

# NATIONAL Assessment Centre Services

Date In: 11/08/22	Ar3	Job description	Date & Time Completed	Done by
Ref No: NM/11122007650/AB3		SAS e-filing		
Veh No: GBD1631C		E-mail (within 2hrs, AP: 2hrs)		
DOA: 10/08/22 1430		i-Motor Claim Form		
OD: (IP) 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: 4N9555L	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
	MOBILE REPORTING (ADRIAN)
	16 PERFECT AUTOWORK PTE LTD
	8 KARI BUKIT AVENUE 4
	H08-09 PREMIER @ KARI BUKIT
	415875

NA2002144	NA2002145	Mobile Reporting	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) N1 : 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 \$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 Actual 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	11/08/2022 18:03 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12 TWDS WOODLANDS AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1631C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HANSFORT INVESTMENT PTE LTD
Company Reg No	1XXXXX712R
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-68843480
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0006520

#### DRIVER

Name of Driver	LI QINGXIN
Passport No/FIN	GXXXX967T
Date Of Birth	17/02/1976
Occupation	Outdoor

Date Of Driving Pass	08/12/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88793361
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	5 STADIUM WALK
Address complement	#05-01 LEISURE PARK KALLANG
Postcode	397693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	TAN SAY HEONG
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9555L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

### IMPORTANT NOTICE

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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

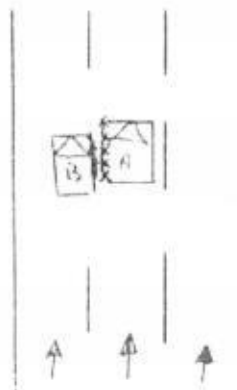
Witnessed by Reporting Centre Personnel

### Sketch Plan

Unit A: GRD 1631K  
Unit B: XA9855L

WOODLANDS AVE 12 TWO'S WOODLANDS AVE 10

(B4 WOODLANDS AVES)



Describe Circumstances of the Accident

Attached  
to  
letter

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 11/08/22

Witnessed by Reporting Centre Personnel

On 10.08.2022 at about 14:30 hours along Woodlands Avenue 12 towards Woodlands Avenue 10 (Before Woodlands Avenue 5), I was travelling straight on lane 2 at the about mentioned location and suddenly I heard a loud bang and felt an impact.

When I alighted, I realised it was vehicle (B) that cut onto my lane hence collided onto the left portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): GBD 1631C

Vehicle (B): YN 9555L





## SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/08/2022		Time: 14:30		(hh:mm) 24 hr format	
Location Woodlands Ave 12 twds Woodlands Ave 10					
(Before Woodlands Avenue 5)					
Vehicle Number GBD 1631C					
Insured Name Hangfort Investment Pte Ltd					
NRIC / FIN 199304712R		Contact Number 68843480			
Make Nissan		Model NV350			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company India					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number D22MCV0006520					
Name of Driver L. Wing xin				( ) Same as Insured	
NRIC / FIN G8196967T		Contact Number 88793361			
Date of Birth 17/02/1976					
Driving Pass Date 08/12/2011					
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address abc8627e@gmail.com				( ) NO EMAIL	
Address of Driver 5 Stadium Walk #05-01 Leisure park (Kallang 4) 317693					
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others					
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party Name NRIC Contact					
Veh B YN 9555L					
Veh C					
Veh D					
Veh E					
Veh F					

\* 1 passenger

① Tan Say Heong

(m)





For India International Insurance Pte Ltd

## CERTIFICATE OF INSURANCE

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

CERTIFICATE NO.: D22MCV0006520

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : GHD16314  
Chassis No : JN1MC 21 26Z0002067
2. Name of Policyholder : HANSEFORT INVESTMENT PTE LTD
3. Effective date of Insurance : 26 Jul 2022
4. Expiry date of Insurance : 25 Jul 2023
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\*

- a) Use in connection with the Policyholder's business
- b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes

The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial or speed-testing.
- c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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 Section I : SGD 600.00

Windscreen Excess : SGD 100.00

Hire Purchase Company : N/A

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 : A000077/HM PTE LTD

Date of Issue : 05/07/2022 14:48:45

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory