

Date In: 29/6/2021	13: 21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA\SMO 21007212/U		E-mail (within 2hrs. AM 2hrs)		
Veh No: SMC 3135E		i-Motor Claim Form		
D.O.A: 28/6/2021	12:45	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: TP Reporting Only		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: SMA 7962T	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

<p>NA 2103229</p> <p>Claimant's Particulars :-</p> <p>river/Owner:</p> <p>ontact No:</p> <p>amaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>nditors' Comments :-</p> <p>L 1:</p> <p>L 2 / 3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Invoice Preparation Checklist</th> <th style="width: 10%;">Amt (\$)</th> <th style="width: 10%;">Amt (\$)</th> </tr> <tr> <th colspan="2"></th> <th>1st Bill</th> <th>Add Bill</th> </tr> <tr> <td>1) AR : Accident Reporting (\$30);</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2) DA : Damage Assessment (\$100);</td> <td>INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF : Towing Fee</td> <td>\$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT : Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT : Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td colspan="4">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR : Re-inspection</td> <td>\$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1 : Idac DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OD*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$3</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11) : TP (Non INC) against INC</td> <td>\$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile</td> <td>30</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> </table>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)			1st Bill	Add Bill	1) AR : Accident Reporting (\$30);				2) DA : Damage Assessment (\$100);	INC (\$80)			3) TF : 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	\$3			*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	30			Invoice dated	Fee Charged			Invoice dated	Fee Charged		
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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	29/06/2021 13:21 (SGT)
Date of Accident	28/06/2021 12:45 (SGT)
Exact Location of Accident	Kampong Ubi, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3135E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	-
Email Address	KELVIN.CHANG@HCSPL.COM.SG
Mobile Phone No	(Phone) +65-92983192
Alternative Phone No	+65-92983192

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01008465
Cover Note Number	-

DRIVER

Name of Driver	MARDIANA BINTE MOHD ALI
NRIC No	SXXXX555A

Date Of Birth	11/11/1986
Occupation	Indoor
Date Of Driving Pass	17/07/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96335473
Alt. Phone Number	-
Email Address	TAY08323@GMAIL.COM
Address	100 TANAH MERAH BESAR ROAD #10-05
Address complement	-
Postcode	498839
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER PURCHASE
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

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	SMA7962T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

KELVIN CHANG (M)
Manager
Vehicle Solutions
Total Vehicle Solutions Department

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SMC 3155E
B: SMA 7962T

Kampung Ulu 9 carpark


Describe Circumstances of the Accident

On stated date 3 time, I was in my vehicle (SMC 3135E) which was parked in lot 22. Vehicle B (SMA 7962T) was parked in front of my vehicle and was making a reverse into lot 20. While reversing, the front portion of vehicle B ^{hit} scraped onto the bumper of my vehicle and my car plate (1 side) dropped.


Declaration


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

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

KELVIN CHANG 
Manager
Vehicle Solutions
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

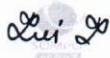
Cert No./Policy No. : D21MTPV01008465
1. Registration No. : SMC3135E
2. Insured Name : HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
3. Commencement Date : 28 JUNE 2021 00:00
4. Expiry Date : 27 JUNE 2022 23:59
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive GOLD
6. Excess : \$1000 - Section I
7. Persons or Classes of Persons entitled to drive*
Any person who is driving on the Insured's order or with their 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 8. Limitations as to use***
- a) Use for the carriage of passengers or goods in connection with the Insured's business.
 - b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
- The Policy does not cover
- 1) Use for racing, pacemaking, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 - 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 10 JUNE 2021 15:49

**Limitation 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.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11H13200 & HITACHI CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F _JD5PS4PR_1BWZA4

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 6 / 2021) (DD/MM/YYYY), TIME: (12 : 45) (HH:MM)

LOCATION: Kampung Ubi 9 Carpark (K49) - lot 22

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC 3135E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Hitachi Capital Asia Pacific (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mardiana Binte Mohd Ali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9633 5473
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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: Hirer purchase

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: SMA 7962T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)

(3)

M+T+F

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

Email =

Fax =

Video =