

NATIONAL Assessment Centre Services. (with survey) NMA418045037

Date In: 04/04/2018 15:56	Job description	Date & Time Completed	Done by
Ref No: NMA/GA180062017	SAS e-illing		
Veh No: PC 184 V	E-inoll (with 3hrs, 1102hrs)		
D.O.A: 04/04/2018 12:20	Motor Claim Form		
OD / TP (Reporting Only)	Motor W/O (with 100 2hrs, 1102hrs)		
	Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: UNKNOWN CAR, INC () / Non-INC ()		
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: (%) (Note: B/L Sum: (WO): N: 0.20% P: 21.79% P: 30.100%)		
Year of Registration:	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Ben:

() Walk-In Customer: Customers 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) (Line 5788 COL 1)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Invoice:

Invoice No: ()

Invoice Date: ()

Invoice Amount: ()

Invoice Status: ()

Customer Details:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (100)
Project No:	2) DA: Damage Assessment (100) INC (550)
Assessed Pardon:	3) TP: Towing Fee 140/112
	4) PT: Follow Through Survey 110
	5) PT: Follow Through Survey (Recovery) 110
	6) TR: Re-inspection 110
	7) N: DA + SMART Survey 110
	8) NTUC Additional Services
	9) N: Courtesy Car / Tpl Allowance 110
	10) N: Repairs Coordination 110
	11) N: Post Repair Inspection 110
	12) N: BY / Collect User's Coordination 110
	13) N: (N) / TP (Non-INC) Survey INC 110
	14) N: (N) / (N) Survey 110
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	100) N: (N) / (N) Survey 110

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 willful 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	04/04/2018 15:56
Date Of Accident	04/04/2018 12:20
Exact Location Of Accident	JUNCTION OF MAXWELL ROAD AND SHENTON WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC184Y
Insured/Policyholder	
Name Of Registered Owner	BZY LIMOUSINE SERVICES
Co Reg No	-
Email Address	BZYLIMOS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97793987
Alternative Phone No	OFFICE-97793987

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007251-00-000
Cover Note Number	

Driver

Name of Driver	HAJI SALLEHUDDIN BIN RAHMAN
NRIC No	S7126279J
Date Of Birth	27/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97793987
Fax Number	
Contact Number	OTHERS-97793987
EMail Address	BZYLIMOS@GMAIL.COM

Address	BLK 9 TECH WHYE LANE #07-260
Postcode	680009
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	BMW (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO WEE SAW
NRIC/Passport Number	S6905902C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 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 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. 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 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:
04/04/18
1515 hrs



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

SKETCH PLAN

struck on way



A) PC 1844
B) UNKNOWN
BMW

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/04/18 at about 1220 I was travelling along Maxwell Rd. when red light turn green when the front car move suddenly a white suv came from the left and cut in front of me then he stop. I move forward and stop then he start to turn right and stop after the junction in front of C.P.F. Bldg. then he wave ask me to stop so I came down and talk to him he said that I bumped into his car. I looked at his car there's no damage to his car and my company van. He took some photos and my driving license and move off. he said he wanted to make a report. I did not take any photos only his driving license because this is my first time accident

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:

04/04/18
1545 hrs

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

04/04/2018
Road Warden

ACCIDENT STATEMENT

ACCIDENT DATE: 4/4/2018 (DD/MM/YYYY), TIME: 12.20 (HH:MM)

LOCATION: MAYWELL RD TRAFFIC LIGHT TURNING RIGHT TO SHENTON WAY

1. DETAILS OF VEHICLE PC1844

- a) VEHICLE NUMBER: _____
 b) INSURANCE COMPANY: GREAT AMERICAN
 c) POLICY NUMBER: MMVLC000067257-00-000
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HINCE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: BZY LIMOSINE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HASI SALLABUDDIN BIN RAHMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57126279J CONTACT: 97793987
 c) ADDRESS: BLK 9 TEKK WANG LANE #01-260 SPONE (680009)

d) DATE OF BIRTH: 21/7/91 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/02/1998

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: UNKNOWN MODEL: WHITE BMW WHITE
 b) DRIVER'S NAME: HO WEE SAN
 c) NRIC/FIN/PASSPORT: 56905902C CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

PASSENGER
(5)

No. of passengers
(including driver)
(2)

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
()

Email: bzylimos@gmail.com

Fax: _____

✓ 020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7126279J



HAJI SALLEHUDDIN BIN
RAHMAN

Race:
INDIAN

Date of birth: 27-07-1971 Sex: M
Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7126279J

Name: SALLEHUDDIN BIN RAHMAN

Birth Date: 27 Jul 1971
Issue Date: 15 Jan 2010



4828787



NRIC No: S7126279J



Date of issue:
04-02-2012

APT-BLK 9 TECK WHYE LANE #07-260
SINGAPORE 680009

NRIC No: S7126279J

SINGAPORE 65072

Date: 15/05/2012

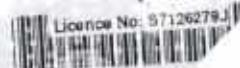
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles <= 200 cc
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

02 Apr 1997
02 Feb 1998



Licence No: S7126279J

NP 128A

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, 1958 (Malaysia)

Policy Details

Certificate Number	: MOMVC000007251-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: BZY Limousine Services	Chassis Number	: JTFST22P700009730
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2063411
Hire Purchase	: TAI THONG LEE PTE. LTD.	Registration Number	: PC184Y
Period of Insurance	: From 19/12/2017 (00:00) To 18/12/2018 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

Limitations as to Use

a) Use in connection with Policyholder's business

b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward

b) Use for racing, pace making, reliability trial or speed testing

* 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 1) : SGD 2,000.00

Excess (Section 2) : SGD 3,000.00

Windscreen Excess : SGD 100.00

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

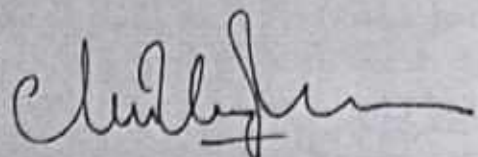
Name of Intermediary : NLE Insurance Agencies Pte Ltd

Date of Issue : 11/12/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

ntoh

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : PM4418045037 Vehicle Registration No: PC 184Y
Name (as shown in NRIC) : Haji Saikhuddin Bin Rahman NRIC/FIN/Passport No : S7126279J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97793987
Email Address : _____
Date of Accident : 04/04/2018 Time of Accident : 12:20
Place of Accident : JUNCTION OF MAXWELL ROAD / STAMFORD WBY
Insurance Company : GEAA AMERICAN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS : To BZY Limos & GmbH . com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keshi KATHAB
NRIC/FIN No.:
Date: 04/04/2018