

NATIONAL Assessment Centre Services

(Ref: 1/2/02)

210922B7000A

Date In: 07/11/2022 15:27	Job description	Date & Time Completed	Done by
Ref No: X/BA/112201083/Y	SAS e-filing		
Veh No: SK8 4883L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/11/2022 22:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (White: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SLQ 7792U	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Bst Status (WO): N: 0-30%, 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 repeller.

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

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

Remarks: (INC hotline: 6788 6615)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date	Time	Actions

192203111

Invoice Preparation Checklist	INC (\$55)	Non-INC (\$55)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow-Through Survey	\$150	
5) FT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: NI: DA + SMPT Survey	\$140	
8) NTUC Additional Services		
9) NI: NI: DA + SMPT Survey	\$140	
10) NI: NI: DA + SMPT Survey	\$140	
11) NI: NI: DA + SMPT Survey	\$140	
12) NI: NI: DA + SMPT Survey	\$140	
13) NI: NI: DA + SMPT Survey	\$140	
14) NI: NI: DA + SMPT Survey	\$140	
15) NI: NI: DA + SMPT Survey	\$140	
16) NI: NI: DA + SMPT Survey	\$140	
17) NI: NI: DA + SMPT Survey	\$140	
18) NI: NI: DA + SMPT Survey	\$140	
19) NI: NI: DA + SMPT Survey	\$140	
20) NI: NI: DA + SMPT Survey	\$140	

Checked by (Engr-In-Charge):

Comments:

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	07/11/2022 15:27 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 22:30 (SGT)
Exact Location of Accident	Bukit Batok Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4883L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	APEX SPECIALIST PTE LTD
Company Reg No	2XXXXX716G
Email Address	lxiaingxingl@gmail.com
Mobile Phone No	(Phone) +65-98577027
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Fluence
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0005175_01

DRIVER

Name of Driver	LIM SIONG HENG
NRIC No	SXXXX437F
Date Of Birth	29/08/1981
Occupation	Indoor

Date Of Driving Pass	06/04/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98577027
Alt. Phone Number	-
Email Address	alexbeh.pc@gmail.com
Address	BLK 406 PANDAN GARDENS #14-38
Address complement	-
Postcode	600406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
Weather Conditions	DRIZZLING
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)	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	FRIEND
Gender	Male

PASSENGER 2

Name	FRIEND
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 PLAN

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	SLQ7792U
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

BUKIT BATOK CENTRAL		(A) SKS4883L
		(B) SLQ7792U

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG BUKIT BATOK CENTRAL ON

THE LEFT LANE. I NOTICED THE RED LIGHT HENCE I

SLOWED DOWN AND STOPPED. I THOUGHT I HAD STOP COMPLETELY,

MY
BUT THE CAR DID NOT STOP AND I COLLIDED ONTO THE

VEHICLE IN FRONT.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 04 / 11 / 2022 (dd/mm/yy) Time of Accident: 22 : 30 (24-HR-FORMAT)

Vehicle No.: SKS4883L Vehicle Make & Model / Engine (cc): RENAULT FLUENCE Private Hire: (Y N)

Exact location of Accident: BUKIT BATOK CENTRAL

Policyholder's Name / IC No.: APEX SPECIALIST PTE LTD ROC/UEN (Company): 202025716G

Driver's Name / IC No.: LIM SIONG HENG S8126437F (As Above) ☐

Driver's Contact No.: 9857 7027 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 406 PANDAN GARDENS #14-38 SINGAPORE 600406

Owner Email address: LXIANGXINGL@GMAIL.COM Insurance Company: INDIA

Driver Email address: ALEXBEH-PC@GMAIL.COM

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 3

*Passenger Name: FRIEND Gender: Male / Female ()

*Passenger Name: FRIEND Gender: Male / Female ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustained: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLQ7792U

Driver's Contact No: _____ Insurance Company: _____

Driver's Name / IC No. / Any's: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____


Independent Witness (if Any): _____ Contact No: _____

Injured Work house No: _____ Phone 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.: D21MPC0005175_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKS4883L	
Chassis No	: VFILZLF0E51746539	
2. Name of Policyholder	: APEX SPECIALIST PTE. LTD.	
3. Effective date of Insurance	: 17 Oct 2022	
4. Expiry date of Insurance	: 16 Oct 2023	
5. Persons or Classes of Persons entitled to drive*	<p>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 only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</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>	
Excess Sect I (For Employees)	: SGD600.00	
Excess Sect I (For Non-Employees)	: 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	: A000078 INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 17-09-2022 20:22:09	
MLX 4 - PRIVATE CAR (ORGANIZATION)		 Authorised Signatory