

NATIONAL Assessment Centre Services. part 1 Jan 09 SM 0920CA 0008

Date In: 10/12/20 11:46	Job description	Date & Time Completed	Done by
Ref No: MA111 20013662164	SAS e-filing		
Veh No: SJF 7191K	E-mail (within 3hrs, AIC 2hrs)		
DDA: 8/12/20 19:00	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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		

Prohibited Wksp / INC Assign Wksp / QW: (Tel: #	Fax: (
TP Particulars:	Veh No: SLP 645 M.	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 10/11/20 07:00 0616)	Date and 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	Action

<p>MA2100293</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bug-In-Charge):</p> <p>Auditors' Comments:</p> <p>Call:</p>	<p>Invoice/Registration Checklist:</p> <p>1) AR: Accident Reporting (\$30):</p> <p>2) DA: Damage Assessment (\$100): INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (w/c 10 Jan 2009)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OD:</p> <p>• N5: Courtesy Car / Tpt Allowance \$5</p> <p>• N6: Repair Co-ordination \$10</p> <p>• N7: Post Repair Inspection \$25</p> <p>• N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Invoice dated</p> <p>Fee Charged</p>
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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 Submission	10/12/2020 11:46 (SGT)
Date of Accident	08/12/2020 19:00 (SGT)
Exact Location of Accident	175 Boon Lay Dr, Block 175, Singapore 640175
Additional Location Information	OPEN CARPARK LOT 145
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7191K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAAD BIN MIDI
NRIC No	SXXXX088J
Email Address	SPOON_VINS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96695472
Alternative Phone No	+65-96695472

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D19MPC0002514_01
Cover Note Number	-

DRIVER

Name of Driver	SAAD BIN MIDI
NRIC No	SXXXX088J
Date Of Birth	05/07/1953
Occupation	Outdoor

Date Of Driving Pass	23/08/1977
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96695472
Alt. Phone Number	+65-96695472
Email Address	SPOON_VINS@HOTMAIL.COM
Address	BLK 175 BOON LAY DR #04-332
Address complement	-
Postcode	640175
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLP645M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH7011B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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.

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

Open Air Carpark Blk 175 Boonlay Drive Lot 145

Vehicle A: SJF 7191K

Vehicle B: SLP 645 M

Vehicle C: SMH 7011 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I, Vehicle A, SJF 7191K was parked at the stated venue. On the next day, 9/12/20 at 0530 I went to my car and saw damages on the rear of my vehicle and a note from a witness.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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.: D19MPC0002514_01	COVER: Third Party Fire & Theft
<p>1. Index Mark and Registration Number of Vehicle : SJF7191K Chassis No : GE61054012</p> <p>2. Name of Policyholder : SAAD BIN MIDI</p> <p>3. Effective date of Insurance : 09 Jun 2020</p> <p>4. Expiry date of Insurance : 08 Jun 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <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> <p>6. Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</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>Hire Purchase Company THIAM HENG AUTO (SINGAPORE) PTE LTD</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS 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 : A000054/YUNG LUNG TRADING ENTERPRISE Date of Issue : 12/05/2020 14:53:20 MX1-Private Car (Insured Driving)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <div style="text-align: right;">  _____ Authorised Signatory </div>	

Date of Accident : 8/12/20 Accident Time: 1900 (24-HR-FORMAT) LOT 145
Accident Place : OPEN AIR CARPARK BLK 175 BUN LAY DRIVE
Vehicle Reg. No (Car plate No.) : SJF 7191K Vehicle Make/Model: HONDA FIT
Insurance Company : INDIA INTERNATIONAL ^{INSURANCE} Policy No. D19MPC0002514-01
Name of Registered Owner : Company / Individual SAPD BIN MIOI
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S02310885
: Co Contact No: - Owner's Contact No: 96695472
DRIVER'S Name : SAPD BIN MIOI DRIVER'S NRIC No: S02310885
DRIVER'S Date of Birth : 05/7/1953 DRIVER'S License Pass Date 23 AUG 1977
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : BLK 175 BUN LAY DRIVE #04-332 S640195
DRIVER'S Contact No. / Alt No. : 1) 96695472 2) -
DRIVER'S Occupation : INDOOR (OUTDOOR (eg. working inside or outside of an ofc))
Email Address : Spoon_vins@hotmail.com
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (including Driver): 0 Passenger Name: - Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: -
Injured Name: -
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLP 645M</u>	Vehicle Reg No: <u>SMH 7011B</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>SAPD BIN MIOI</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>