

NATIONAL Assessment Centre Services. [ref: Jan 2021] SN082110000A

Date In: 13/01/2021 17:28	Job description	Date & Time Completed	Done by
Ref No: NBS 81921000647/4	SAS e-Milling		
Veh No: SMK 71591	E-mail (by date 3hrs, A/C 2hrs)		
D.O.A: 12/01/2021 07:20	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Tbx/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SGM 8693R	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 > \$9000] ()		

Injury: _____

Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services	
	OR:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NG: Repair Coordination \$10	
	• NT: Post Repair Inspection \$25	
	• ND: DV / Collect Excess Coordination \$3	
	• TE (NIUC) TP (NIUC) against INC \$20	
	• NIUC Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Signature: _____

Date: 12/1

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	13/01/2021 17:29 (SGT)
Date of Accident	12/01/2021 07:20 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	JUNCTION OF SENGKANG EAST WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7159T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Company Reg No	1XXXXX320D
Email Address	sevenfoo@hongseh.com.sg
Mobile Phone No	(Phone) +65-92259221
Alternative Phone No	+65-87671019

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	SMK7159T

DRIVER

Name of Driver	JAYARAMAN SUDHAKAR
NRIC No	SXXXX820E

Date Of Driving Pass	13/02/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92259221
Alt. Phone Number	-
Email Address	sevenfoo@hongseh.com.sg
Address	BLK 190 PUNGGOL CENTRAL #14-291
Address complement	-
Postcode	820190
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head on collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AAGNIYA SUDHAKAR
Gender	Female

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

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	SJM8593R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	-
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.

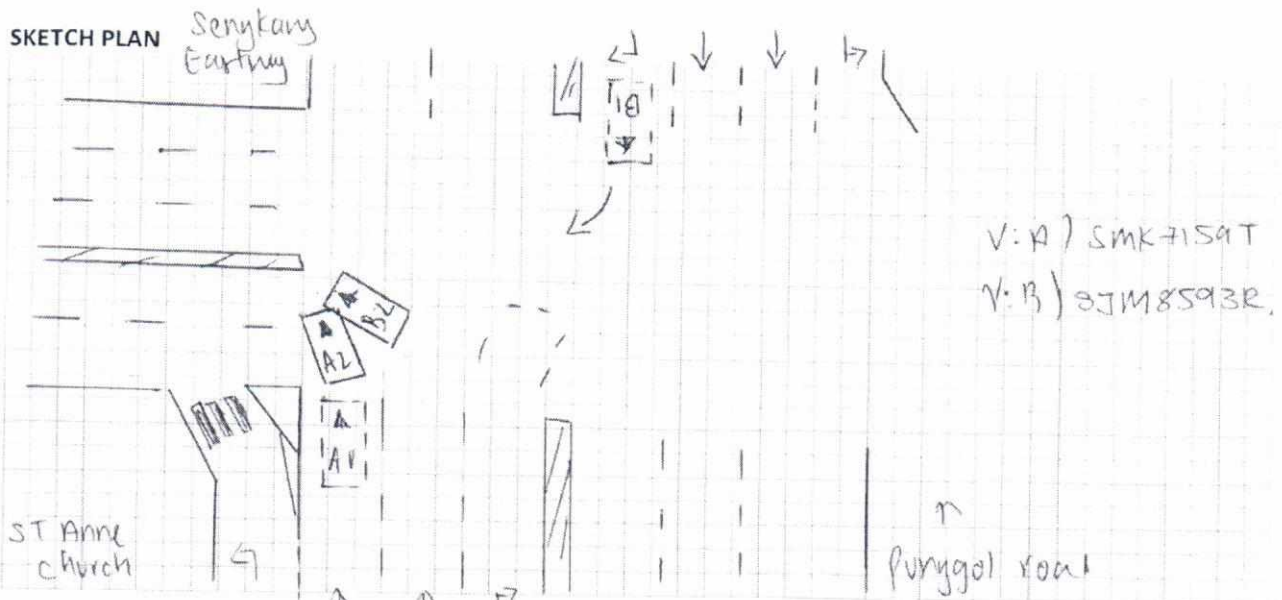


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling
 On the stated venue. Traffic was green in my lane hence I proceed
 straight. I noticed there was a vehicle from the opposite lane
 turning towards my direction, as such I sounded my horn at him
 to alert him, however the vehicle did not stop, instead it
 turn even closer towards me. I tried to swerve towards my
 left to avoid the collision however vehicle 'B' still collided
 against my vehicle right portion. I wish to state that green
 light was favour, vehicle 'B' should have wait for green arrow
 to lit before he make his turn. my daughter was my
 passenger when the accident happened and I was sending her to school

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:

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12/01/2021 (dd/mm/yy) Time of Accident: 07 : 20 (24-HR-FORMAT)
Vehicle No.: SMK 7159 T Vehicle Make & Model / Engine (cc): Honda Vezel 1496cc Private Hire: (Y/N) (N)
Exact location of Accident: JUNCTION OF PUNGGOL ROAD AND SENGKANG EAST WAY
Policyholder's Name / IC No.: HONG SEH MOTORS PTE LTD 198203320D
Driver's Name / IC No.: JAYARAMAN SUDHAKAR S2668820E (As Above) ☐
Driver's Contact No.: 9225 9221 Company Contact No / Owner Contact No: 87671019
Driver's Address: 10 FOURTH LOK YANG ROAD S629707 BIK 190 Punggol Central
Owner Email address: sevenfoo@hongseh.com.sg Insurance Company: AIG #14291 (820190)
Driver Email address: sudhakar.j1968@gmail.com 20/03/1967 13/02/2006

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 02

***Passanger Name:** Aagniya sudhakar

Gender: Female

***Passanger Name:** _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJM 8593 R

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



HOTLINE TEL: (65) 6419-3000

COVER NOTE

Cover Note No. SMK7159T		Date: 13 Jan 2021	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder			
Schedule			
Policyholder	HONG SEH MOTORS PTE LTD		
Age Condition	N/A	Registration No	SMK7159T
Policy Type	ACT	Make/Model	Honda Vezel 1.5X Petrol
Effective Date	08 Jan 2021	CC/Tonnage	1,496.00
Expiry Date	21 Jan 2022	Engine No	L15B5563635
Hire Purchase Company	SINGAPURA FINANCE LTD	Chassis No	RU11313623
		Year of Registration	2019
<p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none">1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p>			
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)			
CERTIFICATE OF INSURANCE			
I / We hereby certify that this cover note 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).			

Issued in Singapore

AIG Asia Pacific Insurance PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID
FOR 60 DAYS FROM THE FIRST
DAY OF THE POLICY PERIOD.