

# NATIONAL Assessment Centre Services

SW09218H0003

Date In: 17/11/21 16:47	Job description: SAs e-filing	Date & Time Completed:	Done by:
Ref No: NA/RSI 2611739/V	E-mail (w/eb, Mts, AP, 2hrs)		
Veh No: SHF4526L	i-Motor Claim Form		
DOA: 16/11/21 18:30	i-Motor W/O (Within 01-2hrs / 1P-4hrs)		
OD: <input checked="" type="radio"/> 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: SHJ 3368L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-List 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 later of repair.

( ) 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

NA 2200245	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$43			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Int 1:	6) TR: Re-inspection \$75			
Int 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	* 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 (N-on INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	17/11/2021 16:47 (SGT)
Date of Accident	16/11/2021 18:30 (SGT)
Exact Location of Accident	68 Orchard Rd, Singapore 238839
Additional Location Information	CARPARK ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4526L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG WEN XIANG CLEMENT
NRIC No	SXXXX855Z
Email Address	HENG CLEMENT@GMAIL.COM
Mobile Phone No	(Phone) +65-90932090
Alternative Phone No	+65-90932090

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0002633_01
Cover Note Number	-

#### DRIVER

Name of Driver	HENG WEN XIANG CLEMENT
NRIC No	SXXXX855Z

Date Of Birth	03/11/1989
Occupation	Indoor
Date Of Driving Pass	12/11/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-90932090
Alt. Phone Number	+65-90932090
Email Address	HENG CLEMENT@GMAIL.COM
Address	BLK 41 KIM CHENG STREET #02-29
Address complement	-
Postcode	160041
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	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?	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	NICOLE MELISSA DE SOUZA
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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ3368L
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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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Chenitty*

Policyholder's Signature / Date & Time

*Chenitty*

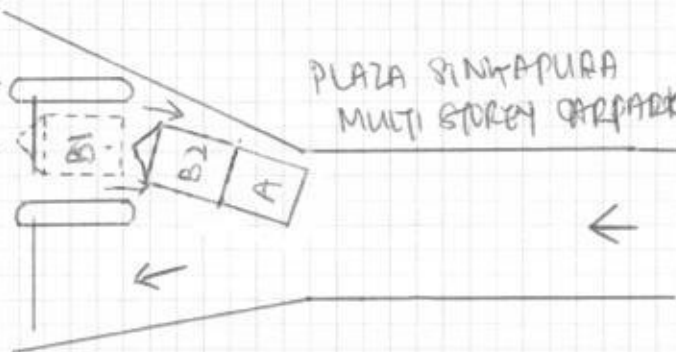
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

### Sketch Plan

VEHICLE A: SKF 4526L  
VEHICLE B: SKJ 3368L



*[Signature]*

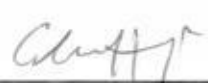
### Describe Circumstances of the Accident


ON STATED DATE & TIME, I WAS DRIVING MY VEHICLE PLATE 'SKF4526L' INTO ENTRANCE OF PLAZA SINGAPURA SHOPPING CENTRE MULTI STOREY CARPARK. I CAME TO A COMPLETE STOP AFTER THE VEHICLES IN FRONT OF ME THAT ARE GOING THROUGH THE CARPARK GATEWAY. SUDDENLY, VEHICLE B PLATE SES3368L STARTED MOVING BACKWARDS AND COLLIDED INTO THE FRONT PORTION OF MY VEHICLE. VEHICLE B THEN QUICKLY DROVE OFF INTO THE CARPARK. WE EXCHANGED CONTACT AFTER AND AGREED TO PROCEED WITH INSURANCE CLAIM.

### 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



Date of Accident : 16/11/2021 Accident Time: 18:30 (24-HR-Format)  
 Accident Place : PLAZA SINGAPURA SHOPPING MALL CARPARK ENTRANCE  
 Vehicle No. (Car Plate No.) : SKF 4526L Make/Model: HYUNDAI ELANTRA  
 Insurance Company : INDIA INTERNATIONAL INSURANCE Policy No: D19MPC00 02633-01  
 Owner or Company Name / IC No. : HENK NEN XIANG CEMENT /  
 Owner or Company Contact No. : 90932090 Owner's Hp - Company Tel  
 DRIVER'S Name / IC No. : HENK NEN XIANG CEMENT /  
 DRIVER'S Date Of Birth : 03/11/1989 DRIVER'S License Pass Date 12/11/2008  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 41 KIM CHOW STREET #02-29 S(160041)  
 DRIVER'S Contact No./ Alt No. : 1) 9093 2090 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : HENK.CEMENT@GMAIL.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): NO INJURY

#### Other Party Driver's Particular (if any)

Vehicle. No: SKJ 3368L	Vehicle. No: _____
Vehicle Make \Model: MERCEDES GLB 200	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

#### \* NEW – Passenger's name & gender:

① NICOLE MELISSA DE SOUZA, FEMALE

C



## 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.**

<b>CERTIFICATE NO.: D19MPC0002633_01</b>		<b>COVER: COMPREHENSIVE</b>	
1. Index Mark and Registration Number of Vehicle	:	SKF4526L	
Chassis No	:	KMHD41CMCU479887	
2. Name of Policyholder	:	HENG WEN XIANG CLEMENT	
3. Effective date of Insurance	:	01 Dec 2020	
4. Expiry date of Insurance	:	30 Nov 2021	
5. Persons or Classes of Persons entitled to drive*			
<div style="margin-left: 20px;">(a) The Policyholder</div> <div style="margin-left: 40px;">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.</div> <div style="margin-left: 20px;">(b) Any other person who is driving on the Policyholder's order or with his/her permission.</div> <div style="margin-left: 40px;">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</div>			
6. Limitations as to use*			
Use only for social, domestic and pleasure purposes and for the Policyholder's business.			
<b>The Policy does not cover</b>			
<div style="margin-left: 20px;">a) Use for hire or reward.</div> <div style="margin-left: 20px;">b) Use for racing, pace-making, reliability trial, speed-testing.</div> <div style="margin-left: 20px;">c) Use for the carriage of goods other than samples in connection with any trade or business.</div> <div style="margin-left: 20px;">d) Use for any purpose in connection with the Motor Trade.</div>			
*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 & Name Drivers Excess Section I	SGD	600.00	
Unnamed drivers Excess Section I	SGD	1,100.00	
Windscreen Excess	SGD	100.00	
Hire Purchase Company	:	Maybank	
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 : A000050/Sunmex Enterprise		For India International Insurance Pte Ltd	
Date of Issue : 05/11/2020 09:37:23		 <div style="border-top: 1px solid black; width: 100px; margin-top: 5px;"></div>	
MX1-Private Car (Insured Driving)		Authorised Signatory	