

NATIONAL Assessment Centre Services

(Call 1-800-441-5555) **51092250008**

Date In: 12/08/2023 17:42	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: XMA-1123004881	E-mail (within 24hrs, A/C 24hrs)		
Yel No: SA 40012	1-Motor Claim Form		
P.O.A: 11/08/2023 21:30	1-Motor W/O (within 24 hrs, 24 hrs)		
OC: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yel No: SA 40012	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): 1: 0-30%, 2: 21-70%, 3: 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 Cost: (to e-mail Insurer URGENTLY).

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

Remarks: (INC 100%: 10783-0015)	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 of Loss: ()

Location: ()

Weather: ()

Time of Day: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

Invoice Preparation Checklist	Amount
1) All Accident Page(s) (300)	
2) DA: Damage Assessment (300)	INC (550)
3) TP: Towing Fee (\$100)	\$100
4) PE: Follow-Up Survey (\$100)	\$100
5) TP: Follow-Up Survey (Survey) (\$50)	\$50
6) TR: Towing Fee (\$100)	\$100
7) NE: New DA: New Survey (\$100)	\$100
8) RTUC: Additional Fee (\$100)	\$100
9) NE: New DA: New Survey (\$100)	\$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	12/05/2023 17:42 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 21:30 (SGT)
Exact Location of Accident	Jalan Sultan Iskandar CIQ Jb - Singapore, Kim Teng Park, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	TOWARDS SINGAPORE CHECK POINT
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4001Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FAZEELA BEEVI D/O SHAMSUDDEEN
NRIC No	SXXXX714D
Email Address	robinsbstn59@gmail.com
Mobile Phone No	(Phone) +65-90619630
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0001902_04

DRIVER

Name of Driver	ROBINSON S/O PANACKAL V SEBASTIAN
NRIC No	SXXXX431A
Date Of Birth	22/02/1959

Occupation	Indoor
Date Of Driving Pass	07/09/1987
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91465156
Alt. Phone Number	-
Email Address	robinsbstn59@gmail.com
Address	BLK 485B CHOA CHU KANG AVENUE 5 #05-114
Address complement	-
Postcode	682485
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

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	SJL8810U
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG ZENG KAI

Contact Number	(Phone) +65-96861853
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:

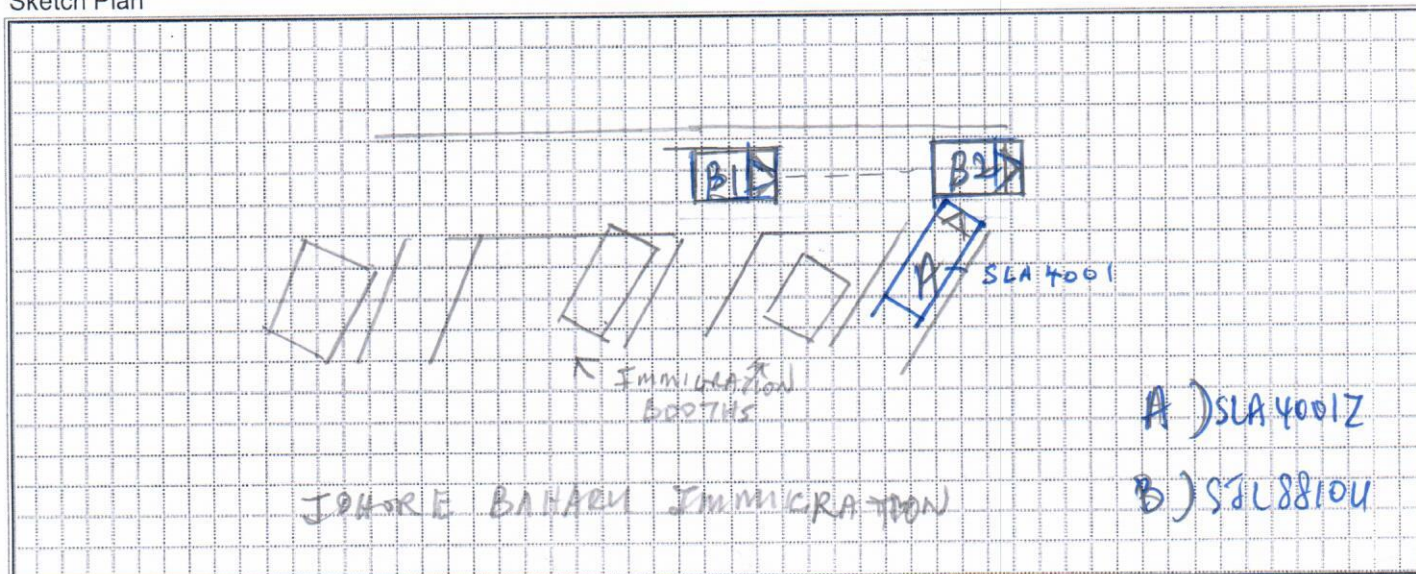
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



Describe Circumstance of the Accident

AT 2130HRS, I ROBINSON S/O PANACKAL V. SEBASTIAN, was driving car SLA 400Z after a visit to Johore Bahru, Malaysia. I had just cleared immigration at the Johore checkpoint. Finding that the road ahead was clear, I moved towards the lane leading to the Causeway. My car was partially out on ~~to~~ this road and my speed was not more than 10 km/h as I was stationary before that. Upon filtering into this road, a white Mazda 5 car bearing Reg No: SJL 88104, driven by 24 year old Ng Zen Kai (name given to me) came at great speed (about 60 km/h) down this road. ~~and~~ He tried to ~~brake~~ ^{brake} and avoid hitting me. He swerved to his left but there was a kerb there. He could not avoid swiping the rear right side of his car against the ~~front~~ left side of SLA 400Z. ~~The~~ Both cars came to a stop. I pulled my car back into the lane I exited from and exchanged details. This morning the driver of the other car called to say that he was at an authorized NTUC (Insurers for his car) and was quoted A 650 to respray ~~his~~ the ~~damage~~ ^{as} scratches on his car. I told him that the scrapes were minor and he could get his car sprayed in Malaysia for less than one quarter of the price, since they were minor. He requested for details of this Malaysian workshop. I tried to contact him but to no avail. ^{Robinson} I am in no way responsible for the other driver's reckless, inconsiderate driving and do not want my Insurance company to pay out to him. Also I feel that the workshop that he went to is overpricing the cost of repairs. That's all Robinson.

Declaration

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

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)

Robinson 12/5/23 1548hrs

12/05/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 05 / 2023 (DD/MM/YYYY), TIME: 21 : 30 (HH:MM)

LOCATION: AT JOHOR BAHRU IMMIGRATION CHECKPOINT (TOWARDS WOODLANDS)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 4001Z
 b) INSURANCE COMPANY: INDIA INTERNATIONAL INSURANCE
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: SALOON / 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: FAZELLA BEEVI D/O SHAMSUDDOEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 2186714D CONTACT: 9061 9630
 c) ADDRESS: 485B, LHOA CHU KANG AVE 5 #05-114
SIPORE 682 485

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROBINSON S/O PAMPAKAL V. SEBASTIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1369431A CONTACT: 9146 5156
 c) ADDRESS: 485B, LHOA CHU KANG AVE 5 #05-114
SIPORE 682 485

d) DATE OF BIRTH: 22 / 02 / 1959 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 1987

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

5. a) WEATHER CONDITION: 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: NA.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STL 8810 U MODEL: MAZDA 5
 b) DRIVER'S NAME: NG ZENG KAI CONTACT: 96 86 1853
 c) NRIC/FIN/PASSPORT: UNKNOWN

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email: robinsbstn59@gmail.com
 VINAD

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.: D18MPC0001902_04		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SLA4001Z	
Chassis No	: RU11108144	
2. Name of Policyholder	: FAZEELA BEEVI D/O SHAMSUDDEEN	
3. Effective date of Insurance	: 01 Sep 2022	
4. Expiry date of Insurance	: 31 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	<p>(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.</p> <p>(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.</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>	
Named Drivers Excess Sect I :	SGD600.00	
Unnamed Drivers Excess Sect I:	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 :	D000001/Direct Client	For India International Insurance Pte Ltd
Date of Issue :	29/08/2022 14:28:05	
M.X. 1 - PRIVATE CAR(INDIVIDUAL)		
		 Authorised Signatory