

NATIONAL Assessment Centre Services

SN0921860003

Date In: 16/11/2021 11:17	Job description: SAs e-filing	Date & Time Completed:	Done by:
Ref No: NA/III21012012/u	E-mail (within 2hrs):		
Veh No: SLM 5344P	i-Motor Claim Form		
DOA: 15/11/2021 14:15	i-Motor W/O (Within 2hrs TP 4hrs)		
OD: (P) 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: SJK 1702A	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

NA2104528	Invoice Preparation Checklist		Amr (\$) 1st Bill	Amr (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		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)			
	6) TR: Re-inspection \$75			
	7) NI: 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-n 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	16/11/2021 11:17 (SGT)
Date of Accident	15/11/2021 14:15 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5344P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN BING
NRIC No	SXXXX784H
Email Address	JMARTAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-97628691
Alternative Phone No	+65-97628691

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC0006885
Cover Note Number	-

DRIVER

Name of Driver	HAN BING
NRIC No	SXXXX784H

Date Of Birth	11/11/1972
Occupation	Indoor
Date Of Driving Pass	14/08/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97628691
Alt. Phone Number	+65-97628691
Email Address	JMARTAUTO@GMAIL.COM
Address	BLK 722 WOODLANDS AVE 6 #10-532
Address complement	-
Postcode	730722
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)	4
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

PASSENGER 3

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	SJK1702A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROS SYAMIN BINTE ROSLAN
NRIC No	SXXXX611J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of Accident : 15/11/21		Time of Accident : 2.15 pm	
Exact Location of Accident : Woodlands Ave 12			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry 0	
Private Use / Work			
Owner's Name : Han Bing		NRIC : 57260784M	HP : 97628691
Driver's Name : ^		NRIC : ^	HP :
DOB : 11/11/1972	Driving Licence Passing Date : 14/8/2015		Occupation : Indoor / Outdoor
Address : 722 Woodlands Ave 6 #10 - 532 (750722)			
Relationship Of Driver with Insured : Owner		Email : jmartaut@gmail.com	
Vehicle Number : SLM 5344P		Make & Model : Toyota	
Insurance Company : India		Policy Num :	Coverage :
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1 + 3 B : 1 + 0 C : D :			
Vehicle A Passenger Name : 2 girls 1 man			
Anyone Injured :			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : SJK 1702A		Make & Model :	
Driver's Name : Ros Syamin Binte Rosli		NRIC : S9245611J	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

SKETCH PLAN

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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



Woodlands
Ave 12

DOA: 15/11/21

A: SLM 5344P

B: SJK 1702A

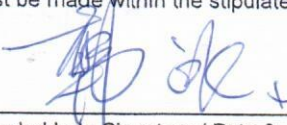
Describe Circumstances of the Accident

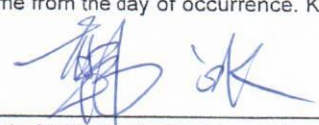
Front car stopped so I followed suit but veh B
failed to brake in time hit onto my veh rear portion.


Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

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.: D21MPC0006885

COVER: COMPREHENSIVE

- | | |
|---|------------------------|
| 1. Index Mark and Registration Number of Vehicle | : SLM5344P |
| Chassis No | : NSP1707044132 |
| 2. Name of Policyholder | : HAN BING |
| 3. Effective date of Insurance | : 10 Sep 2021 |
| 4. Expiry date of Insurance | : 09 Sep 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 & Named Drivers Excess Sect I : SGD 600.00
Unnamed Drivers Excess Sect I : SGD 1,100.00
Windscreen Excess : SGD 100.00

Hire Purchase Company : OCBC Bank Limited

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.

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 : A000094/ALLCARS AGENCY PTE. LTD.
Date of Issue : 10/09/2021 13:09:10
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory