

NATIONAL Assessment Centre Services

Date: 29/09/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/40122009611/13	E-mail (w/ chat, 2hrs, APT 2hrs)		
Veh No: SKW117X	i-Motor Claim Form		
DOA: 28/09/22 0945	i-Motor W/O (Within: OI 2hrs, TP 4hrs)		
(01) TP / Reporting Only	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:

SKIDDED

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 :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2/3:

Invoice Preparation Checklist

- | | Amt (\$) | 1st Bill | Ac |
|---|----------|----------|----|
| 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) iFT: 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:- | | | |
| OI* | | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| *N6: Repair Co-ordination | \$10 | | |
| *N7: Post Repair Inspection | \$25 | | |
| *N8: DV / Collect Excess Coordination | \$5 | | |
| *N9: TP (N11): TP (Non INC) against INC | \$20 | | |
| 9) N12: Idac Mobile | 10 | | |

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	29/09/2022 15:51 (SGT)
Reported by	Both
Date of Accident	28/09/2022 09:45 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW117X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PARTHIBAN S/O MURUGAIYAN
NRIC No	SXXXX205H
Email Address	ijsingapore@yahoo.com
Mobile Phone No	(Phone) +65-94777767
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	Quattroporte
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2979

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110153651605

DRIVER

Name of Driver	PARTHIBAN S/O MURUGAIYAN
NRIC No	SXXXX205H
Date Of Birth	26/10/1971
Occupation	Indoor

Date Of Driving Pass	26/08/1992
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94777767
Alt. Phone Number	-
Email Address	ijsingapore@yahoo.com
Address	35 JALAN LOKAM
Address complement	-
Postcode	537877
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	Hit by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

I WAS DRIVING ALONG BRADDELL RD.IT WAS RAINING AND THE ROAD WAS WET.I WAS ON THE 1ST LANE OF THE RD.I WANTED TO CHANGE LANETO 2ND LANE.I SLOWED DOWN AND THE CAR SUDDENLY SKIDDED.I LOST CONTROL AND THE CAR RURNED AND HIT THE CURB ON THE 3RD LANE.THERE WAS VEH BESIDE ME AT THE TIME.I WAS NOT INJURED.THE CAR WAS DAMAGED.AFT THAT I CAME OUT OF THE CAR AND CALLED THE 995 FOR HELP.IN 10 MINS TIME THE TP CAME AND EMAS CAME AFT 20 MINS.I TOWED THE CAR TO MASERATI SERVICE CENTRE AT LENG KEE RD.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE

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 :

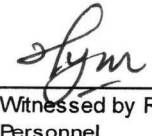
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

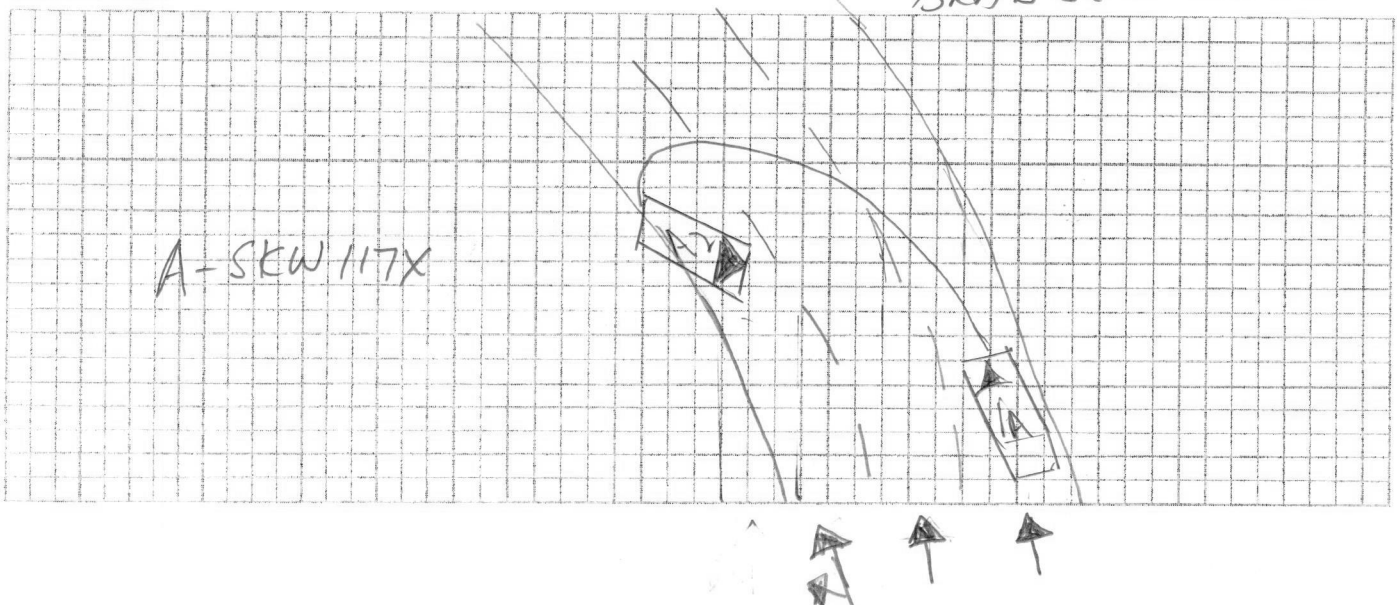
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 29/9/22
Policyholder's Signature / Date & Time

