

NATIONAL Assessment Centre Services

SN 09 2121 0004 - 01

Date Inc: 1/2/21 09:38	Job description	Date & Time Completed	Done by
Ref No: MA 1222 2100 1450/h4	SAS e-illing		
Veh No: SKR 4132 B	E-mail (within 2hrs, AIC 2hrs)		
DDA: 29/1/21 13:45	I-Motor Claim Form		
OT: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: XD 8405H	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 repolter.

() 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 > \$3000] ()		

Injury: _____

Date of Incident: _____

Location: _____

Witness: _____

MA 2101273	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Warders Comments:	6) TR: Re-Inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NJ: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N11 INC) against INC	\$20
	9) N12: Idas 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 Submission	01/02/2021 09:38 (SGT)
Date of Accident	29/01/2021 13:45 (SGT)
Exact Location of Accident	Recreation Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4132B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUAN HOE WILLIAM
NRIC No	SXXXX049B
Email Address	LIMCHUANHOEW@GMAIL.COM
Mobile Phone No	(Phone) +65-91722097
Alternative Phone No	+65-91722097

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0000260
Cover Note Number	-

DRIVER

Name of Driver	LIM CHUAN HOE WILLIAM
NRIC No	SXXXX049B
Date Of Birth	26/02/1959
Occupation	Indoor

Date Of Driving Pass	16/06/1979
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91722097
Alt. Phone Number	+65-91722097
Email Address	LIMCHUANHOEW@GMAIL.COM
Address	48 WOO MON CHEW RD
Address complement	-
Postcode	455125
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	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)	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	XD8405H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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.


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.

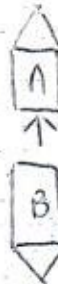
X 
Policyholder's Signature / Date &
Time


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

X 
Witnessed by Reporting Centre
Personnel

Sketch Plan

Recreation
Rd



DOA 29/1/21
A: SKR 4132 B
B: XD 8405 H

Describe Circumstances of the Accident


I parked my car stationary along the side of Recreation Rd. When I came back then I realised the back of my car was hit by XD 8405H. The back of my car was quite badly damaged.


Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SN 0921210004 Vehicle Registration No: SKR 4132 B
Name (as shown in NRIC) : Lim Chuan Hoe ^{William} NRIC/FIN/Passport No : Sxxxx 049 B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91722097
Email Address : _____
Date of Accident : 29/1/21 Time of Accident : 13:45
Place of Accident : Recreation Rd
Insurance Company: III

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Policy number to D20 MPC 0000 260


Policyholder / Driver's Signature
Date:


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

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.: D20MPC0000260		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKR4132B	
Chassis No	: MR053REH104526476	
2. Name of Policyholder	: LIM CHUAN HOE WILLIAM	
3. Effective date of Insurance	: 06 Feb 2020	
4. Expiry date of Insurance	: 05 Feb 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 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 : 26/12/2019 17:13:56 MX1-Private Car (Insured Driving)		For India International Insurance Pte Ltd  Authorised Signatory

Personal Particulars

Date of Accident: 29/1/21 Time of Accident: 1.45pm
 Exact Location of Accident: Recreation Road
 Owner's Name: Lim Chuan Hoe William NRIC No: S1366040 HP No: 91722097
 Driver's Name: _____ NRIC No: _____ HP No: _____
 Date of Birth: 26/2/1959 Driving Licence Passing Date: 16/6/1979 Occupation: Indoor / Outdoor
 Address: 48 Woon Mon Chew Rd (455125)
 Relationship of Driver with Insured: _____ Email Address: limchuanhoe@gmail.com
 Vehicle No: SKR 4132B Make & Model: Toyota Altis
 Insurance Co: Indica Coverage: _____ Policy No: _____

- *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
 *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
 *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
 *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 0 B: _____ C: _____ D: _____
 *Was Anybody Injured? (Yes / No) If yes,
 Name / NRIC / In Vehicle: _____
 *Was The Accident Reported To The Police?
☒ No ☐ Yes, Which Police Station? _____
 *Does the Driver Own Any Other Vehicle?
☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____
 *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
 *Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: XD 8405H Make & Model: _____
 Driver's Name: Faizal NRIC No: _____ HP No: 90017651
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____