

NATIONAL Assessment Centre Services

Date In 26/01/19	Job description	Date & Time Completed	Done by
Ref No NA/FCI/9001747/13	SAS e-filing		
Veh No GB41401	E-mail (within 8hrs, AD 2hrs)		
D.O.A 25/01/19 1515	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: FREE	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 & 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

NA/900764	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 26/01/2019 14:31
 Date Of Accident 25/01/2019 15:15
 Exact Location Of Accident 10A SCIENCE CENTRE RD WESTHUB(CARPARK)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG140T
Insured/Policyholder
 Name Of Registered Owner ROBINSON CAR RENTAL PTE LTD
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-98792002

Vehicle Particulars

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

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number D-18090225MFCV/21
 Cover Note Number

Driver

Name of Driver SHAIFUL YANIS BIN NASIR
 NRIC No S7339862B
 Date Of Birth 08/11/1973
 Occupation OUTDOOR
 Date Of Driving Pass 04/10/2010
 Driving Experience 8 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-87558191
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 676B JURONG WEST ST 64 #01-247
Postcode	642676
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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: : FAUZIAH 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

PLS REFER TO THE 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	
Vehicle Make/Model/Colour	
Details Of Properties	TREE
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

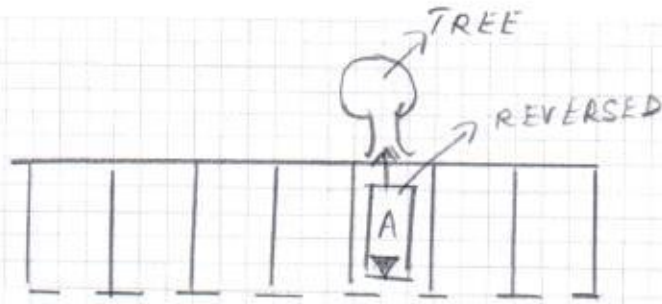
[Signature] 26.01.2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 26/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - 9BG140T

B - TREE



10A SCIENCE CENTRE RD
WESTHUB (CARPARK)


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Friday 25th Jan 2019 at 1515 hrs, I Shaiful Hanis Bin Nasir
ID : 92240 was doing reversed parking

DECLARATION

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

Policyholder's Signature
Date & Time:

 26.01.2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date/Time of Accident: Friday 25th Jan 2019, 1515hrs

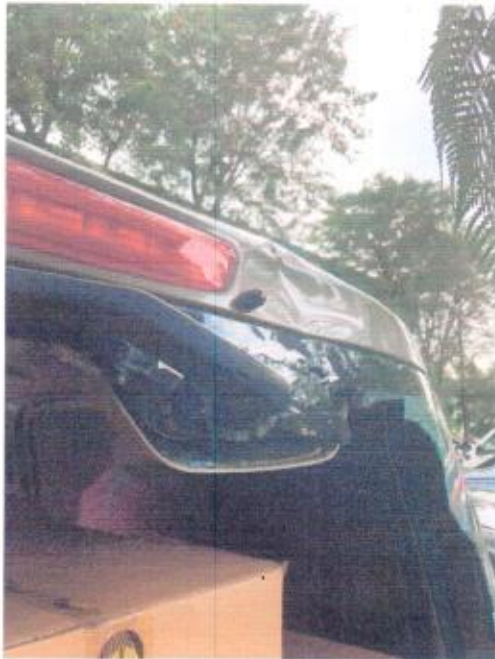
Place of Accident: Certis CISCO West Hub, 10A Science Centre Road (S)609082 [Open Carpark]

Vehicle Number: GBG 140 T

Reported Officer: Fauziah Jabbar

Summary

On the above mentioned date and time, our Assistant Supervisor, Shaiful Yanis Bin Nasir ID:92240 was doing reversed parking into a parking lot when he hit a tree branch which was leaning outward. The tree branch was high with a height about 2.1m therefore it was out of his view and thus it was unavoidable. As a result, the van rear door top panel was dented and rear windscreen shattered. No one was injured. Below are the photos taken for your reference.



ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 01 / 2019) (DD/MM/YYYY), TIME: (15 : 15) (HH:MM)

LOCATION: 10A, Science Centre Road, Westhub (carport).

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 140 T
- b) INSURANCE COMPANY: _____
- c) POLICY NO: _____
- d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
- e) MAKE/MODEL: Nissan NV 350
- f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
- h) PURPOSE OF USING AT TIME OF ACCIDENT: WORK
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (YES/NO) NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE/FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: 98792002
- C) ADDRESS: _____

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Shaiful Yonis B. Nasir (MALE/FEMALE) MALE
- B) NRIC/FIN/PASSPORT: S7339862B CONTACT: 87558191
- C) ADDRESS: Blk 676B, Jurong West St 64, # 01-247
642676
- D) DATE OF BIRTH: (08 / 11 / 1973) (DD/MM/YYYY)
- E) OCCUPATION: (INDOOR/OUTDOOR)
- F) YEARS OF DRIVING EXPERIENCE: 8+ yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER (COMPANY)

- 5.A) WEATHER CONDITION: (CLEAR/RAINING/OTHERS)
- B) ROAD SURFACE: (DRY/WET/OTHERS)

6. WAS ANYBODY INJURED: (YES/NO) NO
7. REPORTED TO POLICE: (YES/NO) NO
- IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: TREE MODEL: _____
- B) DRIVER'S NAME: _____
- C) NRIC.FIN PASSPORT NO.: _____ CONTACT: _____

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: _____ MODEL: _____
- B) DRIVER'S NAME: _____
- C) NRIC.FIN PASSPORT NO.: _____ CONTACT: _____

26/01/19

waiting for ci

fauziah_jabbar@certisgroup.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7339862B



Name
SHAIFUL YANIS BIN NASIR

صفوليانيس بن ناسير

Race
JAVANESE

Date of Birth
08-11-1973

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S7339862B

Name: SHAIFUL YANIS BIN NASIR

Birth Date: 08 Nov 1973

Issue Date: 26 Mar 2003

411



320



NRIC No: S7339862B



Blood Group: O+ Date of issue: 04-11-2000

APT BLK 676B JURONG WEST STREET 64 #01-247
SINGAPORE 642676

NRIC No: S7339862B Date: 16/05/2008 No: 6012874


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 2B Motorcycles <= 200 CC	01 Apr 1992
Class 2A Motorcycles between 201 CC and 400 CC	26 Jan 1999
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	04 Oct 2010

S / No. 9000136409

S7339862B

498A



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy: : COMMERCIAL VEHICLE - FLEET
 Type of Cover: : Comprehensive
 Certificate No. : D-18090225MFCV/21
 Vehicle No / Chassis No : GBG140T / JN1MC2E26Z0008051
 Name of Insured : ROBINSON CAR RENTAL PTE LTD
 Period Of Insurance : 01.04.2018 To 31.03.2019
 Insured Estimated Value : Market Value At Time Of Loss
 Financial Institution : MV CREDIT PTE LTD

EXCESS : AS INDICATED BELOW

Authorised Driver*
 ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
 (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
 (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 S\$2,000.00 on Section I & II separately (for Staff)

* 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.

Limitations as to use*

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use 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.
- (3) Use for the carriage of passengers for hire or reward.

* 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)

MS First Capital Insurance Limited
 (Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 31.03.2018

Authorised Signature