

NATIONAL Assessment Centre Services

Date In: 05/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/IT 21007345/13	SAS e-filing		
Veh No: 5MM9174A	E-mail (within 8hrs. Aft: 2hrs)		
DOA: 03/07/21 13:00	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: FBM7318X	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

NA2103336	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	OH*		
	*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 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	05/07/2021 19:36 (SGT)
Date of Accident	03/07/2021 13:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TWDS TPE B4 LOR HALUS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9174A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Company Reg No	XXXXXX509N
Email Address	eric_pee@delcoart.com.sg
Mobile Phone No	(Phone) +65-86923716
Alternative Phone No	+65-86923716

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	1495

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0003524_01
Cover Note Number	-

DRIVER

Name of Driver	PEE WEAI CHONG
NRIC No	SXXXX268D

Date Of Birth	20/08/1974
Occupation	Indoor
Date Of Driving Pass	26/01/1999
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86923716
Alt. Phone Number	-
Email Address	eric_pee@delcoart.com.sg
Address	BLK 187 BOON LAY AVE
Address complement	#16-88
Postcode	640187
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CALVIN TEO KAI MUN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210703/2073

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM7318X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION BOTH FOREARMS & HANDS
Injured person in which vehicle?	FBM7318X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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 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

Henry 5/7/2021

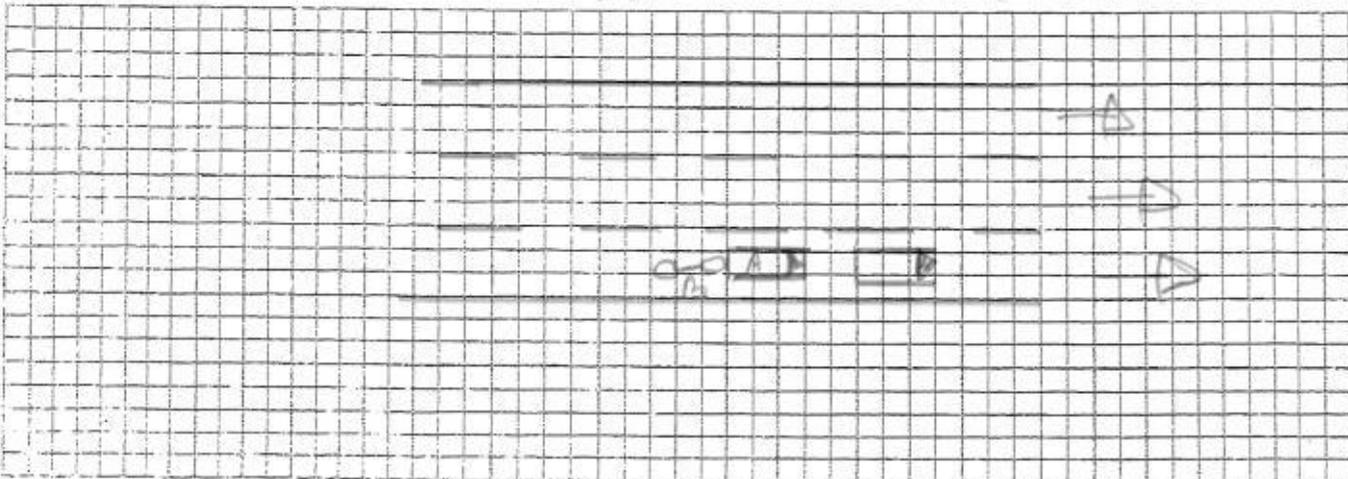
 Driver's Signature (if driver is not the policyholder) / Date & Time

shym 05/07/21

 Witnessed by Reporting Centre Personnel

KPE TWDS TPE (LORONG HALUS KINE)

Sketch Plan



A - SMM9174A
 B - FBM7318X

Describe Circumstances of the Accident

Pls refer to the police report: T/20210703/2072

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 5/7/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 05/07/21
Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBM7318X (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	PEE WEAI CHONG	ID No.	S7477268D
Related Vehicle	SMM9174A (Car)	Contact No.	86923716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CALVIN TEO KAI MUN	ID No.	G2810455W
Related Vehicle	SMM9174A (Car)	Contact No.	86614338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/07/2021 at about 1300hrs, I was driving my vehicle V1)SMM9174A along KPE towards TPE (before Lor Halus Exit) on the second lane. I was driving at about 60-70Km/hr behind a truck. Suddenly I felt a jerk from V1, which I thought it came from V1's engine. I continued driving forward where I subsequently saw through my rear-view mirror a motorist on the ground. I immediately moved V1 onto the first lane as there were no vehicles and quickly rendered assistance to the motorist. I then called for ambulance.

The motorist was then conveyed to hospital for his injuries (abrasions to both forearms and hands). The registration plate number of the motorcycle involved is FBM7318X. Traffic Police was at scene where I handed over my in-car camera SD card. V1 is installed with both front and rear in-car camera. I wish to state that I was driving on the second lane all along. V1 had sustained a dented rear bumper.



**SINGAPORE
POLICE FORCE**



T/20210703/2073

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

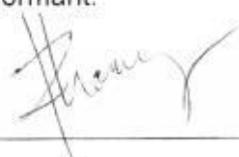
Report No. T/20210703/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J/ Sgt 3 THOMAS JOSEPH THONG WAI MAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2021 17:03
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**



T/20210703/2073

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210703/2073

CONTINUATION OF REPORT

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.: D20MPC0003524_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMM9174A	
Chassis No	: KMHCU41BTKU468515	
2. Name of Policyholder	: DELCO ART INTERIOR PTE LTD	
3. Effective date of Insurance	: 19 Jul 2021	
4. Expiry date of Insurance	: 18 Jul 2022	
5. Persons or Classes of Persons entitled to drive*		
<p>Any person who is driving on the Policyholder'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</p>		
6. Limitations as to use*		
<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</p> <p>*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.</p>		
Insured & Named Drivers Excess Sect I	: SGD600.00	
Unnamed Drivers Excess Sect I	: SGD1,100.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: HL Bank	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	: A000021/Tan Shi Jack	
Date of Issue	: 22/06/2021 09:59:40	
MX4 - Private Car (Company)		
		<p>For India International Insurance Pte Ltd</p>  <p>_____ Authorised Signatory</p>