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

 29/09/22
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was driving along BRADDELL ROAD.
It was raining and the road was wet.
I was on the 1st lane of the road.
I wanted to change lane to 2nd lane.
I slowed down and the car suddenly
skidded. I lost control and the car turned
and hit the curb. There was no vehicle on
the 3rd lane. There was no vehicle beside
me at the time. I was not injured. The
car was damaged. After that I came out of
the car and called the police 995 for help.
In 10 minutes time the TP came and EMAS
came after 20 minutes. I towed the car
to masrati service centre at Long Lee
Road.

Declaration

We declare the foregoing particulars are true in every respect.

 29/9/22
Policyholder's Signature / Date &
Time

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

 29/09/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (28/09/22) (DD/MM/YYYY), TIME: (09:45) (HH:MM)

LOCATION: BRADDELL ROAD

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKW117X

b) INSURANCE COMPANY: 407

c) POLICY NUMBER: DHUM110153651605

d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: AUTO / MANUAL

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME:

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: PARTHIBAN S/O MURUGAIYAN (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 57139205H CONTACT: 94777767

c) ADDRESS: 35 JALAN LOKAM
537877

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: AS ABOVE

b) NRIC/FIN/PASSPORT: (MALE / FEMALE)

c) ADDRESS: CONTACT:

* d) DATE OF BIRTH: (26/10/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/08/1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SK0000 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = ijsingapore@yahoo.com
Fax = SD card with KATIE
Video = yes, have 4 ref at P. 64909318

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)

ORIGINAL

CERTIFICATE NO.	DHOM110153651605	Excess:	\$4000/-INSURED & SPOUSE \$8000/-UNNAMED DRIVERS (SINGAPORE) \$16000/-UNNAMED DRIVERS (OUTSIDE SINGAPORE) \$8000/-INSURED & SPOUSE(OUTSIDE S'PORE) \$0/-EXCLUDE YOUNG & INEXPERIENCE DRIVERS \$0/-<25 YRS OLD & OR <3 YRS DRIVING EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKW117X		
Name of Insured	PARTHIBAN S/O MURUGAIYAN		
Restricted Driver(s)	NOT APPLICABLE		



Period of Insurance 14 October 2021 to 13 October 2022
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# M156C268473
Chassis# ZAMSP56C001148345

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
 AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

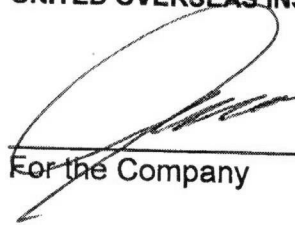
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation 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.

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).

UNITED OVERSEAS INSURANCE LTD

FSCPP Date : 11/10/2021



For the Company