

NATIONAL Assessment Centre Services SU0922A00008

Date In: 26/10/2022 13:30	Job description	Date & Time Completed	Done By
Ref No: N/A 220105 B/y	SAS e-filing		
Vel No: SU6 1972K	E-mail (include firm, A/C, etc)		
D.O.A: 26/10/2022 08:30	I-Motor Claim Form		
QC (T) Reporting Only	I-Motor W/O (white on blue, etc)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Whse		

Preferred Wreck / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vel No: **SV 8768J** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Int. Acc Driver Liability: () (Note: Use Survs (WC) N 0-2000 P 21-7990 F 80-9990)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly confidential & strict NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () Towed-In () Invoice: YES () / NO () Towing Cost: ()

Reminders: **INC Hotline: 0758 0010** Date/Time Completed: () Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date Turn: () Actions: ()

NA2202985

Job and Particulars:

Owner/Driver: ()

Contact No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Port Community: ()

1) AR - Accident Reporting (500)	
2) DA - Damage Assessment (500)	INC (500)
3) TF - Towing Fee	\$20/\$40
4) PT - Follow Through Survey	\$100
5) PT - Follow Through Survey (Recovery)	\$30
Excludes Insurance Deductible (if any) (2022)	
6) TR - Re-insurance	\$20
7) NI - NI/DA - COMET Survey	\$140
8) NI/DA - Journal Services	
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Free Charges: ()

Total: ()

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	26/10/2022 13:30 (SGT)
Reported by	Both
Date of Accident	26/10/2022 08:30 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	JUNCTION WITH MARINA BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG1972K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VIVIEN YUAN WEI LING
NRIC No	SXXXX760E
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-97801717
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0007425

DRIVER

Name of Driver	VIVIEN YUAN WEI LING
NRIC No	SXXXX760E
Date Of Birth	25/10/1990
Occupation	Outdoor

Date Of Driving Pass	10/07/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97801717
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 513B YISHUN STREET 51 #11-361
Address complement	-
Postcode	762513
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SLV8268J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VIVIEN YUAN WEI LING
Gender	Female
Phone No	(Phone) +65-97801717
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG1972K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Policyholder's Signature / Date & Time



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



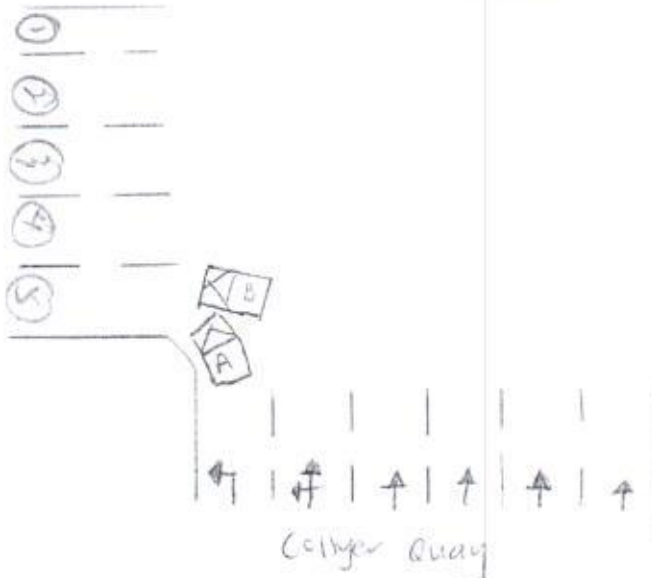
Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SNG 1972K

veh B: SLV 8268J

Marina Blvd



Describe Circumstances of the Accident

Refer to the attached

Declaration

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



26/10/2022

Witnessed by Reporting Centre Personnel

On the stated date and time. I, Vehicle A (SNG1972K) was travelling on Lane 6 of Collyer Quay Towards Marina Blvd. I was in the lane that can only turn left, While I am making left turn suddenly I felt a huge impact from the right portion of my vehicle. After I alighted I then realise that Vehicle B (SLV8268J) cut into my lane while making left turn. Due to the huge impact both our vehicle was ended up between Lane 4 & Lane 5.

I wish to state that I got 2 passengers in my car.

Vehicle A : SNG1972K 

Vehicle B : SLV8268J


26/10/2022

SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/10/22	Time: 08:30	(hh:mm) 24 hr format
Location Junction of Collyer Quay & Marina Blvd		
Vehicle Number SNG1972K		
Insured Name Vivien Yuan Wei Ling		
NRIC/FIN S9039760E	Contact Number 9780 1717	
Make Toyota	Model Alphard	
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 D22 MP60007425		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN -	Contact Number -	
Date of Birth 25/10/1990		
Driving Pass Date 10/7/2012		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver B1K 513B Yishun St 51 #11-361 (S) 762513		
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? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Driver (SNG1972K)		
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 2 nd Party Name N/A Contact		
Veh B SLV 82685		
Veh C		
Veh D		
Veh E		
Veh F		

* 2 passengers

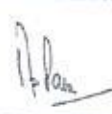
① male passenger

② female passenger

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.: D22MPC0007425		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SNG1972K	
Chassis No	: AGH300030120	
2. Name of Policyholder	: VIVIEN YUAN WEI LING	
3. Effective date of Insurance	: 12 Aug 2022	
4. Expiry date of Insurance	: 11 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	<p>VIVIFN YUAN WEI LING & CHARLIE YUAN YI KUI for private hire use only 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.</p>	
6. Limitations as to use*	<p>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.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial, or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>*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.</p>	
<p>Excess Section I (For Vivien Yuan Wei Ling & Charlie Yuan Yi Kui Only) : SGD2,000.00 Excess Section II (For Vivien Yuan Wei Ling & Charlie Yuan Yi Kui Only) : SGD1,500.00 Unnamed Drivers Excess Section I & II Separately : SGD 500.00 Windscreen Excess : SGD 100.00 Sunroof Excess : SGD 150.00</p>		
<p>PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.</p>		
<p>Hire Purchase Company : Teck Wei Credit Pte Ltd</p>		
<p>FOR DRIVERS BELOW 24 YEARS OR ABOVE 69 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE. ADDITIONAL EXCESS OF \$2500 - ON SECTION I & II SEPARATELY WILL BE APPLICABLE</p>		
<p>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).</p>		
Agent Broker	A000041 P & C INSURANCE AGENCY	For India International Insurance Pte Ltd
Date of Issue	11 08 2022 15 08 19	
MZ406 - Hire Car (Hired Driving)		
		 Subscribed and Certified