							SC 10 May 1 May 1
NATION:	U. Assessment Centre	Services	121 - 24 - 11				
Date In: 14/02/22 Job description				Date & Time 0	Completed	Done	by
Ref No. NA	1/11/22001414/13	SAS e-filing					
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DOA 12	102/02 1040	i-Motor Clair	n Form				
0)		i-Motor W/O	(Within: OI) 2hr	(TP 4hrs)			
00 00 1	Reporting Only	i-Photo Uploa	ided	i		***	
TP Insurer:		Assessment/Sur	vey Report				
TE HISHIGE.		Ass't Report by					
Preferred Wksp	/ INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars	S: Veh No:	CE5885L	. INC () / Non-INC	()		
Owner / Driv	er: (Tel:)	
Policy No. () Perio	od: ()	Cover Type: ()	
Confi	rmed by: (Date:	Tint	4)	
-		ote-Est. Status (W	O): N: 0-20	0%; P: 21-79%	F: 80-100%	6]	
Year of Regi		arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0 ()/\$2,000 ()				
General Rema			19 55 65	is Storil	1000		
() Walk-I:	Customer: Customer's inform	nation strictly Con	fidential & Str	rictly NO rafer o	f lepairer.		enna i
() Total L	oss Case : to e-mail Insurer	URGENTLY.					
Drive-In ()/Towed-In (); Invoice:	YES () / N	O(); T	owing Co. ()
Remarks:-	(INC horline: 6788 6616)			Date&Time Co	ompleted	Done	by
1) Apply for Tr	ransport Allowance () / Con	urtesy Car ()					
2) QC Check /	Post Repair Inspection	()				1111/12/2004	
3) Upload Resu	rvey Photo [Repair Cost > \$300	00] ()					
Injury:							
Date/Time A			2 1000 120				
jate/1 ime A	ctions				A A CONTRACTOR		
					-		
	2/222 12/20/6/6		Invoice Pres	paration Check	dist	Amt (\$)	Amt (S)
NA3300436			1) AR : Accident		The state of	Ist Bill	Add Bill
laimant's Particulars :-			2) DA : Damage	Assessment (\$100)	The second secon		
river/Owner:		}	3) TF : Towing F 4) FT : Follow-Ti		\$40/\$45 \$120		
ontact No:				hrough Survey (Rest gainst INC Only (w			
amaged Portion:			6) TR : Re-inspec	ction	\$75		
god i ortioi			7) N1 : Idae DA : 8) NTUC Additio		\$160		
C Checked by (Engr-In-Charge):			OD: *N5: Courtesy Car / Tpt Allowance		\$5		
			*N6: Repair C	the same of	510		
uditors' Comments :-			*N7: Fost Repo	air Inspection lect Excess Coordin	S25 stibn S5		
1. 1:			<u>TP</u> (N11) : TP	(Non INC) against	NC S20		
			9) N12: Idac Mol Invoice dated	30 Fee Charged		mas an	
1. 2 / 3:			WENGER BUILDS		- A	Enter the second second	

SN09222E000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/02/2022 18:07 (SGT)

SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/02/2022 18:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/02/2022 18:07 (SGT) 12/02/2022 10:40 (SGT) Yio Chu Kang Rd, Singapore TOWARDS SERANGOON CENTRAL Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM2263Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No

GRAN TORINO PTE LTD 2XXXXX383C raymond 8962@yahoo.com.sg (Phone) +65-88556141

+65-88556141

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Honda

Freed

Private hire

No - Claiming third party Private hire Auto 1496

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Cover Note Number

India International Insurance Pte Ltd

Comprehensive

D21MFL0007109

DRIVER

Name of Driver NRIC No

Policy Number

LIM TECK CHUEE(LIN DESHUI) SXXXX802F



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

Address complement Postcode

Is the driver the policyholder? If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2 Name Gender

DETAILS OF POLICE ACTION

If yes, against whom?

Was the accident reported to the police?

Was notice of intended Prosecution given?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SLE5885L

04/01/1977

22/06/2004

17 YEARS AND 8 MONTHS

raymond_8962@yahoo.com.sg

BLK 523 HOUGANG AVE 6

Collision - Head to Rear

(Phone) +65-84442727

Outdoor

Male

#10-111

530523

No

No

Hirer

Clear

Dry

No

Yes

No

Yes

3

No

Male

Female

No

No

Yes No

No

PASSENGER

PASSENGER

2

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)

INJURED PERSONS DETAILS

INJURED 1

LIM TECK CHUEE(LIN DESHUI) Name of injured person Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT Injured person in which vehicle? SMM2263Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	111	1 1 1 1	17 \$	
		1 1711	A	Alsmmzusy
3 3			3	B:51558851
9 8			DI	
23				

Describe Circumstances of the Accident	
I was at the an king land towards sergeen central traffic	light waiting
for tratfic light to turn green, Suddenly I felt a hype impact	from my rear
of my vehicle. I got down of my vehicle and realize vehicle	B collided onto

Declaration

We declare the foregoing particulars are true in every respect.

UEN (202026383C)

Policyholder's Signature / Date & Time

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

fym 14/02/12

Witnessed by Reporting Centre Personnel

Date of Accident	: 12 2522 Accident Time: 104- (24-HR-FORMAT)
Accident Place	. You chy Kong Road towards sengtion central
Vehicle Reg. No (Car plate No.)	5MM22634 Vehicle Make/Model: Howa Freed
Insurance Company	: India International Policy No. DIMFLOCOTION
Name of Registered Owner	: Company / Individual Gran Porino Pa Hd
ID of Registered Owner	: Co Reg No: 202026383C Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 8855 6141
DRIVER'S Name	: Lim Teck Chure DRIVER'S NRIC No: 57+01802F
DRIVER'S Date of Birth	: 4 1 1977 DRIVER'S License Pass Date 22 6 2004
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 523 Hougans Are 6 Ato-111
DRIVER'S Contact No./ Alt No.	: 1) 8444 2727 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: raymond_8962@ yahoo.com.Sq
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by ca Exact purpose for which vehicle was Any injuries, if yes(name of the in	river): 3 Name & Gender; Gyolo (DISSENGE)
Other	Party Driver's Particulars (if any)
Vehicle Reg No: SLES885L	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	
IC No. DRIVER:	
DRIVER'S Contact & add:	



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987037924 | IST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Fax (65) 62244174 Email insure@iii.com.sg Website www.iii.com.sg

COVER: Comprehensive

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, 1939 (MALAYSIA)

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

CERTIFICATE NO.: D21MFL0007109

Index Mark and Registration Number of Vehicle

SMM2263Y

Chassis No

: GB71081729

2. Name of Policyholder

GRAN TORINO PTE, LTD.

3 Effective date of Insurance

31 Jan 2022

4. Expiry date of Insurance

15 Sep 2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The Hirer.

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial, speed-testing.
- (2) Use for the carriage of goods other than samples in connection with any trade or business.
- (3) 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 Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess Section I WITHIN SINGAPORE : SGD 2,500.00 Excess Section II WITHIN SINGAPORE : SGD 2,500.00

Windscreen Excess

SGD 2,500.00 SGD 100.00

Hire Purchase Company

: MY AUTO CAPITAL PTE LTD

WARRANTY EXCESS: SGD 350.00

WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY

THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY.

DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE

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 -- A000087/FINSURETEQ AGENCY PTE LTD

Date of Issue : 26/01/2022 14:34:05 MZ406 - Hire Car (Hired Driving)

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For India International Insurance Pte Ltd

Authorised Signatory