

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA 20090173

Date In: 15/12-1118	Job description	Date & Time Completed	Done by
Ref No: NA/222201173/24	SAS e-filing		
Veh No: 5K74104	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 15/12-09:20	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5K74104	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 ( )	

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury :

Date/Time	Actions

NA205567	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 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	15/10/2020 11:18
Date Of Accident	15/10/2020 07:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT4510H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU TZE HON
NRIC No	SXXXX041Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97810849
Alternative Phone No	OFFICE-97810849

### Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 LX CVT
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	D19MPC0002550_01
Cover Note Number	

### Driver

Name of Driver	JEANNIE WONGSODIHARDJO
NRIC No	SXXXX429I
Date Of Birth	02/08/1975
Occupation	INDOOR
Date Of Driving Pass	27/12/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97810849
Fax Number	
Contact Number	OFFICE-97810849
EEmail Address	NOEMAIL

Address	BLK 57 HILLVIEW AVENUE #04-02
Postcode	669568
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

#### 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	SLD8654Y
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL2098L
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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)

#### DETAILS OF INJURED PERSON 1

Name

JEANNIE WONGSODIHARDJO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKT4510H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



### SKETCH PLAN

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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.: \_\_\_\_\_

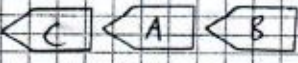
SKETCH PLAN:

PIE TWDS TUAS BEFORE CLEMENTI EXIT

VEHICLE A: SK7451011

VEHICLE B: SL78654Y

VEHICLE C: SKL2098L

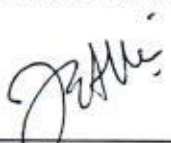



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TWDS TUAS BEFORE CLEMENTI EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C.

DECLARATION

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

x   
Policyholder's Signature  
Date & Time:

x   
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



## Accident Reporting Draft

VEHICLE NO: SKT4510H

MODEL: HONDA VEZEL

DATE OF ACCIDENT	15/10/20		
TIME OF ACCIDENT	0720	HRS	AM/PM
LOCATION OF ACCIDENT	PIE TWDS TUAS BEFORE CLEMENTI EXIT		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	LAU TZE HON		
CONTACT NO.	97810849		
NRIC	S7411041Z		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	III		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: JEANNIE WONGSODIHARDJO		
NRIC	S7575429I	ANY PASSENGER: 0	
DATE OF BIRTH	2/8/1975		
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / <u>FEMALE</u>		
CONTACT NO.	97810849	OFFICE:	HOME:
ADDRESS	APT BLK 57 HILLVIEW AVENUE #04-02 S(669568)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE / IF NO: <u>children</u>		
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY		
ANY INJURIES	<u>NO</u> / IF YES: Driver		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLD8654Y	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKL2098L	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: <a href="mailto:ryderautoworkshop@gmail.com">ryderautoworkshop@gmail.com</a>                  Tel: 67418277 Fax: 67468277             </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

## 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.: D19MPC0002550\_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SKT4510H  
Chassis No : MRHRU1830FP000134
2. Name of Policyholder : LAU TZE HON
3. Effective date of Insurance : 09 Jun 2020
4. Expiry date of Insurance : 08 Jun 2021
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 & Named Drivers Excess Sect I: SGD600.00

Unnamed Drivers Excess Sect I : SGD1100.00

Windscreen Excess : SGD100.00

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 : A000038/M Plus Consultancy

Date of Issue : 05/05/2020 12:30:00

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory