

NATIONAL Assessment Centre Services			
Date In 31/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/II23000947/d4	SAS e-filing		
Veh No SKL32P	E-mail (within 2hrs. A/C 2hrs)		
DOA 31/01/2023 09:00	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 9938S	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)			
() Apply for Transport Allowance () / Courtesy Car ()		Date & Time Completed	Done by
() QC Check / Post Repair Inspection ()			
() Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time: ()			
Actions: ()			

NA2300322		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Insurant's Particulars				1st Bill	Add Bill
Owner/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
Checked by (Engr-In-Charge):		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 / Tpl Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
Officers' 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	31/01/2023 16:18 (SGT)
Reported by	Both
Date of Accident	31/01/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	159 AMTECH BUILDING CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL32P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YONG LIP (CHEN RONGLI)
NRIC No	SXXXX639F
Email Address	josephlyl@gmail.com
Mobile Phone No	(Phone) +65-93836313
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0001694_01

DRIVER

Name of Driver	TAN YONG LIP (CHEN RONGLI)
NRIC No	SXXXX639F
Date Of Birth	21/07/1974
Occupation	Indoor

Date Of Driving Pass	29/09/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93836313
Alt. Phone Number	-
Email Address	josephstyl@gmail.com
Address	51 KELULUT HILL
Address complement	-
Postcode	805855
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 - Head on collision
Weather Conditions	Clear
Road Surface	Dry

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL9938S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG PAK HONG
NRIC No	SXXXX474Z

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

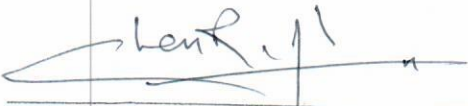
IMPORTANT NOTICE

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

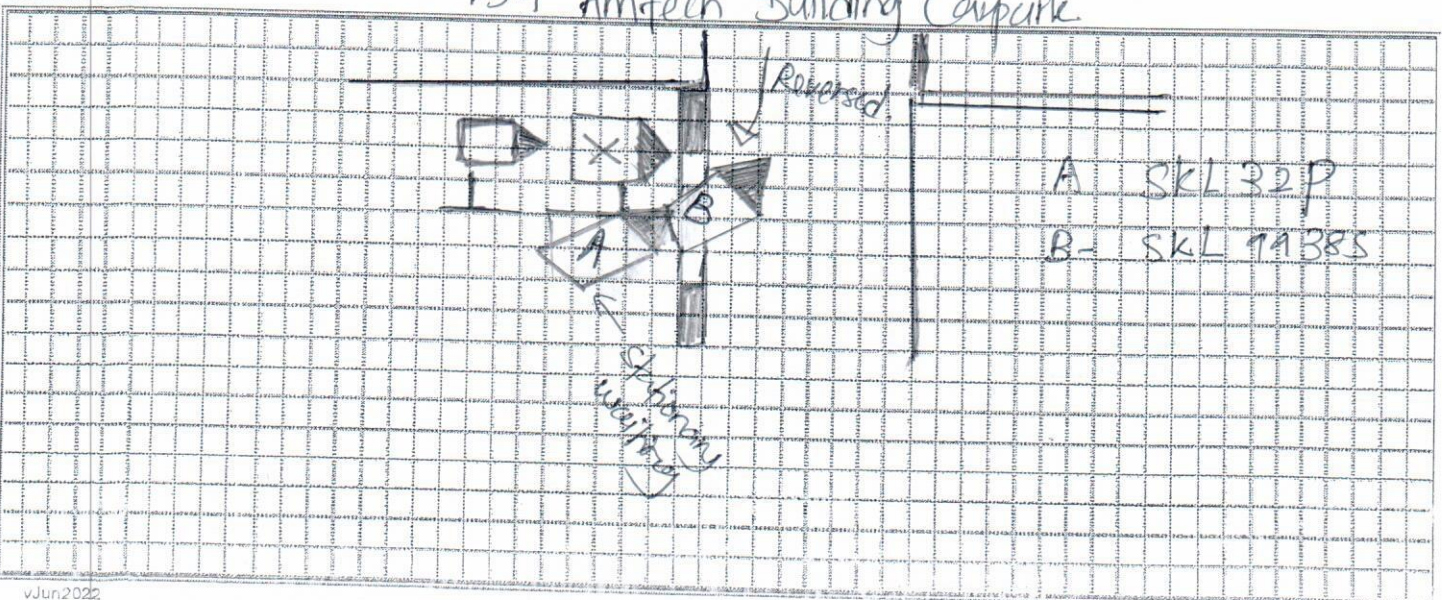

Policyholder's Signature / Date & Time
31 Jan 2023


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


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

Sketch Plan

159 Amtech Building Carpark



Describe Circumstance of the Accident

On the morning of 31st Jan, I was driving toward the basement carpark of Amtech Building.

Vehicle SKC 938S was stuck at the entrance. After 5mins of waiting, he reverse out of the carpark, and I ~~move~~ moved my ~~the~~ vehicle backward to make space for him, but failing to check for his back, his vehicle bang into my car (at the front bumper).

Declaration

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



Policyholder's Signature / Date & Time

31 Jan 2023

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

 31/1/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: 31/01/2023 (DD/MM/YYYY) TIME: 09:00 (HH:MM)

LOCATION: 159 Amtech Building Cooperk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 32P
 b) INSURANCE COMPANY: INDIA INTERNATIONAL
 c) POLICY NUMBER: D21MPC0001694-01
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mercedes-G200 AUTO / MANUAL
 f) TYPE: SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Tan Yong Lip (Chen Rongli) MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S7422639F CONTACT: 9383 6313
 c) ADDRESS: 51 Kelulut Hill, 8805855

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: As Above MALE / FEMALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 21/07/1974 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 29/09/1993

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

5. a) WEATHER CONDITIONS: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 9938S MODEL: _____
 b) DRIVER'S NAME: Tang Pak Hong
 c) NRIC/FIN/PASSPORT: S0206474Z CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = josephlyl@gmail.com

fax =

VIDEO = Yes

no. of passengers
 (including driver)
(1)


no. of passengers
 (including driver)
()

no. of passengers
 (including driver)
()

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.: D21MPC0001694_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKL32P	
Chassis No	: WDD2130422A120796	
2. Name of Policyholder	: TAN YONG LIP	
3. Effective date of Insurance	: 07 Mar 2022	
4. Expiry date of Insurance	: 06 Mar 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 & Name Drivers Excess Section I	SGD	750.00
Unnamed drivers Excess Section I	SGD	1,250.00
Windscreen Excess	SGD	100.00
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 : A000050/Sunmex Enterprise		For India International Insurance Pte Ltd
Date of Issue : 14/02/2022 14:08:28		 _____ Authorised Signatory
MX1-Private Car (Insured Driving)		

SUNMEX ENTERPRISE
8 ENGGOR STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698