

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23005500/d4	SAS e-filing		
Veh No: YN 2608P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/05/2023 15:30	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: GBK 4255Z	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)	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

NA2301601	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 \$30			
	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	29/05/2023 16:58 (SGT)
Reported by	Actual Driver
Date of Accident	27/05/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG LORONG 25 TURNING INTO GEYLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2608P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TENTAGE OF COMPASSION PTE LTD
Company Reg No	2XXXXX320G
Email Address	tentageofcompassion@gmail.com
Mobile Phone No	(Phone) +65-83441182
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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	2977

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MCV0001374_04

DRIVER

Name of Driver	AHMED SHAKIL
Passport No/FIN	GXXXX937R
Date Of Birth	12/12/1983
Occupation	Outdoor

Date Of Driving Pass	24/01/2017
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83441182
Alt. Phone Number	-
Email Address	tentageofcompassion@gmail.com
Address	BLK 191B RIVERVALE DRIVE
Address complement	# 15-904
Postcode	542191
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

PLEASE 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	GBK4255Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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.



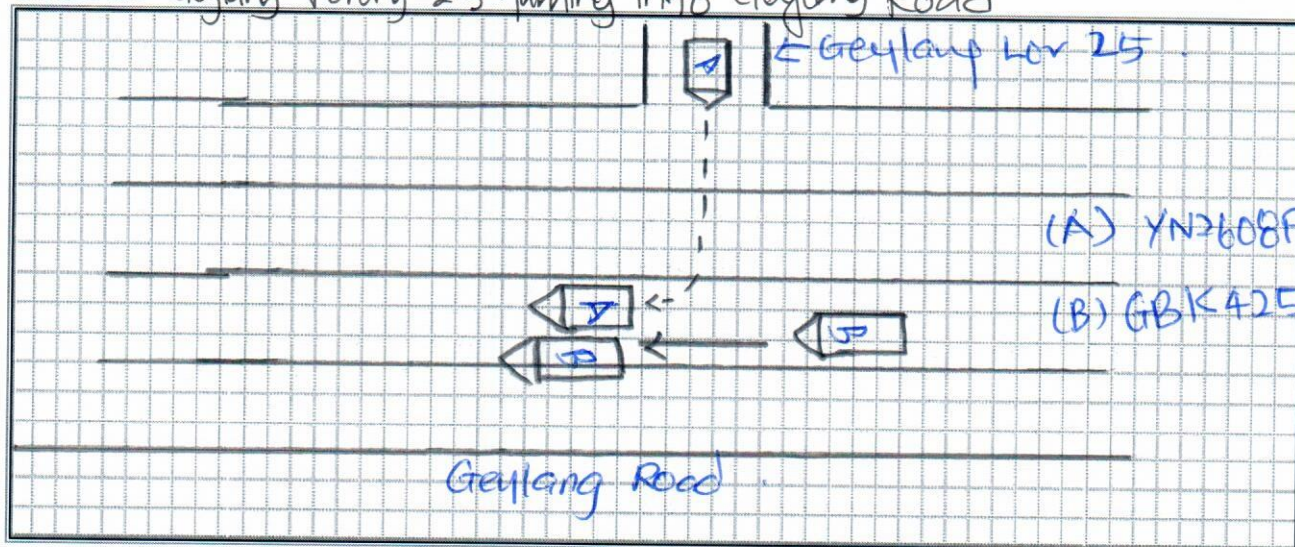
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Geylang Lorong 25 turning into Geylang Road




Describe Circumstance of the Accident

I was travelling along Geylang Lor 25 making a right turn into Geylang Road.

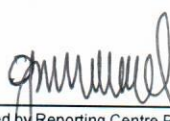
I successfully make the turn and was travelling straight when vehicle B from behind came at fast speed and hit onto the left hand portion of my vehicle.

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 & Time

 24/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/5/2023		Time: 1530		(hh:mm) 24 hr format	
Location: Geylang Road Jorong 25 turning into Geylang Road					
Vehicle Number: YN 2608P					
Insured Name: Tentage of Compassion Pte Ltd.					
NRIC / FIN: 201108320G		Contact Number:			
Make: Mitsubishi		Model: Canter FE 83			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company: IJI					
Type of Policy () Comprehensive () Third Party Fire & Theft (<input checked="" type="checkbox"/>) TP Only					
Policy Number: D18MCV0001374_04					
Name of Driver: AHMED SHAKIL () Same as Insured					
NRIC / FIN: G8246937R		Contact Number: 83441182			
Date of Birth: 12/12/1983					
Driving Pass Date: 24/01/2017					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
* Email Address: tentageofcompassion@gmail.com () NO EMAIL					
Address of Driver: BLK 191B Rivervale Drive #15-904 S. 542191					
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B: GBK4255Z					
Veh C:					
Veh D:					
Veh E:					
Veh F:					

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.: D18MCV0001374_04

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle : YN2608P
Chassis No : FE83BEA20711
2. Name of Policyholder : TENTAGE OF COMPASSION PTE LTD
3. Effective date of Insurance : 22 Sep 2022
4. Expiry date of Insurance : 21 Sep 2023

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*

- a) Use in connection with the Policyholder's business.
- b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
- b) Use whilst drawing a trailer except the towing 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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$1500/- ON SECTION II 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 : A000053/U. I Enterprise
Date of Issue : 01/08/2022 19:19:03
MZ300C - GOODS CARRYING (ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory