

NATIONAL Assessment Centre Services

Date In: 30/11/2021 14:30	Job description	Date & Time Completed	Done by
Ref No: NA/III21012125/m4	SAS e-filing		
Veh No: Smm 9063L	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 27/11/2021 16:24	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLL 8963M	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

NA2104552	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat 2/3:	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 willful 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 30/11/2021 14:30 (SGT)
Date of Accident 27/11/2021 16:24 (SGT)
Exact Location of Accident Singapore
Additional Location Information NO.1 SIN MING AVE FLAME TREE PARK CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM9063L
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner DELCO ART INTERIOR PTE LTD
Company Reg No 2XXXXXX509N
Email Address selphk38@gmail.com
Mobile Phone No (Phone) +65-92388310
Alternative Phone No +65-92388310

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number KMHD841CMKU916276
Cover Note Number -

DRIVER

Name of Driver LEE PAK YAM
NRIC No SXXXX555Z

Date Of Birth	20/12/1964
Occupation	Indoor
Date Of Driving Pass	28/02/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92388310
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	1 SIN MING AVENUE
Address complement	#04-01
Postcode	575728
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	MANAGER
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 THE ATTACHED 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	SLL8963M
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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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.



[Handwritten Signature]



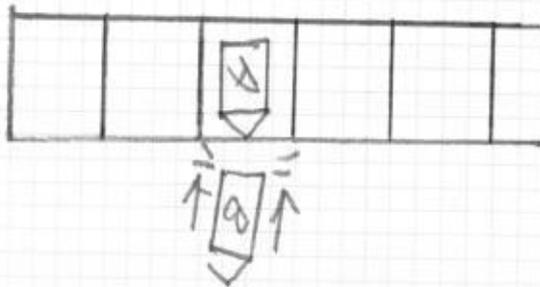
[Handwritten Date: 30/11/2021]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A. 8MM9063L
 B. 8LL2963M

NO1 - 814 WING AVE
 FLAME TREE DARK CAR DARK

Describe Circumstances of the Accident

MY VISA WAS PARKED AT CAR PARK LOT VISA B SLL8963M
REVERSE AND HIT ONTO MY CAR SML9063L FRONT PORTION.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]



[Handwritten signature] 30/11/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 530434488

VEHICLE NO: 8MM9063L **MAKE/MODEL:** HYUNDAI AVANTE

DATE OF ACCIDENT 27/11/2021 **TIME** 16 HR 29 MIN AM/PM

LOCATION OF ACCIDENT NO-1 SIN MING AVE YAMU TREE PARK CAR PARK

EXACT PURPOSE USE DURING ACCIDENT PARKED

CAR OWNER

NAME OF CAR OWNER DELEO ART INTERIOR PTE LTD

CONTACT NO 92388310 seipak38@gmail.com

NRIC 2001055094

CLAIM TYPE OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY INDIA

TYPE OF COVERAGE COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER

AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER LEE PAK YAM

NRIC 8165555Z **NO OF PASSENGER/S** 0

DATE OF BIRTH 20-12-1964

OCCUPATION _____ OUTDOOR INDOOR

DATE OF DRIVING PASS 28/02/1983

GENDER MALE FEMALE

CONTACT NO 92388310

ADDRESS NO-1 SIN MING AVE #04-01 (Q) 575728

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: MANAGER

WEATHER CONDITION CLEAR RAINING OTHER: _____

ROAD SURFACE DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO 8LL8963M **NO OF PASSENGER/S**

NAME _____

CONTACT NO _____

VEHICLE C NO _____ **NO OF PASSENGER/S**

VEHICLE D NO _____ **NO OF PASSENGER/S**

VEHICLE E NO _____ **NO OF PASSENGER/S**

VEHICLE F NO _____ **NO OF PASSENGER/S**

ANY WITNESS _____

WITNESS CONTACT NO _____

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.: D20MPC0003522_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle	: SMM9063L
Chassis No	: KMHD841CMKU916276
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*

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

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- Use for hire or reward.
- Use for racing, pace-making, reliability trial, speed-testing.
- Use for the carriage of goods other than samples in connection with any trade or business.
- 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.

Excess Sect I (For Employees)	: SGD600.00
Excess Sect I (For Non-Employees)	: SGD1,100.00
Windscreen Excess	: SGD100.00

Hire Purchase Company : HL Bank

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 : A000021/Tan Shi Jack
Date of Issue : 21/06/2021 22:12:03
MX4 - Private Car (Company)

For India International Insurance Pte Ltd



Authorised Signatory