

NATIONAL Assessment Centre Services

(part 1 of 2)

NA23000739

Date In: 25/01/2023 12:31	Job description	Date & Time Completed	Done by
Ref No: NA23000739	SAS e-filing		
Veh No: SM55004K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/01/2023 19:00	I-Motor Claim Form		
OD (TP) / Reporting Only	I-Motor W/O (within 3hrs, AIC 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SHD 31407	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 repeller.

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

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

Remarks: () INC () Non-INC ()	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: ()

NA23000739	Invoice Preparation Checklist
1) AR: Accident Reporting (\$300)	INC (\$50)
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee (\$100/\$40)	
4) PT: Follow-Through Survey (\$120)	
5) FT: Follow-Through Survey (Resurvey) (\$50)	
6) TR: Referral/Refund (\$100)	
7) NI: NI/DA/SMART Survey (\$140)	
8) NIUC: Additional Inspection (\$100)	
9) QW: ()	
10) NI: Courtesy Car / Trip Allowance (\$50)	
11) NI: Repair Coordination (\$100)	
12) NI: Post Repair Inspection (\$100)	
13) NI: DV / Collect Excess Coordination (\$100)	
14) TP (H1): TP (Non-INC) against INC (\$100)	
15) NI: NIUC Module (\$100)	
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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	25/01/2023 12:31 (SGT)
Reported by	Both
Date of Accident	22/01/2023 17:00 (SGT)
Exact Location of Accident	405 Hougang Ave 10, Block 405, Singapore 530405
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5044K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE KAI HUI
NRIC No	SXXXX855E
Email Address	kenkee_hkl@hotmail.com
Mobile Phone No	(Phone) +65-94875147
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0008285

DRIVER

Name of Driver	KEE KAI HUI
NRIC No	SXXXX855E
Date Of Birth	27/07/1983
Occupation	Outdoor

Date Of Driving Pass	02/09/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94875147
Alt. Phone Number	-
Email Address	kenkee_hkl@hotmail.com
Address	BLK 691 JURONG WEST CENTRAL 1 #05-175
Address complement	-
Postcode	564691
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 - Cross Junction
Weather Conditions	AFTER RAIN
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)	2
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	CHUA DER YING
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3140T
Vehicle Manufacturer	-
Vehicle Model	-

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:

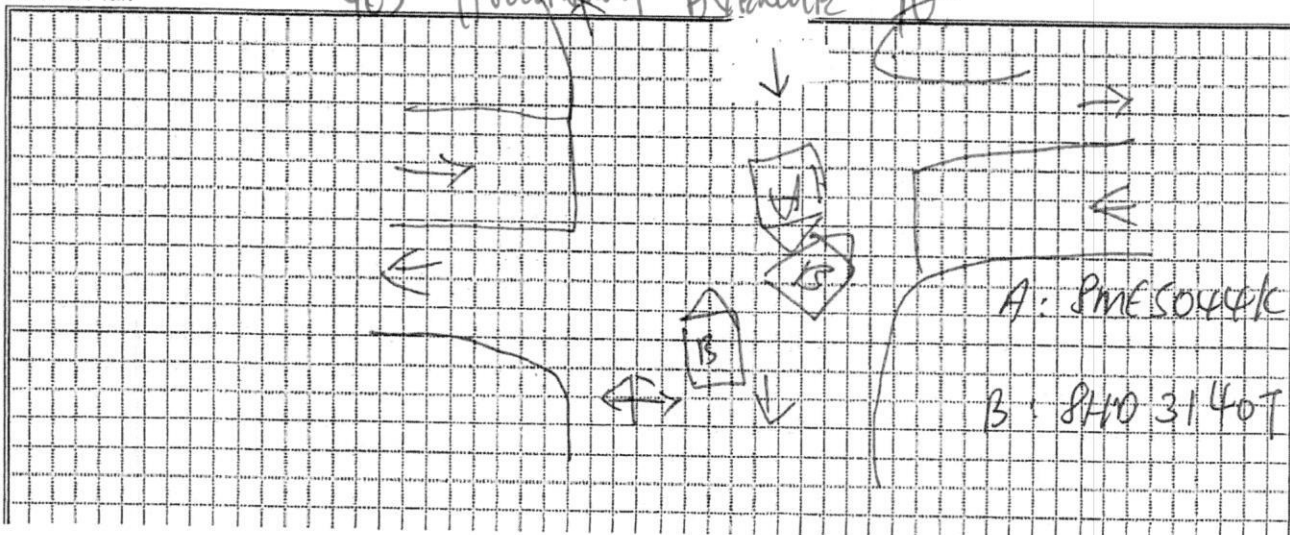
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

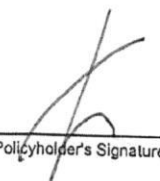


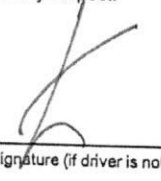
Describe Circumstance of the Accident

I was travelling straight along the carpark in my own lane. vehicle B made a right turn without checking & hit onto my vehicle front portion.

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

 25/07/2023
Witnessed by Reporting Centre Personnel

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Date of Accident : 22/1/23 Accident Time: 1700 (24-HR-FORMAT)
Accident Place : 405 Hong Kong Ave 12
Vehicle Reg. No (Car plate No.) : SNE 5044K CC: 1800 Vehicle Make/Model: Toyota CLK
Insurance Company : India Policy No. 922MPC0008285
Name of Registered Owner : Company / Individual Kee Kai Hui
ID of Registered Owner : Co Reg No: Owner's NRIC No: S8322855E
OWNER EMAIL ADDRESS: Ken Kee - HKL @ hotmail. cn : Co Contact No: Owner's Contact No: 94875147
DRIVER'S Name : Kee Kai Hui DRIVER'S NRIC No:
DRIVER'S Date of Birth : 27/7/1983 DRIVER'S License Pass Date 2/9/08
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
DRIVER'S Address : 691 Jurong West Central 1 #05-175 (5640191)
DRIVER'S Contact No./ Alt No. : 1) 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : kenkee_hkl@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Name & Gender: Chua Der Ying (P)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) Driver & Passenger

Other Party Driver's Particulars (if any)


Vehicle Reg No: SHD 3142T	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

CERTIFICATE OF INSURANCE

NOTICE VEHICLE THIRD PARTY RISKS AND COMPENSATION ACT CHAPTER 189
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All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MPC0008285		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMIE5044K	
Chassis No	: ZYN102139399	
2. Name of Policyholder	: KEE KAI HUI	
3. Effective date of Insurance	: 19 Sep 2022	
4. Expiry date of Insurance	: 18 Sep 2023	
5. Persons or Classes of Persons entitled to drive*		
Private hire use KEE KAI HUI 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		
6. Limitations as to use*		
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		
The Policy does not cover		
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		
*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 I & II SEPARATELY - SGD1,500.00		
Windscreen Excess SGD100.00		
Geographical Area Within Singapore (Private Hire Usage) only Within The Republic of Singapore & West Malaysia for social, domestic & leisure purposes only		
Hire Purchase Company: N/A		
THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM THE VEHICLE IS HIRED & THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. DRIVERS MUST BE BETWEEN 24 TO 69 YEARS OF AGE & WITH AT LEAST 2 YEARS OF SINGAPORE DRIVING LICENCE.		
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: A000087 IINSURETLO AGENCY PTE LTD		For India International Insurance Pte Ltd  Authorized Signatory
Date of Issue: 16/09/2022 15:36:38		
MX 1 - PRIVATE CAR (INDIVIDUAL)		