

Date In: 3/2/18 09:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002156/64	SAS e-filing		
Veh No: G8F 4458G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/2/18 18:50	i-Motor Claim Form	MT/0980831	3/2/18 16:47
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:

SKP 6164G

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat 1:

Cat 2 / 3

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
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 -		
QJ*		
*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 (N=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 Authorised 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 ability.
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 Report	03/02/2018 09:06
Date Of Accident	02/02/2018 18:50
Exact Location Of Accident	B4 TRAFFIC JUNC OF PUNGGOL WAY & SUMANG WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4458G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHALOM LOGISTIC PTE. LTD.
Co Reg No	200715844N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62876117

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085327881-01
Cover Note Number	-

### Driver

Name of Driver	JURAIDI BIN JAMAL
NRIC No	S7807136B
Date Of Birth	30/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289250
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 44 BENDEMEER RD #07-1454
Postcode	330044
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP6164G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIN YOU ZAO
NRIC/Passport Number	S7185532E
Contact Number	94887170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

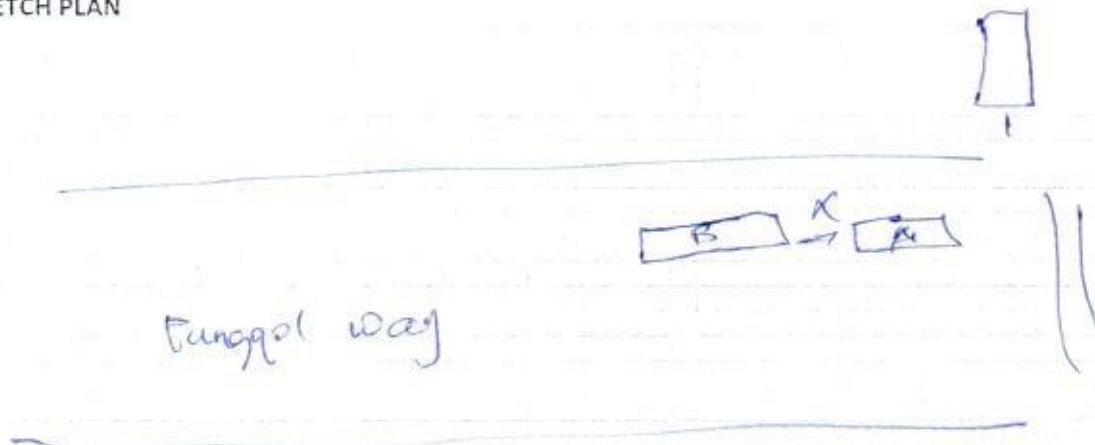


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/2/18, at abt 1850hrs, I, JUSANT BIN JAMAR, DRIVER of vehicle no GAF 4458G, accidentally knocked at the back of vehicle number SKP 6161G at a traffic light junction along Punggol way. It was a red light traffic whereby both vehicles stay stationary but when I was retrieving something on my side passenger seat, I didn't realised the van roll down and hit the back of the said vehicle. Both agreed to exchange particulars and claim insurance.

*[Signature]*

## 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:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*



# ACCIDENT STATEMENT

101C  
page 001

ACCIDENT DATE: 02 / 02 / 2018 (DD/MM/YYYY), TIME: 18 : 50 (HH:MM)

LOCATION: BEFORE TRAFFIC JUNCTION OF PONGGOL WAY / SUMANG WALK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GPF 4458 G  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5085327881-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN / NV350  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOODS TRANSPORTATION  
 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: SHALOM LOGISTIC PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 200715844N CONTACT: 62876117  
 c) ADDRESS: 130 JOO SENG ROAD #03-03 OLIVING BUILDING  
(S) 368357

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: JUALADI BIN JAMAL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S78071368 CONTACT: 84289250  
 c) ADDRESS: BLK 44 BENDEMER ROAD #01-1454 (S) 330044

\*d) DATE OF BIRTH: 30 / 03 / 1978 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 13

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: —

## 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: —

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP 6164 G MODEL: MAZDA 2  
 b) DRIVER'S NAME: JIN YOU ZAO  
 c) NRIC/FIN/PASSPORT: S7185532E CONTACT: 94887170

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: — MODEL: —  
 e) DRIVER'S NAME: —  
 f) NRIC/FIN/PASSPORT: — CONTACT: —

\* No of  
passenger  
(including driv  
(1)


\* No of passeng  
(including drive  
(1)

\* No of passeng  
(including driv  
(2)

email =

fax =

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7807136B**



Name  
**JURAI DI BIN JAMAL**

Race  
**MALAY**

Date of birth  
**30-03-1978**

Sex  
**M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number  
**S7807136B**

**JURAI DI BIN JAMAL**

Birth Date: **30 Mar 1978**  
 Issue Date: **22 Dec 2017**




4100000



NRIC No. **S7807136B**

Date of issue  
**18-12-2007**


Address  
**APT BLK 44 BENDEMEER ROAD  
 #07-1454  
 SINGAPORE 330044**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		<b>EFFECTIVE DATE</b>
Class 2B	Motorcycles <= 200 cc	05 Jun 2003
Class 2A	Motorcycles between 201 cc and 400 cc	05 Apr 2005
Class 2	Motorcycles > 400 cc	12 Dec 2006
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	28 Feb 2005
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	29 May 2007
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	13 Aug 2007
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A

Licence No: S7807136B





## 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)

Certificate Number : 5085327881-01

Cover : Comprehensive

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBF4458G                  |
| Chassis Number  | : JN1MC2E26Z0006537         |
| 2. Name of Policyholder   | : SHALOM LOGISTIC PTE. LTD. |
| 3. Effective Date of Insurance  | : 27 Oct 2017               |
| 4. Expiry Date of Insurance   | : 26 Oct 2018               |
| 5. Persons or Classes of Persons entitled to drive#   |                             |
| (a) The Policyholder.   |                             |
| (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#   |                             |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                             |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                             |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : KINETIC INSURANCE AGENCY (00000573090)  
Date of Issue : 25 Sep 2017 15:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0980831

Policy No.	5085327881-01	Vehicle No.	GBF4458G	GST Registration No.	
Policyholder Name	SHALOM LOGISTIC PTE. LTD.			Policyholder NRIC	200
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62876117	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	03/02/2018 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/02/2018	Time of Accident hh:mm	18:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	B4 TRAFFIC JUNC OF PUNGGOL WAY & SUMANG WALK				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	130 JOO SENG ROAD	Address 2	#03-03	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	368
Unit No.	01-25	Related Policy Number	5086366300-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/0
Unnamed driver Name	JURAIDI BIN JAMAL	Driver NRIC	S7807136B	Driving Experience	12
Register Date of Driver License	28/02/2005	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	84289250	Contact No.(Office)		Address 3	SIN
Address 1	BLK 44 #07-1454	Address 2	BENDEMEER ROAD	Post Code	3301
Address 4		Address Type	Singapore address		
Unit No.	07-1454			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SHALOM LOGISTIC PTE. LTD.	Insured NRIC	200
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBF4458G	TP Vehicle Number	SKP
Claim Description	GBF4458G / SKP6164G ON 2 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/02/2018 16:44	Claim Close Date		Date Received	03/0
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

2

Attachment

2/3/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0980831

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/02/2018 16:47

Path \*

Choose File No file chosen

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Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:47	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:44	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading