

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 19/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III23006214/d4	SAS e-filing		
Veh No: 8MY 36662	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2023 15:00	i-Motor Claim Form		
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: fbs 6665T	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

NA2301806

Invoice Preparation Checklist

Am't (\$)
Est. Bill Add

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	
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	
	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:-	
QC Checked by (Engr-In-Charge):	ON*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20	
Cat. 1:	9) N12: Idac Mobile \$30	
Cat. 2 / 3:	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	19/06/2023 17:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/06/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MAXWELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3666Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TING ANN BENNET
NRIC No	SXXXX599G
Email Address	bennett.ltaa@gmail.com
Mobile Phone No	(Phone) +65-91152728
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayman
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	3436

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0008629_01

DRIVER

Name of Driver	LEE TING ANN BENNET
NRIC No	SXXXX599G
Date Of Birth	09/09/1985
Occupation	Indoor

Date Of Driving Pass	05/05/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91152728
Alt. Phone Number	-
Email Address	bennett.ltaa@gmail.com
Address	21 JALAN SINGA
Address complement	-
Postcode	418107
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 to Rear
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	FBS6665T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	YUSRI BIN MOHAMED AYUB
NRIC No	SXXXX747A

Contact Number	.....	(Phone) +65-89100741
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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1. Please report correctly the details of the accident to speed up the claims process.
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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 Police for investigation.
6. The 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.
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.

Beauett

Gumell 19/6/2023

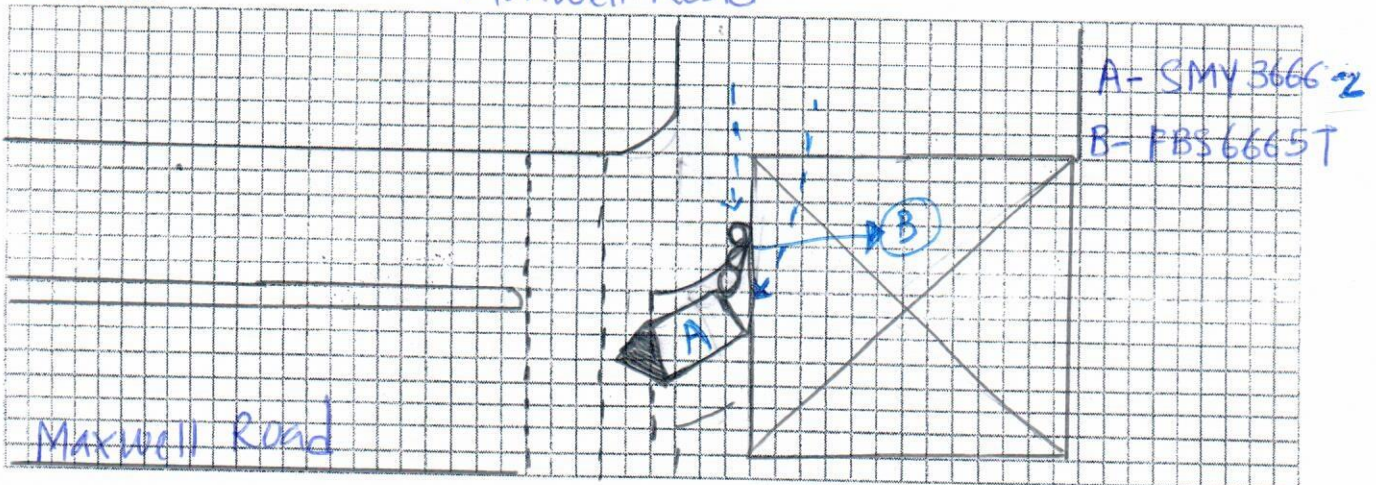
Policyholder's Signature / Date & Time
19/6/2023

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

Maxwell Road

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On the above stated date and time, I was driving from shenton way and i made a right turning to Maxwell Road. As I was making the turn, vehicle B suddenly hit the rear right portion of my vehicle. Vehicle B driver admitted that he was checking for a food panda delivery order on his mobile and he hit my vehicle by mistake. I've attached the proof together with this report.

Declaration

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

Bennett

Policyholder's Signature / Date & Time

19/06/2023

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

19/06/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 17/06/2023	TIME OF ACCIDENT: 15:00pm
VEHICLE NO: SMY 3666Z	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: porsche	LOCATION: Maxwell Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: India International	POLICY NO: D21MPC0008629-01
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Lee Ting Ann Bennet (L' Jin' AN)	NRIC: S8526599G
ADDRESS: 21 Jalan Singa, S, 418107	CONTACT NO: 9115 2728
EMAIL ADDRESS: bennett.1taa@gmail.com	VIDEO RECORDING: YES / NO
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: CONTACT NO:
DRIVER OWNER RELATIONSHIP: owner	PASSENGER: 0 MALE () FEMALE ()
DATE OF BIRTH: 09/09/1985	DRIVING PASSING DATE: 05/05/2006
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES: NO, IF YES:	POLICE REPORT: NO / IF YES WHERE?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: FBS 6665T	VEHICLE C REG NO:
DRIVER NAME: Yusni Bin Mohamed Ayub	DRIVER NAME:
NRIC: 87933747A	NRIC:
CONTACT: 8910 0741	CONTACT:
VEHICLE D REG NO:	ANY WITNESS? NO, IF YES:
DRIVER NAME:	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN?: YES / NO
	WERE INJURY CONVEYED BY AMBULANCE: 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.: D21MPC0008629_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SMY3666Z
Chassis No : WP0ZZZ98ZBU770129
2. Name of Policyholder : LEE TING ANN BENNETT
3. Effective date of Insurance : 24 Nov 2022
4. Expiry date of Insurance : 23 Nov 2023

5. Persons or Classes of Persons entitled to drive*

(a) LEE TING ANN BENNETT, LEE MENG CHAO JONATHAN and LEE TING KOK JEREMY Only.

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.

Excess Section I (WITHIN SINGAPORE) : SGD4,500.00

Excess Section I (OUTSIDE SINGAPORE): SGD9,000.00

Windscreen Excess : SGD500.00

Hire Purchase Company : Maybank Singapore Limited

WARRANTED NO LIABILITY TO ATTACH UNDER THIS POLICY FOR ACCIDENTS OCCURRING WHILST THE INSURED VEHICLE WAS DRIVEN BY PERSONS OTHER THAN INSURED AND THE NAMED DRIVER STATED IN THE SCHEDULE OF THIS POLICY.


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

Date of Issue : 09/11/2022 19:00:43

M.X. 1 - PRIVATE CAR(INDIVIDUAL)

For India International Insurance Pte Ltd


Authorised Signatory