

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA08131615

Date In: 10/10/2018 15:54	Job description	Date & Time Completed	Done by
Ref No: N/A/08131615/8390/Y	SAS e-filing		
Veh No: GBE 3452J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/09/2018 15:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHD 2178

INC () / Non-INC ()

Tel:

Cover Type: ()

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)

Remarks:-	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

NA0806501

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 2 / 3:

Invoice Preparation Checklist

Amr (\$)

Amr (\$)

1st Bill

Add Bill

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : 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 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *N3: 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: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA0806501

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 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 Report	10/10/2018 15:54
Date Of Accident	13/09/2018 15:00
Exact Location Of Accident	BUKIT BATOK INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3452J
Insured/Policyholder	
Name Of Registered Owner	JOO YONG CO (PTE) LTD
Co Reg No	197400752N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90865535
Alternative Phone No	OFFICE-63771771

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0013957-MVA-R001
Cover Note Number	

Driver

Name of Driver	PRATHABAN A/L RAMASAMY
Passport No/FIN	G7665138N
Date Of Birth	09/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90865535
Fax Number	
Contact Number	OFFICE-63771771
Email Address	NOEMAIL

Address	NO. 11 JOO YEE ROAD
Postcode	619198
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	SIDE SWIPE
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)	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 SKETCH PLAN

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	SHD217B
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



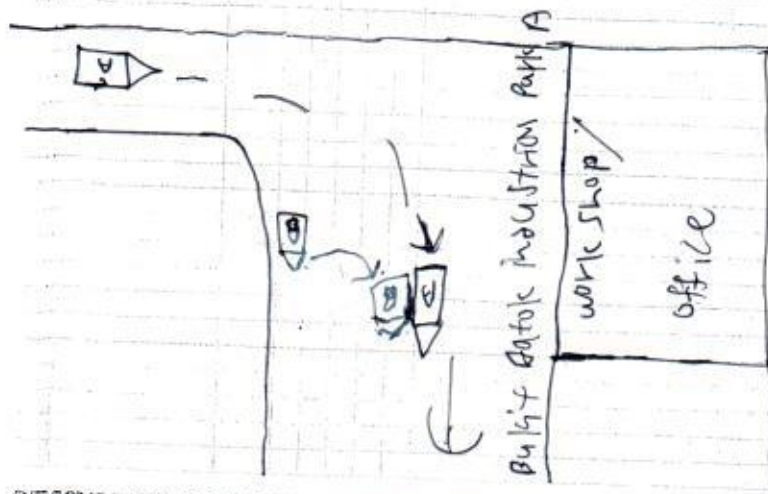
Policyholder's Signature
Date & Time:

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

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

10/10/2018
Rashid Hassan

SKETCH PLAN



(A) GBE3452 J.
(B) SHD 217 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/09/18 @ about 3pm, I am travelling along Bulkit Baxok Industrial Park A. I made a turn in the workshop/office area. It is a one way direction. when turn right, I notice that a taxi was parked along the road side. when my vehicle is already straight, I am going straight within the lane and the lane is enough for two vehicle to pass/move, when I had passed the taxi, when suddenly I felt an impact on my right portion. when I got down, I then realise that it was the same parked taxi move off and hit on to my vehicle right portion. I then take photo of the scene and left.

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:

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



[Handwritten signature]

[Handwritten signature] 10/10/2018
[Handwritten signature]

Date of Accident : 13/09/18 Accident Time: 3pm (24-HR-FORMAT)
 Accident Place : Bukit Batok Industrial Park A
 Vehicle Reg. No (Car plate No.) : GBE 3452J
 Vehicle Make/Model : Toyota Hiace Van Turbo 5dr manual
 Insurance Company : QBE Policy No. 8-V0013957-mva-R001
 Owner or Company Names /IC NO: Joo Yong co Pte Ltd / 197400752N
 Owner or Company Contact No. : 63771771 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : Prathaban A/L Ramasamy / G7665138N
 DRIVER'S Date of Birth : 09/01/1986 DRIVER'S License Pass Date 22 Jun 2017
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employed Others: _____
 DRIVER'S Address : No 11 Joo Yee Rd (S) 619198
 DRIVER'S Contact No./ Alt No. : 1) 9086 5535 2) _____
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (eg. working inside or outside of an ofc) Service
 Email Address : _____
 Weather & Road Surface : ☒ CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ ☒ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 1
 Was there any video Captured by car camera: YES \ ☒ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SHD 217B

Vehicle Make/Model: Chene lot Taxi

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Vehicle Reg No: _____

Vehicle Make/Model: _____

Name DRIVER: _____

IC NO. DRIVER: _____

DRIVER'S Contact & add: _____

**KAD PENGENALAN
MALAYSIA
IDENTITY CARD**

860109-23-6069




**PRATHABAN A/L
RAMASAMY**
NO 12
JALAN 4/1
TAMAN DELIMA
88000 KLUANG
JOHOR

**WARGANEGARA
LELAKI**



Prathaban

KETUA PENGARAH
PENDAFTARAN NEGARA

860109-23-6069-03-01

**Touch
ngo**



SN: 020025A10F

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
JOO YONG CO. (PTE) LIMITED



Name:
PRATHABAN A/L RAMASAMY

Work Permit No.
4 01824227

Section:
SERVICE



K0423765



VISIT PASS
Immigration Regulations

25-05-2018

Name:
PRATHABAN A L RAMASAMY



File:
G7665138N

Date of Birth: 09-01-1986 Sex: M

Nationality:
MALAYSIAN

Download SGWorkPass
App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE

Licence Number: **G7665138N**



Name:
PRATHABAN A/L RAMASAMY

Birth Date: 09 Jan 1986
Issue Date: 18 Feb 2017
Valid Till 17/02/2022



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	18 Feb 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	12 Jun 2017

G7665138N

S / No 9000271007



P 428A

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644018

www.qbe.com.sg

**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

8-V0013957-MVA-R001

Account Name **SIMON INSURANCE AGENCIES
PTE LTD**

MCI Type **MZ300**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **GBE3452J**
- 2 Name of Policyholder **JOO YONG CO (PTE) LTD**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **02/11/2017**
- 4 Date of Expiry **01/11/2018**

5 Person or Classes of Person 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 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6 Limitations as to use*

(a) Use in connection with the Policyholder's business.

(b) Use for the carriage of passengers (other than for hire or reward)

(c) Use for social, domestic and pleasure purposes.

The Policy does not cover:-

(1) Use for hire or reward or for racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 05/10/2017