

NATIONAL Assessment Centre Services.

part 1 Jan 03 *NA200587*

Date In: <i>31/10/2020 16:55</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/11/20011884N</i>	SAS e-illing		
Veh No: <i>PA 5791Y</i>	E-mail (Adjust 3hrs, AIC 3hrs)		
D.O.A: <i>30/10/2020 12:35</i>	I-Motor Claims Form		
OD/TP: Reporting Only	I-Motor W/O (With/for: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKaz		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: *YN 8875* 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 repairer.

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

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

<i>NA200587</i>	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$45
Driver/Owner:	4) FT: Follow-Through Survey	\$120
Contact No:	5) FT: Follow-Through Survey (Resurvey)	\$30
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	* N5: Courtesy Car / Tpl Allowance	\$3
	* N6: Repairs Coordination	\$10
	* N7: Post Repair Inspection	\$23
	* N8: DV / Collect Excess Coordination	\$3
	TP (NI): TP (OWN INC) against INC	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NA200587

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	31/10/2020 16:55
Date Of Accident	30/10/2020 12:35
Exact Location Of Accident	NO1 PHENG GECK AVENUE SAN RITZ CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5791Y
Insured/Policyholder	
Name Of Registered Owner	MOK TUCK CHON
NRIC No	SXXXX622C
Email Address	WLM1201@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90296780
Alternative Phone No	OTHERS-81387987

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (A)
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	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MCV0003137_01
Cover Note Number	

Driver

Name of Driver	MO WEILIANG
NRIC No	SXXXX445A
Date Of Birth	12/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90296780
Fax Number	
Contact Number	OTHERS_81387987

Address	BLK 15 JOO SENG ROAD #09-97
Postcode	360015
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN487J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN
NRIC/Passport Number	
Contact Number	82181771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

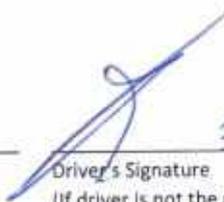
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

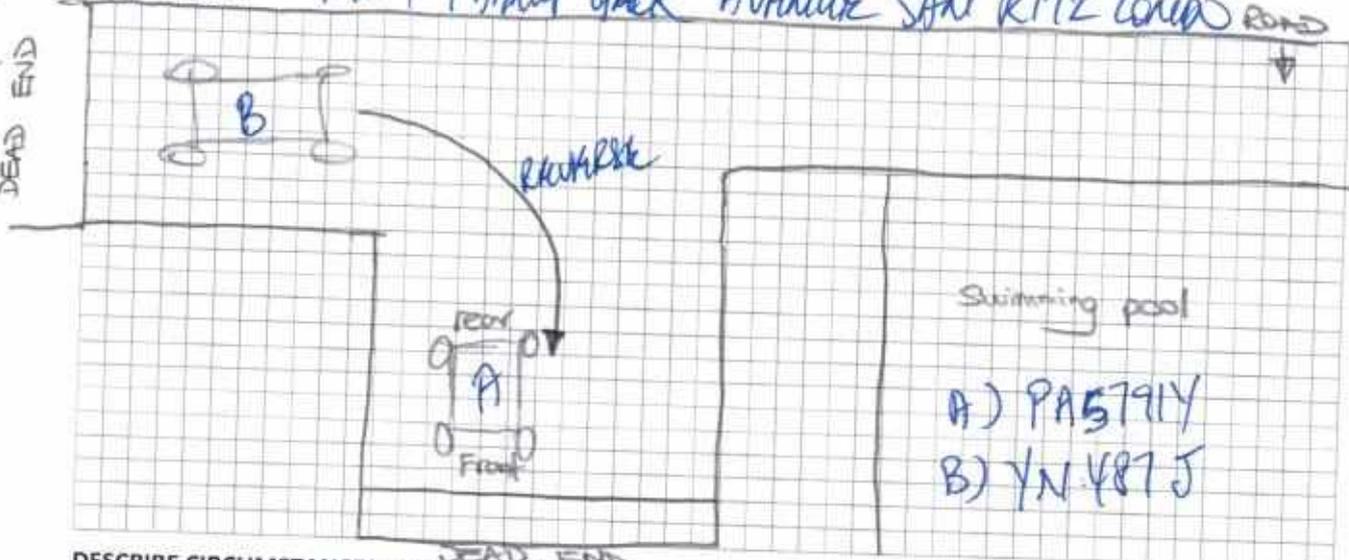

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/10/2020 1300 hrs


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

SKETCH PLAN

N/O-1 PHYRAG GREEK AVENUE SAN RITZ COMPO ROAD

DEAD END



A) PA5791Y
B) YN 487J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/10/2020, at about 1215 hrs, I arrived @ 1 Phrag Greek Ave, San Ritz Compo to do some parcel deliveries. I was instructed by the guard to park @ the bin centre which is a usual spot for loading and unloading (can accommodate up to 2 vehicles). Upon returning to my vehicle at about 1235 hrs, I realised that my vehicle's rear left corner was damaged by the impact of another vehicle knocking into it. The cleaner, Mr. told me that an IKEA truck YN487J had knocked into my vehicle and showed me photos. I asked him to send me the photos but he do not have them thus I took pictures of the photos in his phone. Subsequently, I went to the guardhouse and enquired if anyone witness the accident. Both Mr David (guard) and Mr witnessed the accident. I got the driver's contact from the guard house. I contacted Mr Tan, the driver of the truck who answered in a hostile manner, ~~asking~~ asking me to go file a report to claim against him as he did not have the intention to compensate personally. I do have onboard driving recorder to prove the incident should the opposite party deny.

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: 31/10/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: 30/10/2020 (DD/MM/YYYY), TIME: 12:35 (HH:MM)

LOCATION: 1 PHENG GECK AVENUE SAN RITZ CONDO

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 5791Y
b) INSURANCE COMPANY: INDIA INSURANCE
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE SOL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM/ REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOK TUCK CHON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 1376622C CONTACT: 90286780
c) ADDRESS: 15 JOO SENG ROAD #09-97 9/360015

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MO WEILIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 840144A CONTACT: 81337987
c) ADDRESS: 15 JOO SENG ROAD #09-97 9/360015

*d) DATE OF BIRTH: 12/01/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7/01/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS C)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 487J MODEL: TOYOTA
b) DRIVER'S NAME: TAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 82181771

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = wlcm1201@yahoo.com.sg

fax =

video =

16/5/2016

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 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.: D18MCV0003137_01

COVER: Third Party Fire & Theft

- | | |
|---|-----------------|
| 1. Index Mark and Registration Number of Vehicle | : PAS791Y |
| Chassis No | : KDH2005005309 |
| 2. Name of Policyholder | : MOK TUCK CHON |
| 3. Effective date of Insurance | : 11 Dec 2019 |
| 4. Expiry date of Insurance | : 10 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive* | |

1. The policyholder
2. Any 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 the carriage of passengers or goods in connection with the policyholder's business.

The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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.

Excess Sect II: SGD1,500.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company : Lian Hong Pte 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 II 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 : A000041/P & C INSURANCE AGENCY
 Date of Issue : 28/11/2019 16:59:37
 MZ600 (Individual - Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory

