

NATIONAL Assessment Centre Services

SW0921BF0007

Date In: 15/11/21 18:04	Job description: SAs e-filing	Date & Time Completed:	Done by:
Ref No: NA/IT/21011652/U	E-mail (w/obsc. Mark. AP 2hrs)		
Veh No: EW89395	i-Motor Claim Form		
DOA: 13/11/21 18:30	i-Motor W/O (Within 01-2hrs TP 4hrs)		
OD TP: <u>Reporting Only</u>	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: SLF/82SL	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 () / Towel-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

NA 2200247	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) T: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC: Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
Driver/Owner:	* 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	
Contact No:	9) N12: Idue Mobile	\$0	
Damaged Portion:	Invoice date:	Fee Charged:	
QC Checked by (Engr-In-Charge):	Invoice dated:	Fee Charged:	
Auditors' Comments :-			



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	15/11/2021 18:04 (SGT)
Date of Accident	13/11/2021 18:30 (SGT)
Exact Location of Accident	50 Serangoon North Ave 4, Singapore 555856
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW8939J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZEECHARIAH KONG ZI LONG (JIANG ZILONG)
NRIC No	SXXXX005B
Email Address	KONG_ZI_LONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90227022
Alternative Phone No	+65-90227022

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC003644
Cover Note Number	-

DRIVER

Name of Driver	ZEECHARIAH KONG ZI LONG (JIANG ZILONG)
NRIC No	SXXXX005B

Date Of Birth	17/07/1986
Occupation	Indoor
Date Of Driving Pass	22/11/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-90227022
Alt. Phone Number	+65-90227022
Email Address	KONG_ZI_LONG@YAHOO.COM.SG
Address	BLK 267C COMPASSVALE CRESCENT #14-179
Address complement	-
Postcode	543287
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	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 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	-
Gender	Male

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	SLE1825L
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

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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")

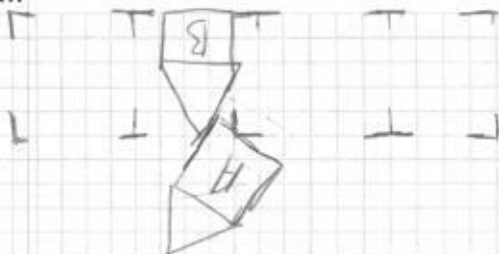
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A: EW89395
B: SLE1825L

First East Centre

Describe Circumstances of the Accident

On the stated date and time, I vehicle plate bearing EW893AJ was exiting the carpark lot of the stated venue.

It was a misadventure as the space was tight. My rear right wheel arc area accidentally clipped vehicle SLE182L.


I would like to state firstly, there are no passengers onboard SLE182L as they can be seen dining at the coffeshop within 20 metres from the parking lots. Secondly, this vehicle was parked with the wheels slanted to the right as shown from my accident scene photos. Thirdly, there was no damage on the fenders, headlights or bonnet. Both parties have agreed on scene that the accident portion was restricted to the front left side of the bumper near the clip.


My vehicle suffered very slight scratches near the wheel arc ^{only}.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 11 / 21 (DD/MM/YYYY), TIME: 6:30 (HH:MM)

LOCATION: First Centre Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EW89395
 b) INSURANCE COMPANY: III
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MYV
 f) TYPE: (SALOON / 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90227022
 c) ADDRESS: _____

* 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: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 22/11/2006

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: SLE182SL 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)
(2) m

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Wait ci
 Owner sent schedule
 instead of CI

Email = hong_zi_long@yahoo.com.sg
 Fax =
 Video =

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.: D21MPC0003644	COVER: COMPREHENSIVE
<p>1. Index Mark and Registration Number of Vehicle : EW8939J</p> <p>Chassis No : WDD2050402R394583</p> <p>2. Name of Policyholder : ZECHARIAH KONG ZI LONG (JIANG ZILONG)</p> <p>3. Effective date of Insurance : 31 May 2021</p> <p>4. Expiry date of Insurance : 30 May 2022</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>(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.</p> <p>(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</p> <p>6. Limitations as to use*</p> <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><small>*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.</small></p>	
<p>Insured & Named Drivers Excess Sect I : SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : United Overseas Bank Limited</p> <p>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.</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> <p>Agent/Broker : A000041/P & C INSURANCE AGENCY Date of Issue : 18/05/2021 16:11:19 MX1-Private Car (Insured Driving)</p> <div style="text-align: right;"> <p><i>For India International Insurance Pte Ltd</i></p>  _____ Authorised Signatory </div>	

THE SCHEDULE

Agency : P & C INSURANCE AGENCY/A000041
Policy Number : D21MPC0003644
Issued on : 18 May 2021 in Singapore (SIF)
Type of Policy : Private Car - Own Use

Period of Insurance : 31 May 2021 to 30 May 2022 both dates inclusive
Insured's Name : ZECHARIAH KONG ZI LONG (JIANG ZILONG)
Address : 287C COMPASSVALE CRESCENT
#14-179, COMPASSVALE CAPE
SINGAPORE
543287

Premium
After 50.00% No Claim
Discount & OFD

: SGD 775.70

7% GST : SGD 54.30

Total Premium Due : SGD 830.00

PRIVATE CAR

Registration : **EW8939J**
Type of Cover : **COMPREHENSIVE**
Make/Model : MERCEDES/C180 AVANTGARDE (R17 LED)
Body Type : SALOON
Capacity cc's : 1595.00
Seating Capacity : 5
Year of Manufacture : 2018
Engine No. : 27491031379929
Chassis No. : WDD2050402R394583
Named Drivers : ZECHARIAH KONG ZI LONG (JIANG ZILONG)
Hire Purchase : **United Overseas Bank Limited**

Insured & Named Drivers Excess Sect I : SGD600.00
Unnamed Drivers Excess Sect I : SGD1,100.00
Windscreen Excess : SGD100.00

SUM INSURED: MARKET VALUE AT TIME OF LOSS

The following clauses and endorsements apply to this vehicle:

Endorsements Applicable : PASSENGER RISK
M1,M2,M3A,M6,M7,M8,M11,M12,M19,M20,M21 & MEMO 1
25(SRCC),57(FLOOD),72(B),WAR & TERRORISM EXCLUSION ENDT
CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED
AMENDED CONDITION 5 ENDT,NOTIFICATION CLAUSE
WINDSCREEN UNLIMITED
NCD PROTECTOR

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.