

NATIONAL Assessment Centre Services

Date In: 21/06/21	Job description:	Date & Time Completed:	Done by:
Ref No: NA/II/21006480/12	SAS e-filing		
Veh No: SMJ92C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/06/21 1155	i-Motor Claim Form		
OD (TP) 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: 5459793T	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%; F: 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	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date:	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	21/06/2021 18:10 (SGT)
Date of Accident	20/06/2021 11:55 (SGT)
Exact Location of Accident	151 Lor Chuan, Singapore 556741
Additional Location Information	NEW TECK PARK BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ92C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG GIM GIAP
NRIC No	SXXXX418C
Email Address	GILBERTONG_NO1@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91019043
Alternative Phone No	+65-91019043

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0001112_01
Cover Note Number	-

DRIVER

Name of Driver	GILBERT ONG HUAN JIE
NRIC No	SXXXX889B

Date Of Birth	30/12/1991
Occupation	Indoor
Date Of Driving Pass	26/05/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90666561
Alt. Phone Number	-
Email Address	GILBERTONG_NO1@HOTMAIL.COM
Address	92 FARLEIGH AVE
Address complement	-
Postcode	557866
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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

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	SLS9793T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOSHIO KAWAI
Contact Number	(Phone) +65-81389515
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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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.

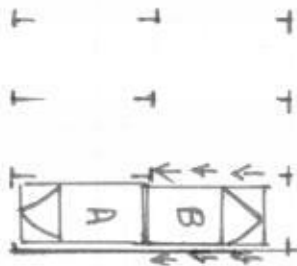
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) 3MJ 92C.
(B) SL5 9793T




151, Lorong Chuan, New Tech Park
Basement Carpark


Describe Circumstances of the Accident

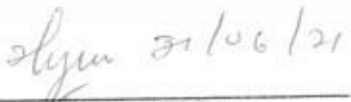
On 20/06/2021 at @ 1125 hrs, I parked my vehicle (SMJ 92C) in the parking lot of 151, Loring Chuan, New Tech Park basement carpark. When I come back to my car at @ 1155 hrs, the driver of vehicle B was standing at my car and told me that he had reversed into my vehicle.

Declaration

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


Witnessed by Reporting Centre Personnel

SECOM
SECURITY COMMUNICATION

SECOM (SINGAPORE) PTE LTD
81 Toh Guan Road East
#01-01 SECOM Centre
Singapore 608806

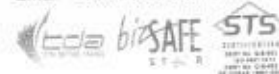
Tel : (65) 3157 3700
DID : (65) 3157 3702
Mobile : (65) 8138 9515
Fax : (65) 8820 1180

24 Hrs Hot Line : 3157 3699 / 8896 0900
Email : kawai@secom.com.sg

川合 稔男

Toshio Kawai

Senior Manager, Operations Dept
Advisor, Technical Dept



GUARANTEED SECURITY

Sorry I hit the
Back of your car
please call me
when you see this
8138 9515 kawai

VEHICLE NO:	SMJ 92 C		MAKE & MODEL:	TOYOTA NOAH		AUTO / MANUAL
DATE OF ACCIDENT:	201 061 2021		CC:	1.8		
TIME OF ACCIDENT:	1155 HRS					
LOCATION OF ACCIDENT:	151, Lorong Chuan, New Tech Park Basement Carpark.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE					
NAME OF OWNER:	ONG GIM GIAP					
TEL NO:	H/P: 9101 9043		OFFICE:	HOME:		
NRIC:	S 1507418 C					
ADDRESS:	92, Farleigh Ave CS 557866					
EMAIL:						
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	YES <u>NO</u>					
INSURANCE COMPANY:	India					
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO:	D20MPC0001112-01					
NAME OF DRIVER:	AS ABOVE / IF NO: GILBERT ONG HUAN JIE					
NRIC:	S 9148889 B		ANY PASSENGER:			
DATE OF BIRTH:	30/12/1991		LICENCE PASSED DATE: 26/05/2010			
OCCUPATION:	OUTDOOR / <u>INDOOR</u>					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P: 9066 6561		OFFICE:	HOME:		
ADDRESS:	92 Farleigh Ave CS 557866					
EMAIL:	gilbertong-no1@hotmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Son					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	<u>NO</u> / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	SL 8 9793 T		ANY PASSENGERS:			
NAME OF DRIVER:	Toshio Kawai		CONTACT NO: 8138 9515			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>						
WORKSHOP PARTICULAR:	N-51					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 1987037520 / GST Reg. No. S2-0070006-3
41 / Cecil Street / #04 / #05 / #06 / #2 / 301 Building / Singapore 049711
Office (65) 62476100 Email: insurance@iia.com.sg
Fax: (65) 62294174 Website: www.iia.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1982 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

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

CERTIFICATE NO.: D20MPC0001112_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMJ92C	
Chassis No	: ZWR800355691	
2. Name of Policyholder	: ONG GIM GIAP	
3. Effective date of Insurance	: 11 Mar 2021	
4. Expiry date of Insurance	: 10 Mar 2022	
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 and Named Drivers Excess Sect I:	SGD750.00	
Unnamed Drivers Excess Sect I:	SGD1,250.00	
Windscreen Excess:	SGD100.00	
Hire Purchase Company:	Standard Chartered Bank (Singapore) Limited	
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:	B000078/TAN INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue:	10/02/2021 16:50:00	
MOE1-Private Car (Insured Driving)		
		 Authorized Signatory

TAN INSURANCE BROKERS PTE LTD
145A Alfred Street, Ocean Tower Building
Singapore 189596
www.iia.com.sg
Tel: (65) 6242 5768 Fax: (65) 6245 556