

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **AN09M1000F**

Date In: <b>13/1/17/29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>14/122 1000653/21</b>	SAS e-filing		
Veh No: <b>574 335C</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>10/1/17-20:35</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SHC1150C</b>	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Est. Bill	Ant (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

at 1:

at 2 / 3:



## 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 17:59 (SGT)
Date of Accident	10/01/2021 20:35 (SGT)
Exact Location of Accident	Tg Katong Cplx, Singapore
Additional Location Information	carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3835C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHAMIS BIN SAINAH BEE
NRIC No	SXXXX840B
Email Address	evan_no2r@yahoo.com.sg
Mobile Phone No	(Phone) +65-86066074
Alternative Phone No	+--

#### 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 - Reporting only
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0003814_01
Cover Note Number	-

#### DRIVER

Name of Driver	KHAMIS BIN SAINAH BEE
NRIC No	SXXXX840B
Date Of Birth	17/09/1947
Occupation	Indoor

Date Of Driving Pass .....	14/06/1977
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86066074
Alt. Phone Number .....	+--
Email Address .....	evan_no2r@yahoo.com.sg
Address .....	BLK 547 PASIR RIS STREET 51
Address complement .....	#06-35
Postcode .....	510547
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 .....	Side Swipe
Weather Conditions .....	Raining
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) .....	1
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 .....	SHC1150C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	TEO SOON LAI
NRIC No .....	SXXXX228A
Contact Number .....	-
Address .....	BLK 643 PUNGGOL CENTRAL
Address complement .....	#14-326
Postcode .....	820643

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: 11-1-21

Driver's Signature

(If driver is not the policyholder)

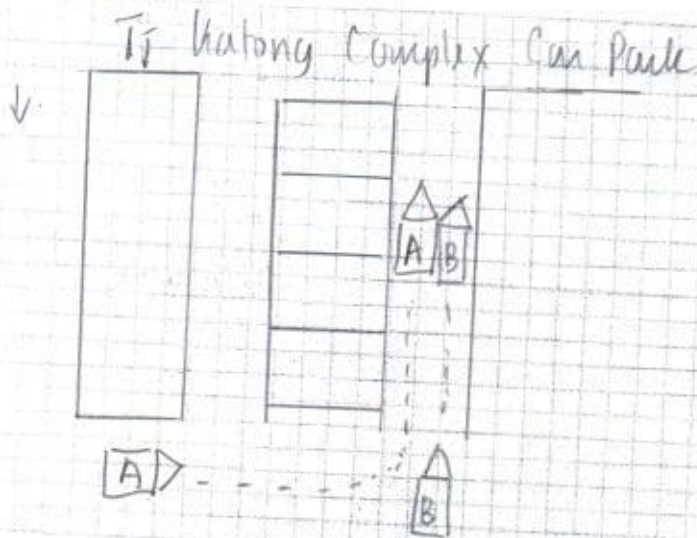
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



SKETCH PLAN



A-SJH 3835C


B-SHC 115DC

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Stationery at Tj Katong Car Park. By that time heavy rain (cannot see clearly) so I turn left at the car park. Suddenly vehicle B (SHC 115DC) taxi overtake me and knock my front car RH side

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 11-1-21

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

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

# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 10-1-21 Time 8:38 PM Hrs  
 Exact Location Of Accident \* Tg Katong Complex Car Park

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* SJH 3835 C

Insured By/Policyholder

Name of Registered Owner \* KHAMIS BIN SAINAH BEE

NRIC/FIN/Passport Number \* S 0747840 B

Vehicle Particulars

Manufacturer HONDA FI

Model No FIT

Exact Purpose for which vehicle was being used at time of accident

\* Private use ☒ Commercial use ☐ Hire & reward ☐  
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

\* Yes ☐ No ☒ Others

If No, please state action to be taken

\* Third Party Claim ☐ Reporting Only ☒

Vehicle Category

\* Private ☒ Commercial ☐ Motorcycle ☐

Insurance Details

Name of Insurance Company \* INDIA INTERNATIONAL INSURANCE

Type of Coverage \* COMPREHENSIVE

Fleet Policy Yes ☐ No ☐

Policy Number \* D 19MPC0003814-01

Cover Note Number

Driver

Name of Driver \* KHAMIS BIN SAINAH BEE

NRIC/FIN/Passport Number \* S 0747840 B

Date of Birth \* 17-9-47

Occupation

Date of Driving Pass \* 1975

Gender \* Male ☒ Female ☐

Mobile Number \* 86066074

Address \* BLK 547 PASIR RIS ST ST

# 06-35 S 510547

Email Address

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\* OWNER

SAS 1

Driver only

Time.



Vehicle Registration Number of Driver's Own Vehicle (if applicable) \_\_\_\_\_  
Insurance Company of Driver's Own Vehicle (if applicable) \_\_\_\_\_

### General Information of the Accident

Type of Accident \* HIT to side front Right Hand  
Weather Conditions \* Clear ☐ Raining ☒ Others \_\_\_\_\_  
Road Surface \* Dry ☐ Wet ☒ Others \_\_\_\_\_

### Other Information

Was any body injured in the Accident? Yes ☐ No ☒  
Was any other material or property damaged? Yes ☒ No ☐

### Details of Injured Persons

Name \* \_\_\_\_\_  
Address \* \_\_\_\_\_  
Approximate Age \* \_\_\_\_\_  
Injuries Sustained \* \_\_\_\_\_  
If vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were seat belts worn? \* Yes ☐ No ☐  
Was injured conveyed to hospital by ambulance? \* Yes ☐ No ☐

### Details of Police Action

Was the Accident reported to the Police? \* Yes ☐ No ☒  
If Yes, please state which Police Station \_\_\_\_\_  
Was notice of intended Prosecution given? \* Yes ☐ No ☐  
If Yes, against whom? \_\_\_\_\_

### DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number \* SHC 1150C  
Vehicle Make / Model / Colour Toyota Blue  
Detail Of Properties \_\_\_\_\_  
Name of Driver \* TEO SCAN LAI  
NRIC/Passport Number S1813228A  
Contact Number \* \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address Blk 643 PUNSSOL CEE CENTRAL #14-326  
Insurance Company Name \_\_\_\_\_  
Nature of Damage \_\_\_\_\_  
SPORTS 820 643

### Details Of Witness

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_





INDIA  
INTERNATIONAL  
INSURANCE  
SINGAPORE  
Driving through lines 1302

INDIA INTERNATIONAL INSURANCE PTE LTD  
Co. Reg. No. 198703792k / GST Reg. No. M2-0078896-X  
64 Cecil Street / #04 / #05 / #06-02 / IOP Building / Singapore 0497  
Office: (65) 63476100 Email: insure@iil.com.sg  
Fax: (65) 62244174 Website: www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**CERTIFICATE NO.: DI9MPC0003814\_01**

**COVER: COMPREHENSIVE**

- |   |                         |
|---|-------------------------|
| 1. Index Mark and Registration Number of Vehicle  | : SJH3835C              |
| Chassis No  | : GE61020809            |
| 2. Name of Policyholder   | : KHAMIS BIN SAINAH BEE |
| 3. Effective date of Insurance  | : 23 Aug 2020           |
| 4. Expiry date of Insurance   | : 22 Aug 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 DRIVER EXCESS SECT I: SGD600.00  
UNNAMED DRIVER EXCESS SECT I : SGD1100.00  
WINDSCREEN EXCESS : SGD100.00 ONE CLAIM ONLY

Hire Purchase Company : TOKYO CENTURY LEASING (S) PTE LTD  
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3100 - ON SECTION I WILL BE APPLICABLE UNDER ENDT M22B.

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 : A000053/U Enterprise  
Date of Issue : 09/07/2020 14:07:53  
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorized Signatory