

NATIONAL Assessment Centre Services

Date In: 07/12/21	Job description	Date & Time Completed	Done by
Ref No NA/21012396/13	SAS e-filing		
Veh No 5CM62804	E-mail (within 5hrs. AD 2hrs)		
D.O.A 07/12/21 1443	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: 5LF34884 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat 2/3:	8) NTUC Additional Services:-		
	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	07/12/2021 18:13 (SGT)
Date of Accident	07/12/2021 14:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH RD B4 NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6280H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOO FONG YONG
NRIC No	SXXXX098Z
Email Address	ds8622@singnet.com.sg
Mobile Phone No	(Phone) +65-97110006
Alternative Phone No	+65-97110006

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER EX
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	1590

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC0002187
Cover Note Number	-

DRIVER

Name of Driver	GOO FONG YONG
NRIC No	SXXXX098Z

Date Of Birth	01/10/1966
Occupation	Indoor
Date Of Driving Pass	05/07/1988
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97110006
Alt. Phone Number	+65-97110006
Email Address	ds8622@singnet.com.sg
Address	BLK 462 CLEMENTI AVE 3
Address complement	#18-622
Postcode	120462
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

PLS 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	SLF3488H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KWOK CHARN FEI
NRIC No	SXXXX567C
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	GOO FONG YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLM6280H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 07/12/2021

Driver's Signature

(If driver is not the policyholder)

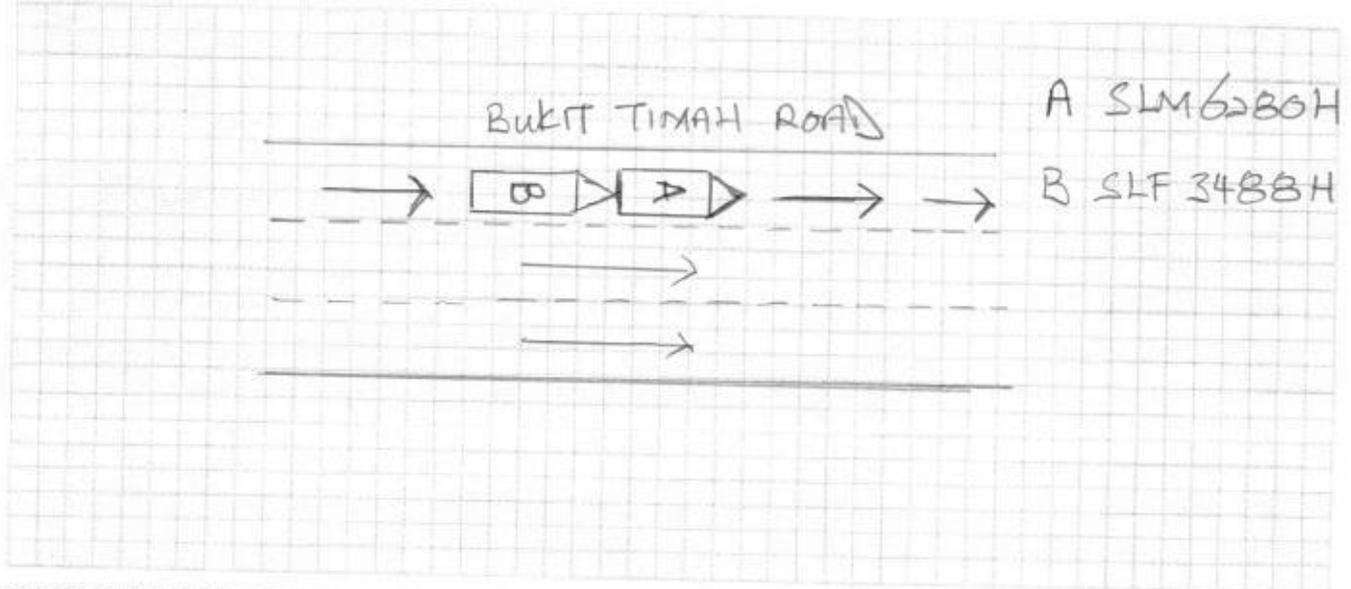
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BUKIT TIMAH ROAD. THE VEHICLE IN FRONT OF ME STOP, I STOP MY VEHICLE ALSO. SUDDENLY THE VEHICLE B SLF 3488H HIT ON MY REAR.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 07/12/2021

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 07/12/2001 Time 14:43 Hrs
 Exact Location Of Accident * BUKIT TIMAH ROAD BEFORE NEWTON CIRCUS

