

NATIONAL Assessment Centre Services

Date by 27/09/22

Ref No NA/22009494/13

Veh No SJR6354B

DOA 25/09/22 1350

OD: TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 2hrs, APT 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OIS 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKA5687A

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

NA2202656

Invoice Preparation Checklist

Am't (\$)

1st Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: 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 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA2202656

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 27/09/2022 12:19 (SGT)
Reported by Both
Date of Accident 25/09/2022 13:50 (SGT)
Exact Location of Accident Johor Bahru, Johor, Malaysia
Additional Location Information JALAN SULTAN ISKANDAR CHECKPOINT
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR6354B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner R SATHIAMOORTHY SUBRAMANIAM
NRIC No SXXXX261I
Email Address sathia_2329@yahoo.com
Mobile Phone No (Phone) +65-90064677
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1591

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D19MPC0003346_03

DRIVER

Name of Driver R SATHIAMOORTHY SUBRAMANIAM
NRIC No SXXXX261I
Date Of Birth 29/11/1959
Occupation Outdoor

| | |
|--|-------------------------|
| Date Of Driving Pass | 18/07/2007 |
| Driving experience | 15 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90064677 |
| Alt. Phone Number | - |
| Email Address | sathia_2329@yahoo.com |
| Address | BLK 717 PASIR RIS ST 72 |
| Address complement | #10-05 |
| Postcode | 510717 |
| 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 - Change/cross lane |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 1 |
| 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 | - |

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 | SKA5687A |
| 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) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
- (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

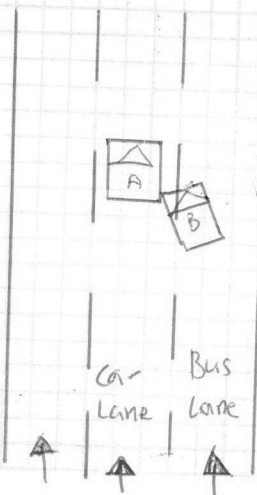
Witnessed by Reporting Centre Personnel

Sketch Plan

JALAN SULTAN ISKANDAR CHECKPOINT

Car A: SJR 6354B

Car B: SKA 5687A



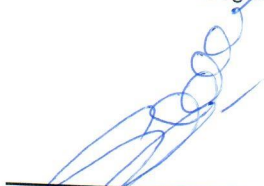
Describe Circumstances of the Accident

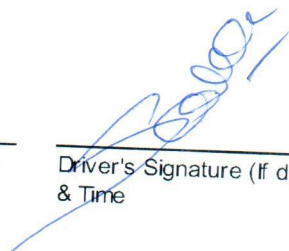
Handwritten notes in blue ink on lined paper:

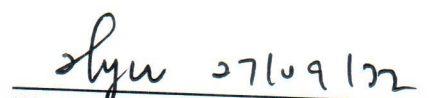
- At the wheel
- me
- AD
- petrol

Declaration

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


Policyholder's Signature / Date & Time

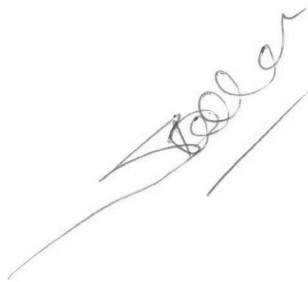

Driver's Signature (If driver is not the policyholder) / Date & Time

 27/09/22
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SJR6354B) WAS TRAVELLING STRAIGHT ON LANE 2 (CAR LANE) OF JALAN SULTAN ISKANDAR CHECKPOINT. DUE TO THE SLOW TRAFFIC ALL THE CARS ARE MOVING VERY SLOWLY, SUDDENLY I FELT AN IMPACT FROM THE REAR RIGHT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKA5687A) CUT INTO MY LANE FROM MY RIGHT (BUS LANE) AND COLLIDED ONTO MY VEHICLE.

VEHICLE A : SJR6354B

VEHICLE B : SKA5687A

A handwritten signature in black ink, appearing to be 'Zooler', written over a horizontal line.

SINGAPORE ACCIDENT STATEMENT

| | | | |
|---|--|--------------------------|----------------------|
| Accident Date: 25/9/22 | | Time: 13:50 | (hh:mm) 24 hr format |
| Location Jalan Sultan Iskandar checkpoint | | | |
| Vehicle Number SJR 6354B | | | |
| Insured Name R Sathiamurthy Subramaniam | | | |
| NRIC / FIN S1354261I | | Contact Number 9006 4677 | |
| Make Kia | | Model Cerato | |
| 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 DIA MPL 0003346_03 | | | |
| Name of Driver (<input checked="" type="checkbox"/>) Same as Insured | | | |
| NRIC / FIN - | | Contact Number - | |
| Date of Birth 29/11/1959 | | | |
| Driving Pass Date 18/7/2007 | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | |
| Email Address Sathia_2329@yahoo.com () NO EMAIL | | | |
| Address of Driver Rk 717 Pasir Ris St 72 #10-05 (S) 510717 | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | |
| If No, Relationship of the Driver with the Insured | | | |
| (<input checked="" type="checkbox"/>) 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 () Clear (<input checked="" type="checkbox"/>) Raining () Others | | | |
| Road Surface () Dry (<input checked="" type="checkbox"/>) 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 rd party | | Name / Nric | |
| Veh B SKA 5687A | | Contact | |
| Veh C | | | |
| Veh D | | | |
| Veh E | | | |
| Veh F | | | |

* Driver only

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.: D19MPC0003346_03

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SJR6354B
Chassis No : KNAFH221395085113
2. Name of Policyholder : R SATHIAMOORTHY SUBRAMANIAM
3. Effective date of Insurance : 02 Jul 2022
4. Expiry date of Insurance : 01 Jul 2023

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 : SGD600.00

Unnamed Driver Excess Sect I : SGD1,100.00

Windscreen Excess : SGD100.00

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 : A000041/P & C INSURANCE AGENCY

Date of Issue : 06/06/2022 16:59:49

M.X. 1 - PRIVATE CAR(INDIVIDUAL)

For India International Insurance Pte Ltd

Authorised Signatory

