

NATIONAL Assessment Centre Services

Date: 05/04/23	Job description	Date & Time Completed	Done by
Ref No: NA/TP/23003542/13	SAS e-filing		
Veh No: PD8880M	E-mail (within 3hrs. APT 2hrs)		
DOA: 05/04/23 0812	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: SLB4270M, 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	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

Claimant's Particulars	Invoice Preparation Checklist	
	Amnt (\$)	Amnt Add
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) RT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	05/04/2023 15:40 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 08:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HARBOURFRONT PLACE TWDS HARBOURFRONT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD8880M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PACO SERVICES
Company Reg No	5XXXX648B
Email Address	pacosvcs@gmail.com
Mobile Phone No	(Phone) +65-85556339
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V220 CDI EXTRA-LONG
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	Auto
CC	2143

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MVCV0002931_01

DRIVER

Name of Driver	CHIA ANDREW
NRIC No	SXXXX389F
Date Of Birth	06/10/1980
Occupation	Outdoor

Date Of Driving Pass	11/12/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85556339
Alt. Phone Number	-
Email Address	pacosvcs@gmail.com
Address	BLK 2 GHIM MOH ROAD
Address complement	#07-336
Postcode	270002
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 - Change/cross lane
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?	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

PLS 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	SLB4270H
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

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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.



[Handwritten Signature]

[Handwritten Signature] 05/04/12

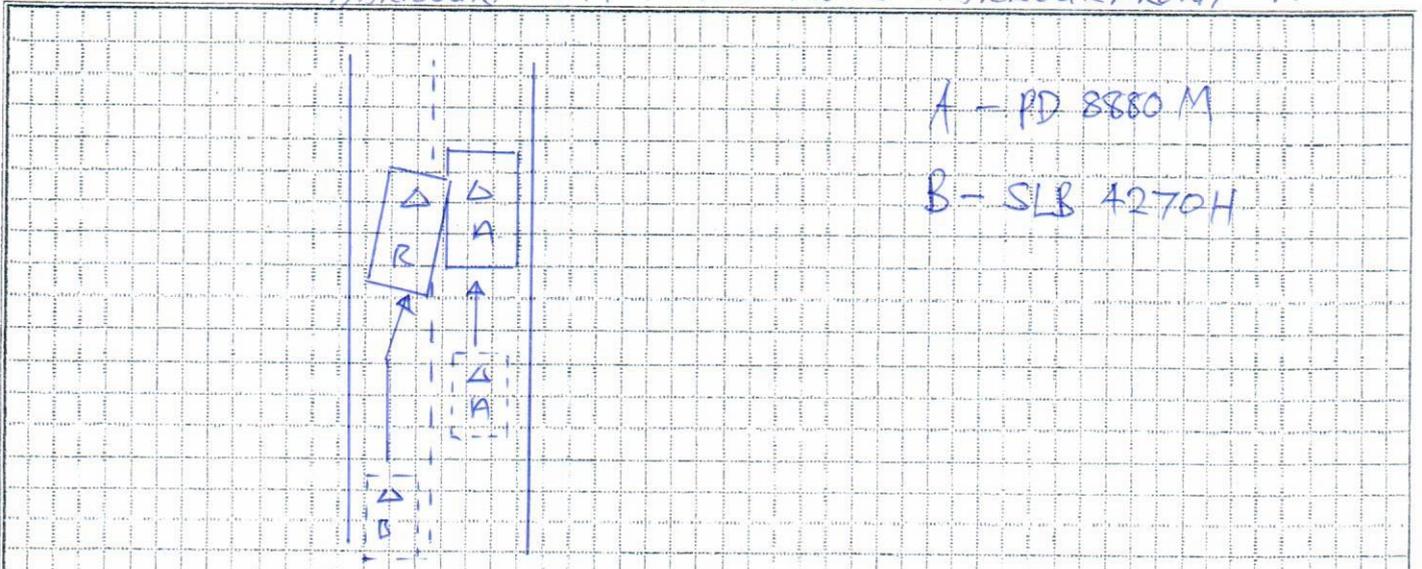
Policyholder's Signature / Date & Time

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

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

Sketch Plan

HARBOURFRONT PLACE TWDS HARBOURFRONT AVENUE



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING
STRAIGHT IN MY OWN LANE.
OUT OF NOWHERE, VEH B ABRUPTLY SWITCHED INTO
MY LANE (WITHOUT SIGNALLING) AND HIT ONTO MY LEFT
PORTION OF MY VEHICLE.

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: PD 8880M

MAKE & MODEL: Merc V220D

AUTO/MANUAL

DATE OF ACCIDENT	5 / 4 / 2023	CC 2,200
TIME OF ACCIDENT	0812 hrs	AM/PM
LOCATION OF ACCIDENT	Harbourfront Place towards Harbourfront Avenue	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE HIRE / PRIVATE HIRE	
NAME OF OWNER	PACO Services.	
EMAIL	PACOSVCS@gmail.com	OFFICE: — MOBILE: 8555 6339
NRIC	52992648B	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	India Int Ins.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	D22MCV0002931-01	
NAME OF DRIVER	AS ABOVE / IF NO: Chia Andrew	
NRIC	S8031389F	
DATE OF BIRTH	6 / 10 / 1980	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	Nil	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	04 / 07 / 2001	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 8555 6339 Office: — Home: —	
EMAIL	PACOSVCS@gmail.com	
ADDRESS	Blk 2 Ghim moh Road #07-336 S1270002	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: —	
RELATIONSHIP	Employee / If No: owner	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SLB 4270H	Any Passenger: 0
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Nil	
WITNESS CONTACT NO.	Nil	
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER/ OWNER/ BOTH	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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.: D22MCV0002931_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	PD8880M
Chassis No	:	WDF44781523337053
2. Name of Policyholder	:	PACO SERVICES
3. Effective date of Insurance	:	14 Mar 2023
4. Expiry date of Insurance	:	02 Jan 2024
5. Persons or Classes of Persons entitled to drive*		
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 only for the carriage of passengers or goods in connection with the Policyholder's business.		
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.		
*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 SECTION I & II SEPARATELY: SGD2,000.00 (WITHIN SINGAPORE) EXCESS SECTION I & II SEPARATELY: SGD4,000.00 (WITHIN WEST MALAYSIA) WINDSCREEN EXCESS: SGD200.00 (LIMIT SGD2,000.00) TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY Hire Purchase Company : United Overseas Bank Limited		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- ON SECTION I & II (SEPARATELY) 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 : A000041/P & C INSURANCE AGENCY		For India International Insurance Pte Ltd
Date of Issue : 22/12/2022 16:18:14		
M.Z. 600C - OMNIBUS (ORGANIZATION)		
		
		Nalini Venugopal MD & CEO