

# NATIONAL Assessment Centre Services (wef 1 Jan 00)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23007757/d4	SAS e-filing		
Veh No: SJR 6499S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2023 10:20	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: 8KX1871P	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:	Date & Time Completed	Done by
(INC hotline: 6788 6610)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:

Date/Time	Actions

NA2302286	Invoice Preparation Checklist	Amr (\$)	Amr
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Ad
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP*		
	*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: Idao 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 First Submission	31/07/2023 08:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/07/2023 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6499S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM YEE BENG
NRIC No	SXXXX896Z
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91161602
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0000664

#### DRIVER

Name of Driver	SIM YEE BENG
NRIC No	SXXXX896Z
Date Of Birth	05/10/1989
Occupation	Outdoor

Date Of Driving Pass .....	06/11/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91161602
Alt. Phone Number .....	-
Email Address .....	OPTIONSGARAGE@HOTMAIL.COM
Address .....	526D PASIR RIS STREET 51
Address complement .....	# 05-539
Postcode .....	514526
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	SKX1871P
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SIM YEE BENG
Gender	Male
Phone No	(Phone) +65-91161602
Address	526D PASIR RIS STREET 51
Address Complement	# 05-539
Post Code	514526
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SJR6499S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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.

### 6. 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

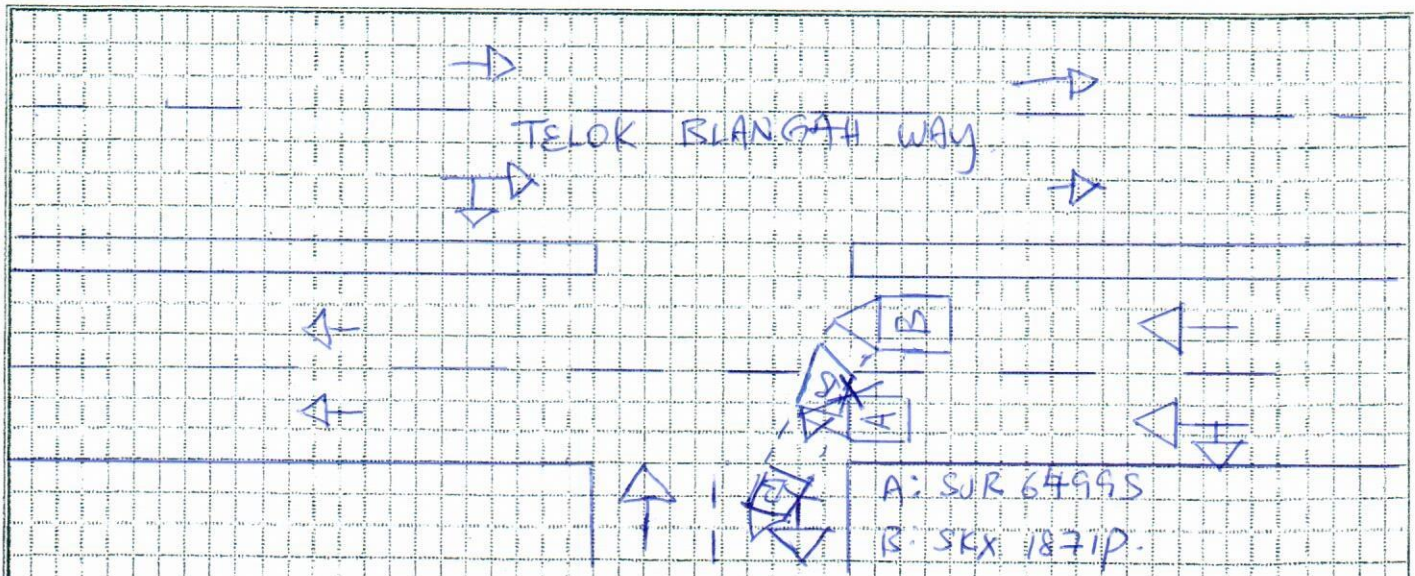
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 card)

### Sketch Plan





Describe Circumstance of the Accident

① VEHICLE "A" WAS TRAVELING ON LEFT LANE IN A TWO LANE ROAD.

② VEHICLE "A" WAS GOING STRAIGHT RIGHT OF WAY.

③ VEHICLE "B" ABRUPTLY SWERVE INTO THE SMALL ROAD ON THE LEFT FROM THE RIGHT LANE GOING STRAIGHT ONLY.

④ VEHICLE "B" COLLIDED ONTO VEHICLE "A" FRONT RIGHT PORTION.

⑤ I WISH TO STATE THAT VEHICLE "B" MOVED HIS VEHICLE RIGHT AWAY AFTER THE IMPACT. MY VEHICLE "A" DID NOT MOVE AT ALL.

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

31/7/23

Witnessed by Reporting Centre Personnel



VEHICLE NO: SJR 6499 S

MAKE &amp; MODEL: TOYOTA WISH

AUTO / MANUAL

DATE OF ACCIDENT	28 / 07 / 2023	CC. 1.8
TIME OF ACCIDENT	1020HRS. <input type="checkbox"/> AM <input type="checkbox"/> PM	
LOCATION OF ACCIDENT	TELOK BLANGAH WAY	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	SIM YEE BENG.	
EMAIL	OPTONS GARAGE@hotmail.com	OFFICE: MOBILE: 9116 1602.
NRIC	S89348962	
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INCURANCE CO.	INDIA INSURANCE.	
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft	
POLICY NO.	ZG82 00008816.	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	S89348962	
DATE OF BIRTH	05 / 10 / 1984.	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	06 / 11 / 2012	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	Mobile: 9116 1602 Office: Home:	
EMAIL		
ADDRESS	5260 PASIR RIS STREET 51 #05-539 S514526.	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: <u>OWNER</u> .	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / <u>Yes</u> Who? SIM YEE BENG. Newhbook	
CONTACT NO.		
ROLICE REPORT	No / <u>Yes</u> Where?	
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?	
VEHICLE B NO.	SKX 1871P	Any Passenger:
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		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
WAS THERE ANY AUDIO RECORDED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
SCENE ACCIDENT PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
WHO IS REPORTING	<u>DRIVER / OWNER</u> / BOTH	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	



## 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.: D23MPC0000664**

**COVER: Third Party Only**

- |   |                |
|---|----------------|
| 1. Index Mark and Registration Number of Vehicle    | : SJR6499S     |
| Chassis No  | : ZGE200008816 |
| 2. Name of Policyholder                             | : SIM YEE BENG |
| 3. Effective date of Insurance                      | : 25 Jan 2023  |
| 4. Expiry date of Insurance                         | : 30 Apr 2024  |
| 5. Persons or Classes of Persons entitled to drive* |                |

Private Hire Usage restricted to: SIM YEE BENG & TAY YU LIANG only

For Social, Domestic & Leisure purposes only. 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 for the carriage of passengers or goods in connection with the Policyholder's business.  
Use for social, domestic, pleasure purposes and business purposes of the policyholder.

**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.
- c) 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 II: SGD1500.00

**Geographical Area:**

Private Hire Use: within the Republic of Singapore only

For Social, Domestic & Leisure purposes only: within the Republic of Singapore and West Malaysia

**FOR DRIVERS BELOW 24 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- 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 : A000041/P & C INSURANCE AGENCY  
Date of Issue : 30/12/2022 11:36:22  
MZ406 – Hire Car (Hired Driving)

For India International Insurance Pte Ltd

  
Nalini Venugopal  
MD & CEO