

# NATIONAL Assessment Centre Services

Date In: 03/02/2022 14:17	Job description	Date & Time Completed	Done by
Ref No: NA/III 22001044/M4	SAS e-filing		
Veh No: SKL 4843P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/02/2022 17:40	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: SLJ 3661C	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

NA 2200293

## Invoice Preparation Checklist

Am't (\$) 1st Bill Am't (\$) Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Date:

Date 2/3:

- AR: Accident Reporting (\$30);
- DA: Damage Assessment (\$100), INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- RT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- NI: Idac DA + SMRT Survey \$160
- 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 (Non INC) against INC \$20
- N12: Idac Mobile 30

Invoice date:

Invoice dated

Fee Charged

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	03/02/2022 14:17 (SGT)
Date of Accident	02/02/2022 17:40 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	PARK LAND GREEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4843P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHAMSUDIN KHAN SURATTEE
NRIC No	SXXXX251I
Email Address	ahmadkhan129@gmail.com
Mobile Phone No	(Phone) +65-93853747
Alternative Phone No	+65-83995952

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	Manual
CC	1584

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MPC0004461_01
Cover Note Number	-

### DRIVER

Name of Driver	AHMAD KHAN SURATTEE BIN SHAMSUDIN KHAN SURATTEE
NRIC No	SXXXX969E

Date Of Birth	12/09/1988
Occupation	Indoor
Date Of Driving Pass	23/02/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-83995952
Alt. Phone Number	-
Email Address	ahmadkhan129@gmail.com
Address	BLK 157 TAMPINES STREET 12
Address complement	#02-45
Postcode	521157
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FAMILY MEMBER
Gender	Female

#### PASSENGER 2

Name	FAMILY MEMBER
Gender	Female

#### PASSENGER 3

Name	FAMILY MEMBER
Gender	Male

#### PASSENGER 4

Name	FAMILY MEMBER
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

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	SLJ3661C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADAM FONG KUO LONG
NRIC No	SXXXX794I
Contact Number	(Phone) +65-92360720
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.
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. 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' 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

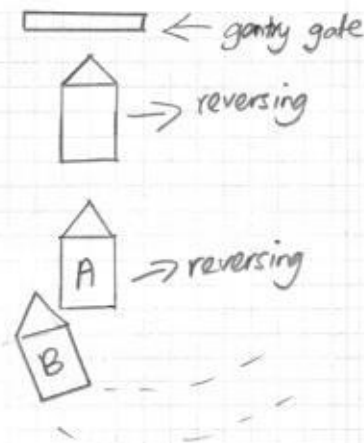
### Sketch Plan

A = SKL 4843P

B = SLJ 3661C

East Coast Park

(Park Land Green Carpark)



Describe Circumstances of the Accident


The car in front of me could not leave the parking carpark so he reversed.

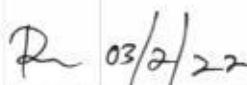
I ~~followed~~ followed suit & reversed too, while checking the rear view mirror. When I glanced to the rear view mirror before reversing, there were no cars behind. But just as I was about to check my blind spot, the car behind me hit my back bumper. He was turning behind me as I reversed so we both collided.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 03/02/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

 03/2/22  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT (5:40pm)

ACCIDENT DATE: (02 / 02 / 2022) (DD/MM/YYYY), TIME: (17 : 40) (HH:MM)

LOCATION: East Coast Park (Park ~~Land~~ Green Carpark)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 4843P  
 b) INSURANCE COMPANY: India International Ins.  
 c) POLICY NUMBER: D20MPC0004461-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi Lancer ~~Auto~~ Manual (1584cc)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: private use  
 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: Shamsudin Khan Surattee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1554251 I CONTACT: 9385 3747  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Ahmad Khan Surattee Bin Shamsudin Khan Surattee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8834969E CONTACT: 8399 5952  
 c) ADDRESS: Blk 157 Tampines Street 12 #02-45 (S) 521157

\* d) DATE OF BIRTH: (12 / 09 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/02/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: child

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: SLJ 3661C MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Adam Fong Kuo Long  
 c) NRIC/FIN/PASSPORT: S7600794 I CONTACT: 9236 0720

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(5)

family member  
 x2 female  
 x3 male (including driver)

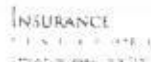
\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = ahmadkhan129@gmail.com

fax =

VIDEO = NO



MOTOR VEHICLE THIRD-PARTY RISKS AND COMPENSATION (ACT CHAPTER 104)  
 MOTOR VEHICLE THIRD-PARTY RISKS AND COMPENSATION (RULES REGARDING TRANSPORTATION) 401, 1987-ATA 15514  
 MOTOR VEHICLES-THIRD-PARTY RISKS (RULES) 199-ATA 15533

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MPC0004461 01		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	:	SKL4843P
Chassis No	:	JMYSXCS348U005918
2. Name of Policyholder	:	SHAMSUDIN KHAN SURATTEE
3. Effective date of Insurance	:	04 Aug 2021
4. Expiry date of Insurance	:	03 Aug 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.		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$750* - ON SECTION II 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:	AG000500Sunmax Enterprise	For India International Insurance Pte Ltd
Date of Issue:	26.07.2021 15:53:21	
MAX Private Car (Insured Driving)		
		 Authorised Signatory

**SUNMEX ENTERPRISE**  
8 ENGKOR STREET  
621402  
SINGAPORE 079718  
TEL: 6220 5870 FAX: 6220 1698