

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA11814589**

Date In: 24/10/8-12:27	Job description	Date & Time Completed	Done by
Ref No: NA/2221801967914	SAS e-filing		
Veh No: X112~2	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/10/8-12:27	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:	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

NA1806488	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$30		
Dat. 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 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	29/10/2018 17:07
Date Of Accident	26/10/2018 13:25
Exact Location Of Accident	59 UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1312Z
Insured/Policyholder	
Name Of Registered Owner	SIN CHEW WOODPAQ PTE LTD
Co Reg No	200104742C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62888555

Vehicle Particulars

Manufacturer	NISSAN
Model	MKB37BNHRA
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496874
Cover Note Number	

Driver

Name of Driver	ROSMAN BIN MARDI
NRIC No	S1843288I
Date Of Birth	10/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800790
Fax Number	
Contact Number	OFFICE-91800790
EMail Address	NOEMAIL

Address	BLK 843 JURONG WEST STREET 81 #07-169
Postcode	640843
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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

REFER TO 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

SKETCH PLAN

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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.

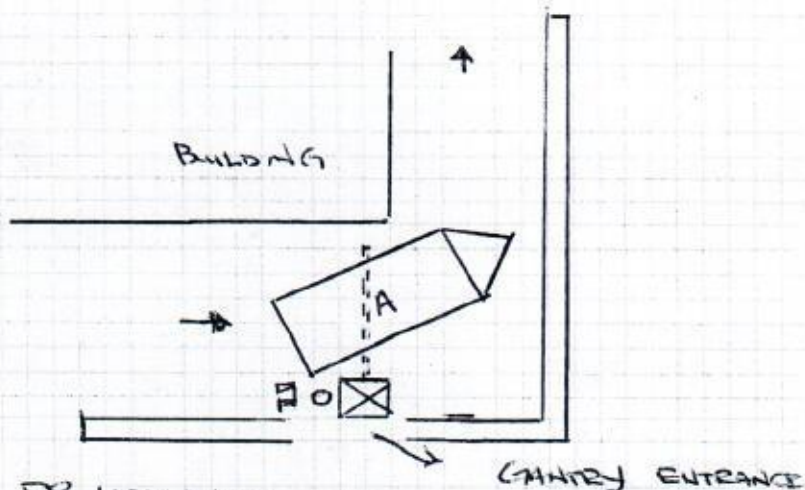


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(location) 59 UBI AVE 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I REACH THE PREMISES I WASN'T NOTICE ANY SIGN FOR ME TO STOP AN APPROACH THE GUARD POST AS I'M FIRST TIME COMING TO DO COLLECTION OF A CARGO, I STRAIGHT PROCEED TO A ONE WAY DIRECTION FOR NORMAL ENTRY GANTRY, NO ONE TRY TO STOP ME FROM ENTERING THE NARROW GANTRY FOR NOT TO ENTER FOR 20FT LORRY. IT JUST FOR 14FT LORRY TO ENTER THAT GANTRY, I WOULD BE NOT PROCEED TO ENTER THAT GANTRY IF THE GUARD HAD STOP ME TO PROCEED IN TO THE GANTRY BARRIER.

DECLARATION

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

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.:

Date of Accident : 26/10/2018 Accident Time: 1325 (24-HR-Format)
 Accident Place : 59 UBI AVE 1
 Vehicle Reg. No. (Car Plate No.) : YN 1312 Z
 Vehicle Make/Model : NISSIAN UD
 Insurance Company : INDIA INT'L Policy No. M 496874
 Owner or Company Name /IC No. : SIN CHEW WOODPAQ PTE LTD
 Owner or Company Contact No. : 63 388 555 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : ROSMAN BIN MARDI
 DRIVER'S Date Of Birth : 10/4/1965 DRIVER'S License Pass Date 23 DEC 2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ ~~Employee~~ \ Others: _____
 DRIVER'S Address : BK 843 JALAN WEST ST 81 #07-169
 DRIVER'S Contact No./ Alt No. : 1) 918 00790 2) 640843
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : danny@sin-cheu.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

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 Particular (if any)

Vehicle Reg. No: <u>GANTRY</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: _____
Name Driver: <u>-</u>	Name Driver: _____
IC No. Driver: <u>-</u>	IC No. Driver: _____
Driver's Contact & Add: <u>-</u>	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S18432881

Name

ROSMAN BIN MARDI

روسمن بن مردی

Race

JAVANESE

Date of Birth

10-04-1965

Sex

M

Country of Birth

MALAYSIA



29



NRIC No. S18432881



Blood Group Date of issue

0+ 28-12-1996

APT BLK 843 JURONG WEST STREET 81 607-169

SINGAPORE 640843

01-03-2008 No: 8317186

S18432881 Date:

NRIC No:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S18432881

Name

ROSMAN BIN MARDI

Birth Date 10 Apr 1965

Issue Date 23 Dec 2011



0020030217E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

09 May 1983

27 Feb 1998

02 Dec 2005

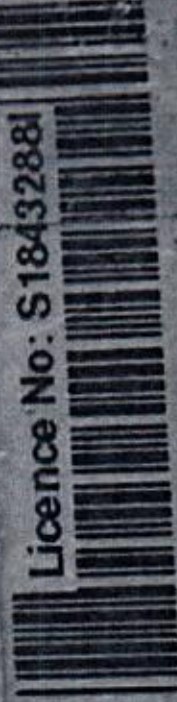
17 Jul 2014

- | | |
|----------|---|
| Class 2B | Motorcycles =< 200 CC |
| Class 3 | Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg |
| Class 5 | Motor vehicles > 7250 kg not constructed to carry any load |

S18432881

S / No. 9000207160

Licence No: S18432881



NP 428A

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, 1950 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code **91374SE** Excess: **S\$50/- Sect. 1 (For Employee) S\$700/- (For Non-Employee)**
Comprehensive Additional **S\$3000/- Sect. 1 for age < 22 yrs or age > 65 yrs**
&/or S'pore D.L. < 2 yrs
Windscreen: **S\$100/-**

CERTIFICATE NO. **M496874**

1. Index Mark and Registration Number of Vehicle **YN 1312 Z**

2. Name of Policy Holder **Sin Chew Woodpaq Pte Ltd**

3. Effective date of the commencement of Insurance for the purposes of the Act **25th May 2018**

4. Date of Expiry of Insurance **24th May 2019**

5. Persons or Classes of Persons entitled to drive*

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.

6. Limitations as to use*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) 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.

*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.

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).

Date of Issue **hh/13.04.2018**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M / 300C (GOODS CARRYING)
PRIVATE TYPE



Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Tan Shi Jack**

Hire Purchase Company: **NA**