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLM 6280 H

Insured Policyholder

Name of Registered Owner * Goo Fong Jang
 NRIC/FIN/Passport Number * S1765098/Z

Vehicle Particulars

Manufacturer MITSUBISHI
 Model LANCER EX
 Exact Purpose for which vehicle was being used at time of accident
 * Private use Commercial use Hire & reward
 Others - please specify _____

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes No Others _____
 If No, please state action to be taken * Third Party Claim Reporting Only
 Vehicle Category * Private Commercial Motorcycle

Insurance Particulars

Name of Insurance Company * INDIA INTERNATIONAL INSURANCE
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes No
 Policy Number * 22IMPL0002187
 Cover Note Number _____

Driver

Name of Driver * Goo Fong Jang
 NRIC/FIN/Passport Number * S1765098/Z
 Date of Birth * 01/10/1966
 Occupation * MANAGER
 Date of Driving Pass * 05/07/1988
 Gender * Male Female
 Mobile Number 97110006
 Address Blk 462 Clementi Ave 3 #18-622, SPORZ 120462
 Email Address ds8622@singnet.com.sg
 Was driver an employee of the insured's Company? * Yes No
 If no, Relationship of the Driver with the Insured * OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)	<input type="text"/>
General Information of the Accident	
Type of Accident	* FRONT TO REAR
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>
Other Information	
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Injured Persons	
Name	* GOO FOAH JOAH
Address	BK 462 ALBERTI AVS 3 #18-622 (120462)
Approximate Age	* 55
Injuries Sustained	* <input type="text"/>
If vehicle Occupants, state in which vehicle?	<input type="text"/>
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, against whom?	<input type="text"/>
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* SIF 3488 H
Vehicle Make / Model / Colour	<input type="text"/>
Detail Of Properties	<input type="text"/>
Name of Driver	* KWOK CHARN F81
NRIC/Passport Number	<input type="text"/>
Contact Number	* ST29567 C
Email Address	<input type="text"/>
Address	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
Details Of Witness	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

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.: D21MPC0002187

COVER: COMPREHENSIVE

- | | | | |
|-----------|---|---|-------------------------------|
| 1. | Index Mark and Registration Number of Vehicle
Chassis No | : | SLM6280H
JMYSRCY1AGU006471 |
| 2. | Name of Policyholder | : | GOO FONG YONG |
| 3. | Effective date of Insurance | : | 03 Apr 2021 |
| 4. | Expiry date of Insurance | : | 02 Apr 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 DRIVER EXCESS SECT I : SGD 600.00
UNNAMED DRIVER EXCESS SECT I : SGD 1,100.00
WINDSCREEN EXCESS : SGD 100.00 ONE CLAIM ONLY

Hire Purchase Company : United Overseas Bank Limited

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3100/- ON SECTION I WILL BE APPLICABLE UNDER ENDT M22B

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 : A000053/U. I Enterprise

Date of Issue : 22/03/2021 17:21:45

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorized Signatory

Transaction ref 20170403093641760682

The owner and vehicle particulars for Vehicle No. SLM6280H as at 03 Apr 2017 are as follows:

1.	Name	: GOO FONG YONG
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S1765098Z
4.	Place Of Passport Issue	: -
5.	Registered Address	: APT BLK 462 CLEMENTI AVENUE 3 #18-622 SINGAPORE 120462
6.	Mailing Address	: -
7.	Vehicle No.	: SLM6280H
8.	Effective Date of Ownership	: 03 Apr 2017
9.	Original Registration Date	: 03 Apr 2017
10.	First Registration Date	: 03 Apr 2017
11.	Vehicle Type	: P10 - Passenger Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: MITSUBISHI
17.	Vehicle Model	: LANCER EX 1.6 AT LED TAIL LAMP
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Red
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: JMYSRCY1AGU006471 / -
23.	Propellant/Emission Standard	: Petrol / Euro IV
24.	Engine No./Motor No.	: 4A92CN6270 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1590 / -
26.	Maximum Power Output(kW/bhp)	: 86.0 / 115
27.	Unladen Weight(kg)	: 1284
28.	Maximum Laden Weight(kg)	: 1750
29.	Open Market Value	: \$11,133.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 02 Apr 2027
32.	Minimum PARF Benefit	: \$5,566.00
33.	IU Label No.	: -
34.	COE No.	: 2017020101002193G
35.	COE Expiry Date	: 02 Apr 2027
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	: \$50,889.00
38.	Actual Quota Premium/PQP Paid	: \$50,889.00
39.	Actual ARF Paid	: \$11,133.00
40.	CO2 Emission(g/km)	: 171.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$369.00
46.	Road Tax Start Date	: 03 Apr 2017
47.	Road Tax End Date	: 02 Oct 2017
48.	Remarks	: This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.

