

NATIONAL Assessment Centre Services. (part 1 Jan 03)

Date In: <u>19/02/21</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/1121002348/13</u>	SAS e-filing		
Veh No <u>SMJ 383M</u>	E-mail (within 2hrs, A/C 2hrs)		
DDA <u>18/02/21</u> <u>0840</u>	I-Motor Claim Form		
(1) <u>TP</u> 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		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: <u>SLA3448A</u>	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 () / Non-INC ()	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

<p><u>NA2101486</u></p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Particulars:</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 claimant against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QD:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NJ: Post Repair Inspection \$25</p> <p>*NI: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non-INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ 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	19/02/2021 09:52 (SGT)
Date of Accident	18/02/2021 08:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	(TUAS)B4 EXIT TO CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ383M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG KIAN BENG EDWIN
NRIC No	SXXXX535D
Email Address	EDWIN.SNG@ADVANANALYTICAL.COM
Mobile Phone No	(Phone) +65-96802350
Alternative Phone No	+65-96802350

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60 D4
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	D19MPC0006540-01
Cover Note Number	-

DRIVER

Name of Driver	SNG KIAN BENG EDWIN
NRIC No	SXXXX535D
Date Of Birth	02/06/1974
Occupation	Indoor

Date Of Driving Pass	30/05/2000
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96802350
Alt. Phone Number	+65-96802350
Email Address	EDWIN.SNG@ADVANANALYTICAL.COM
Address	33 TAMPINES STREET 86
Address complement	#09-36 THE SANTORINI
Postcode	528573
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	Chain Collision
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)	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

PLS REFER TO THE ATTACHED 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	SLA3448A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENG GUO YOU
Contact Number	(Phone) +65-97392962
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	SJV7948K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TENG WOON KONG
Contact Number	(Phone) +65-93388083
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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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.

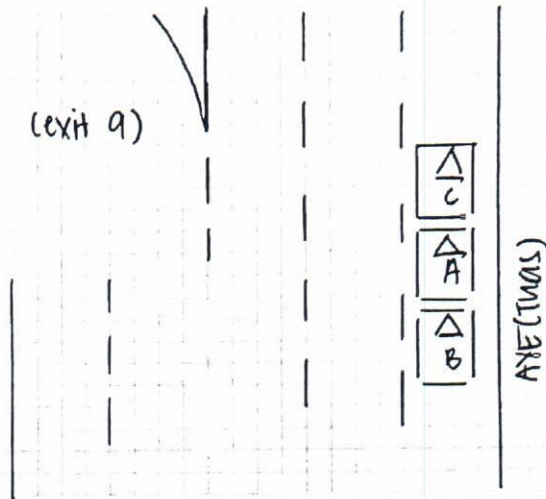

Policyholder's Signature
Date & Time:


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

 19/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SMJ 383M
 Vehicle B: SLA 344BA
 Vehicle C: SJV 794BK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SMJ 383M, was traveling straight along the stated venue. Front vehicle applied his brakes and I followed suit. About 1-2 seconds later, vehicle B, SLA 344BA, collided onto my vehicle's rear portion. The great impact caused my vehicle to propel forward and hit onto the vehicle in front.

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.:

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 : SN0921210003 Vehicle Registration No: SMJ383M
Name (as shown in NRIC) : SNY KIAN BEN EDWIN NRIC/FIN/Passport No : SXXXXX535D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33 TAMPINES ST 86 #09-36 THE SANTORINI Singapore (528573)
Contact (Tel) : _____ Mobile No. : 96802350
Email Address : _____
Date of Accident : 18/02/21 Time of Accident : 08:40
Place of Accident : AYE (TURNS) BY EXIT TO CLEMENTI RD
Insurance Company : INDIA

(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:

ADD IN FRONT PORTION PHOTO

Policyholder / Driver's Signature
Date:

flyw 19/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 02 / 2021) (DD/MM/YYYY), TIME: (00 : 41) (HH/MM)

LOCATION: AYE (TJAS) before exit to Clementi Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 383M
b) INSURANCE COMPANY: India
c) POLICY NUMBER: D19MPC000540-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Volvo
f) TYPE: (SAATCHI / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Sng Kian Beng Edwin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7416535D CONTACT: 9680 2350
c) ADDRESS: 33 Tampines St B6 #09-36 S(528573)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (02 / 06 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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

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: SLA3448A MODEL:
b) DRIVER'S NAME: Heng Guo You CONTACT: 9739 2962
c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJV7948K MODEL:
e) DRIVER'S NAME: Teng Woon Kong CONTACT: 93388083
f) NRIC/FIN/PASSPORT: CONTACT:

email = edwin.sng@advananalytical.com

fax = 6255 7902



E-MAIL: tan.brothers@ipsgroup.com.sg
TEL: (65) 6220 1822 FAX: (65) 6224 6806
INTERNATIONAL PLAZA SINGAPORE 079903
10 ANSON ROAD, #11-16
TAN BROTHERS INSURANCE AGENCIES PTE LTD
陳兄弟保險代理有限公司

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
Geylang Road, #04 | #05 | #06-02 | IOB Building | Singapore 049711
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, 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.: D19MPC0006540_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SMJ383M
Chassis No : YV1FSA8CDH2438996
2. Name of Policyholder : SNG KIAN BENG EDWIN
3. Effective date of Insurance : 28 Dec 2020
4. Expiry date of Insurance : 22 Dec 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 : SGD750.00
Unnamed Driver Excess Sect I : SGD1250.00
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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD
Date of Issue : 30/11/2020 13:06:55
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory