

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23007746/d4	SAS e-filing		
Yeh No: PC7598R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/07/2023 14:00	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SNL48622	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%. P: 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

NA2302282	Invoice Preparation Checklist		Amf (\$)	Am
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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: Idao 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: Idao 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 First Submission ..... 31/07/2023 14:27 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 29/07/2023 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ROCHOR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7598R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PAN ISLAND LIMOUSINE SERVICES  
Company Reg No ..... 5XXXX984L  
Email Address ..... richmond.panisland@gmail.com  
Mobile Phone No ..... (Phone) +65-88337598  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... V220 CDI EXTRA-LONG AT  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2143

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D23MCV0001123

### DRIVER

Name of Driver ..... WONG TZE HUEI (HUANG ZHIHUI )  
NRIC No ..... SXXXX404I  
Date Of Birth ..... 27/05/1970  
Occupation ..... Outdoor



Date Of Driving Pass	25/04/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88337598
Alt. Phone Number	-
Email Address	richmond.panisland@gmail.com
Address	APT BLK 103B CANBERRA STREET
Address complement	# 10-167
Postcode	752103
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 - 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	SNL4862Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN TI JIE , JAZZ CHEN TIJIE
NRIC No	SXXXX491F

Contact Number .....	(Phone) +65-92729478
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

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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.

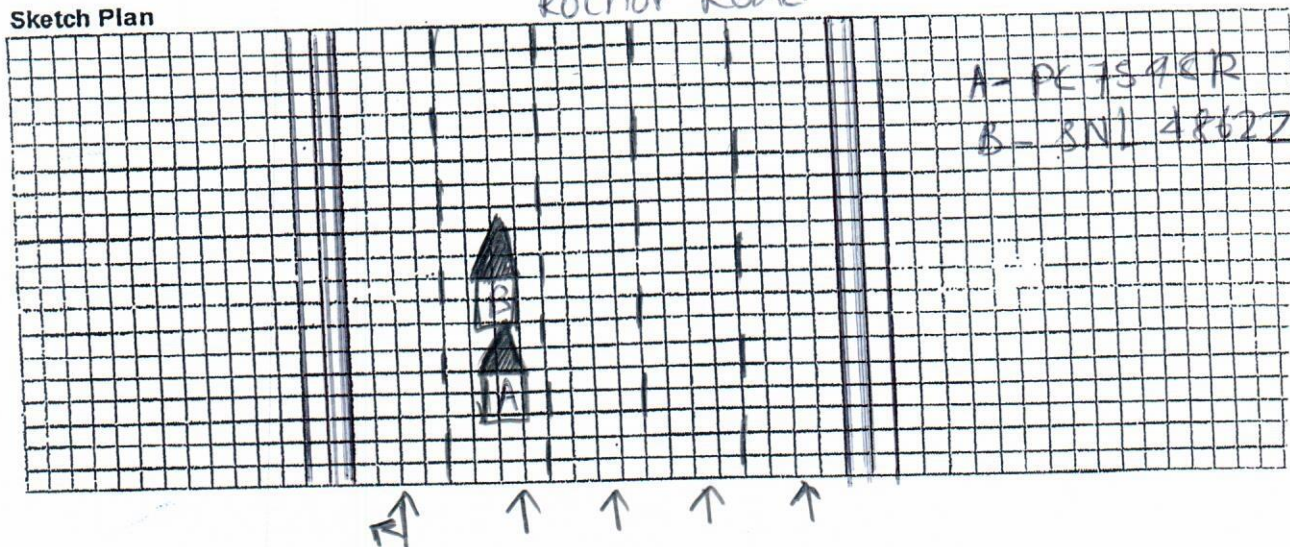


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





**Describe Circumstance of the Accident**

on the above stated date and time, I was driving along Pochor Road. I was on the fourth lane and the traffic was quite heavy. Vehicle B was in front of me. out of sudden, I accidentally release the brake pedal and my vehicle moved forward and slightly bumped into the rear portion of vehicle B.

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 31/7/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 31/7/23  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)




# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 29/07/2023	TIME OF ACCIDENT : 14:00 pm
VEHICLE NO : PC7598R	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Rochor Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : India International	POLICY NO : D23MCV0001123
TYPE OF COVERAGE :	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON)
NAME OF OWNER : Pan Island Limousine Services	COUPE/MPV/VAN/LORRY/MOTORCYCLE)
ADDRESS :	NRIC : 53379984L
EMAIL ADDRESS : richmond.panisland@gmail.com	CONTACT NO : 8833 7598
NAME OF DRIVER : AS ABOVE / IF NO : wong Tze Hui (Huang Zhibui)	VIDEO RECORDING : YES / NO
DRIVER OWNER RELATIONSHIP : owner	NRIC : 87017404I CONTACT NO : 8833 7598
DATE OF BIRTH : 27 / 05 / 1970	PASSENGER : <input checked="" type="radio"/> MALE ( ) FEMALE ( )
OCCUPATION: INDOOR / OUTDOOR	DRIVING PASSING DATE : 28 / 04 / 2009
ANY INJURIES: NO, IF YES :	ADDRESS : Apt Blk 103B Canberra street # 10-167, S752103
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	POLICE REPORT : NO / IF YES WHERE ?
ROAD SURFACE: DRY / WET / OTHERS	
VEHICLE B REG NO : SNL 4862Z	VEHICLE C REG NO :
DRIVER NAME : tan ti Tie, jazz chen tijie	DRIVER NAME :
NRIC : 88815491F	NRIC :
CONTACT : 9272 9478	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
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
VEHICLE NUMBER:	HANDLING INSURER:

## 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.**

<b>CERTIFICATE NO.: D23MCV0001123</b>		<b>COVER: Comprehensive</b>
<b>1. Index Mark and Registration Number of Vehicle</b> <b>Chassis No</b> <b>2. Name of Policyholder</b> <b>3. Effective date of Insurance</b> <b>4. Expiry date of Insurance</b> <b>5. Persons or Classes of Persons entitled to drive*</b>	<b>: PC7598R</b> <b>: WDF44781523074864</b> <b>: PAN ISLAND LIMOUSINE SERVICES</b> <b>: 05 Mar 2023</b> <b>: 04 Mar 2024</b> 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. <b>6. Limitations as to use*</b> Use only for the carriage of passengers or goods in connection with the Policyholder's business. <b>The Policy does not cover</b> 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 (WITHIN SINGAPORE ONLY) Excess Section I & II Separately (OUTSIDE SINGAPORE) Windscreen Excess	<b>: SGD1,500.00</b> <b>: SGD2,000.00</b> <b>: SGD200.00</b>	
<b>TERRITORIAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE &amp; JOHOR ONLY</b> Hire Purchase Company : Tatco Credit Pte Ltd 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). <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;">           Agent/Broker : A000041/P &amp; C INSURANCE AGENCY            Date of Issue : 27/01/2023 10:55:05            M.Z. 600C - OMNIBUS (ORGANIZATION)         </div> <div style="width: 35%; text-align: right;">           For India International Insurance Pte Ltd    <b>Nalini Venugopal</b>  <b>MD &amp; CEO</b> </div> </div>		