

NATIONAL Assessment Centre Services

Date In: 22/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/1122008022/13	SAS e-filing		
Veh No: YN89204	E-mail (within 2hrs. After 2hrs)		
DDA: 20/08/22 1830	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD: 2hrs. TP: 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SLT1569U** 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) rT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
	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 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	22/08/2022 17:43 (SGT)
Reported by	Driver
Date of Accident	20/08/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8920Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Company Reg No	2XXXXX509N
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-62849558
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MCV0000908_04

DRIVER

Name of Driver	VEERAPPAN THANGADURAI
Passport No/FIN	FXXXX836K
Date Of Birth	17/01/1972
Occupation	Outdoor

Date Of Driving Pass	14/11/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87222009
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	1079 EUNOS AVE 7
Address complement	#01-163
Postcode	409582
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	21
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
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 SLT1569U
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBL3670J
 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

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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

Thiradun



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

Hyun 22/8/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

MY VAN WAS STATIONARY AND SUDDENLY I FELT AN IMPACT
FROM MY VAN REAR PORTION

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Therese...



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

Slyn 22/08/22

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 53043448B

VEHICLE NO: YN89204 MAKE/MODEL: 70 ISUZU

DATE OF ACCIDENT: 20/08/2020 TIME: 18 HR 30 MIN AM PM

LOCATION OF ACCIDENT: PTE TOWARD 2 CHANGI

EXACT PURPOSE USE DURING ACCIDENT: WORKING

CAR OWNER

NAME OF CAR OWNER: DBLCO ART INTERIOR PTE LTD

CONTACT NO: 62849558 SELPHK38@GMAIL.COM

NRIC: 20010550PW

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: III

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: _____

ACCIDENT DRIVER

NAME OF DRIVER: VEERAPPAN THANGADURAI AS ABOVE IF NOT- KINDLY FILL IN BELOW

NRIC: E2824836K NO OF PASSENGER/S: 20 WORKER

DATE OF BIRTH: 19.01.1972

OCCUPATION: _____ OUTDOOR INDOOR

DATE OF DRIVING PASS: 14.11.2008 MALE FEMALE

GENDER: _____

CONTACT NO: 87222009

ADDRESS: 1079 SUNDRAS AVE 7 #01-163 (B) 409582

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

RELATIONSHIP: EMPLOYEE/SPOUSE IF NOT: DRIVER

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: 8LT15694 NO OF PASSENGER/S: UNKNOWN

NAME: _____

CONTACT NO: _____

VEHICLE C NO: G18L36707 NO OF PASSENGER/S: UNKNOWN

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.: D18MCV000908_04		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: YN8920Y	
Chassis No	: JAANNR85HE7100444	
2. Name of Policyholder	: DELCO ART INTERIOR PTE LTD	
3. Effective date of Insurance	: 17 Aug 2022	
4. Expiry date of Insurance	: 16 Aug 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 Sect 1	: SGD750.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: CARVILLE PTE LTD	
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 1 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	: 14/07/2022 18:18:50	
M.Z. 300C - GOODS CARRYING (ORGANIZATION)		
		For India International Insurance Pte Ltd
		
		Authorised Signatory