799814	SAS e-filing		
Veh No: SKX 4568X	E-mail (Update time, A/C time)		
DOA: 02/18/2020 20:25	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (With/Out OD loss, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VW/Rep		
Preferred Wksp / INC Assign Wksp / GW: ( )	Tel: ( )	Fax: ( )	
TP Particulars: ( )	Veh No: SMS 11834	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: (\$ )	Landing: \$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: ( )			

NA2003989	1) All Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$15)		
Contact No:	3) TP: Towing Fee \$40145		
Damage Portion:	4) PT: Follow-Through Survey \$170		
	5) PF: Follow-Through Survey (Resurvey) \$30		
	Vehicle being inspected INC Only (over 10 Jan 200)		
	6) TR: Re-inspection \$75		
	7) NI: No DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
TC Checked by (Engr-In-Charge):	• NS: Courtesy Car / Tpl Allowance \$3		
	• NS: Repairs Coordination \$10		
	• NS: Post Repair Inspection \$25		
	• NS: DV / Collect Insurance Coordination \$3		
	TP (RUI) TP (Sua INC) replace INC \$28		
	TP (RUI) TP (Sua INC) replace INC \$30		
	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	03/08/2020 18:05
Date Of Accident	01/08/2020 20:25
Exact Location Of Accident	SLIP RD OF UPPER PAYA LEBAR RD TO UPPER SERANGOON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4568X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED FADZLI BIN HAMSANI
NRIC No	SXXXX552B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90041251
Alternative Phone No	OTHERS-90041251

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0003141_01
Cover Note Number	

### Driver

Name of Driver	MOHAMED FADZLI BIN HAMSANI
NRIC No	SXXXX552B
Date Of Birth	08/09/1979
Occupation	INDOOR
Date Of Driving Pass	21/09/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90041251
Fax Number	
Contact Number	OTHERS-90041251
Email Address	HANCARREPAIRS@GMAIL.COM



Address	BLK 439A SENGKANG WEST AVENUE #12-323
Postcode	791439
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	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	SMS1183U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOK SIOW CHONG
NRIC/Passport Number	SXXXXX337A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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:

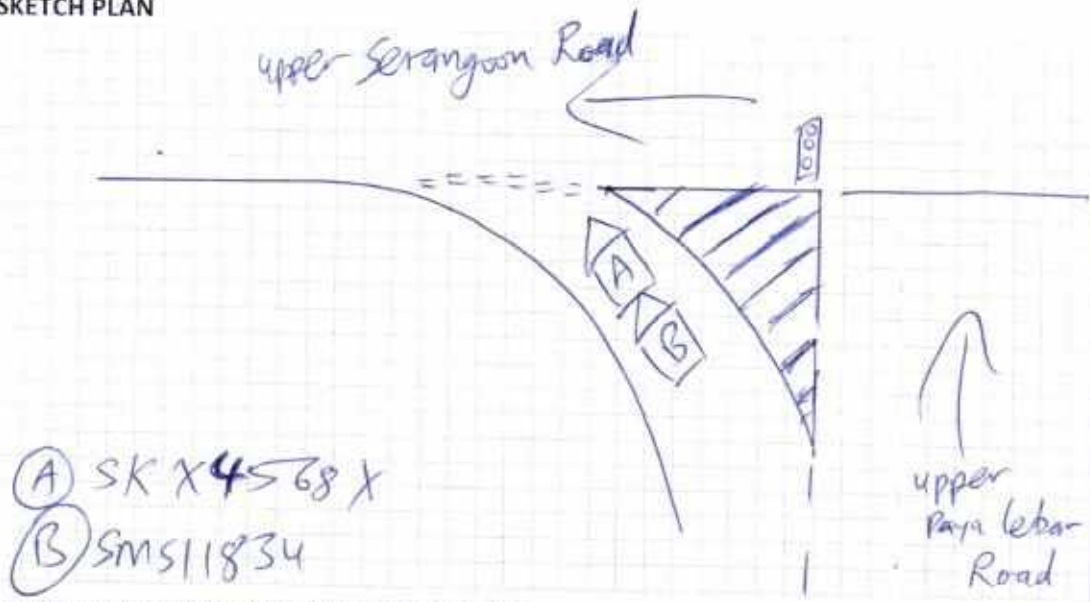
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

\_\_\_\_\_  
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

I was travelling along slip Road of upper Paya Lebar Road towards upper Serangoon Road.

I braked and come to a complete stop to give way to oncoming vehicles.

Unfortunately, vehicle (B) came from behind and hit my car (A)

## 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:

03/08/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



PERSONAL PARTICULARS

1 driver  
0 passenger

Date of Accident: 01/08/2020

Time of Accident: 20 25 (24Hrs)

Vehicle No: SKX4568X

Vehicle Make/Model: Nissan X-Trail (1997cc)

Exact Location of Accident: Slip road of upper paya lebar road to upper serangoon

Owner's Name/NRIC: Mohamed Fadzli Bin Hamsani / S7927552B

Driver's Name/NRIC: Mohamed Fadzli Bin Hamsani / S7927552B

Driver's Contact: 90041251

Insurance Co & Policy No: India Insurance

Driver's Email Address: hancarrepairs@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  
1 passenger (female)

The Other Party (Vehicle B) Details S 8336337A

Driver's Name/IC: MOK SIOU Chong

Vehicle No: SMIS1183U

Insurance Company: —

Driver's Contact: —

(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.**

**CERTIFICATE NO.: D18MPC0003141\_01**

**COVER: COMPREHENSIVE**

1. **Index Mark and Registration Number of Vehicle** : SKX4568X  
**Chassis No** : JN1JANT32Z0001262
2. **Name of Policyholder** : MOHAMED FADZLI BIN HAMSANI
3. **Effective date of Insurance** : 14 Dec 2019
4. **Expiry date of Insurance** : 13 Dec 2020
5. **Persons or Classes of Persons entitled to drive\***
  - (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.
  - (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

**6. Limitations as to use\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover**

- 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.

\*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.

Insured & Name Drivers Excess Section I	SGD	750.00
Unnamed drivers Excess Section I	SGD	1,250.00
Windscreen Excess	SGD	100.00

Hire Purchase Company : DBS Bank Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : A000030/Drivers' Choice (Pte Ltd)

Date of Issue : 13/11/2019 09:34:11

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory