

Date In	Job description	Date & Time Completed	Done by
15/03/2023	SAS e-filing		
Ref No NA/11123002684/W	E-mail (within 2hrs. A/P 2hrs)		
Veh No GBJ 9020 G	i-Motor Claim Form		
D O A 14/03/2023	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ TP/ Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Tel:

Fax:

Veh No: GBA 6218 X INC () / Non-INC ()

TEL:

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: (NG Hotline: 6288 6616)	Defective Completed	Done by
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Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

[illegible]

NA2300754

Important Particulars

er/Owner:

Fact No:

Assigned Portion:

Checked by (Engr-In-Charge):

itors' Comments :-

Invoice Preparation Checklist

Amic (S)

Am1 (J)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee	540/545

3) TP: Towing Fee	\$120
4) ET: Follow-Through Survey	\$120

4) FT : Follow-Through Survey	\$120
5) HT : Follow-Through Survey (Re-survey)	\$30

5) FT: Follow-Through Survey (Resurvey) 350
Reclaiming using INC Only (wef 10 Jan 2005)

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection	\$75
7) TR: Final EMRT Survey	\$160

7) N1 : Idao DA + SMRT Survey	\$100
8) NTUC Additional Services:-	

8) NTUC Additional Services:-

Q11	*NS: Current: Car/Tol Allowance	\$5
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* NS: Courier / Car / Tpl Allowance	510
* NS: Repair Coordination	510

* N6: Repair Cu-ordination	510
* N7: Post Repair Investigation	525

* N7: Post Repair Inspection	
* N14: PM / Collect fixers Coordination	\$

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	15/03/2023 09:34 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hong Lim Complex Hawker Centre Loading Bay
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9020G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Starhub Ltd
Company Reg No	1XXXXX208C
Email Address	motor@km.com.sg
Mobile Phone No	(Phone) +65-98590470
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000105_04

DRIVER

Name of Driver	Lee Swee Guan
NRIC No	SXXXX501C
Date Of Birth	18/01/1964
Occupation	Outdoor

Date Of Driving Pass	02/01/1985
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98590470
Alt. Phone Number	-
Email Address	motor@km.com.sg
Address	Blk 281 Toh Guan Road
Address complement	#17-225
Postcode	600281
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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

Refer to the attached statement.

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	GBA6218X
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Jeffery Toh
NRIC No	TXXXX510E

Contact Number	(Phone) +65-90694067
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 03 / 2023 (DD/MM/YYYY), TIME: 11 : 20 (HH:MM)

LOCATION: Hong Lim Complex Hawker Centre Loading Bay

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBJ 9020 G

b) INSURANCE COMPANY: III

c) POLICY NUMBER: DI9MFL0000105_04

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

e) MAKE & MODEL: Nissan NV200

AUTO / MANUAL

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

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

h) PURPOSE OF USING AT ACCIDENT TIME: Working

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: Starhub Ltd

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 199802208C

CONTACT:

c) ADDRESS: 19 Tai Seng drive 535222

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: Lee Swee Guan

(MALE / FEMALE)

e) NRIC/FIN/PASSPORT: S1672501C

CONTACT: 9859 0470

f) ADDRESS: Blk 281 Toh Guan Road #17-225 600281

*d) DATE OF BIRTH: 18 / 01 / 1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02 / 01 / 1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CBA 6218 X

MODEL: Toyota Hiace

b) DRIVER'S NAME: Jeffery Toh

c) NRIC/FIN/PASSPORT: T0226510E

CONTACT: 9069 4067

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

email = motor@km.com.sg

Phone = -

Address = -

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 use 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 and 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

StarHub Ltd

Reg. No.: 199802208C

19 Tai Seng Drive

Singapore 535222

Lee

Girl

15/03/2023

Policyholder's Signature / Date & Time

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

Heavy Iron Hammer

Concrete Loading Bay

A = GBS 9020 G

B = GBA 628 X


Describe Circumstance of the Accident


On 14/03/2023 at approximately 1120hrs, Vehicle A was parked in the loading bay when all of a sudden Vehicle B reverse in and hit on the right hand portion of vehicle A. Vehicle A driver was in the vehicle at that point.

Declaration
We declare the foregoing particulars are true in every respect.

StarHub Ltd
Reg. No.: 199802208C
19 Tai Seng Drive
Singapore 535222

Policyholder's Signature / Date & Time



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


15/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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.: D19MFL0000105_04		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBJ9020G	<p>Chassis No : VSKYBAM20Z0179272</p> <p>2. Name of Policyholder : STARHUB LTD</p> <p>3. Effective date of Insurance : 01 Jan 2023</p> <p>4. Expiry date of Insurance : 31 Dec 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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> <p>6. Limitations as to use*</p> <p>(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</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>
Chassis No	: VSKYBAM20Z0179272	
2. Name of Policyholder	: STARHUB LTD	
3. Effective date of Insurance	: 01 Jan 2023	
4. Expiry date of Insurance	: 31 Dec 2023	
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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> <p>6. Limitations as to use*</p> <p>(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</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 Section I	: SGD 500.00	
Windscreen Excess	: SGD 100.00	
Hire Purchase Company	: N.A	
<p>FOR DRIVERS BELOW 21 YEARS OLD OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 1 YEAR DRIVING EXPERIENCE, AN EXCESS OF S\$1000/- ON SECTION I 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 : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd	
Date of Issue : 06/01/2023 17:09:03	 Nalini Venugopal MD & CEO	
M.Z. 300C - GOODS CARRYING(Company's use)		