

NATIONAL Assessment Centre Services. [wef 1 Jan'08] **MANA/19036131**

Date In: 18/03/2018 17:53	Job description	Date & Time Completed	Done by
Ref No: MB1902020	SAS e-filing		
Veh No: GYS5228	E-mail (w/ins 2hrs, AIC 2hrs)		
D.O.A: 17/03/2018 14:00	1-Motor Claim Form	MB1902020	18/03/2018
OID / TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:07
	1-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: Vch No: **888 6348J** 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: ()

Reminders:

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date	Signature	Remarks

MB1902020

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpr Allowance \$5	
	*NS: Repair Co-ordination \$10	
	*NS: Post Repair Inspection \$25	
	*NS: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$30	
	*NS: Idas 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	18/03/2019 17:53
Date Of Accident	17/03/2019 14:00
Exact Location Of Accident	ALONG JURONG WEST STREET 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5252S
Insured/Policyholder	
Name Of Registered Owner	EC COURIER SERVICES
Co Reg No	53311222B
Email Address	DYBOMBOM72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97587735
Alternative Phone No	OFFICE-97587735

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100532826
Cover Note Number	

Driver

Name of Driver	ISMADY BIN ISMAIL
NRIC No	S7210195B
Date Of Birth	17/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587735
Fax Number	
Contact Number	OTHERS-97587735
Email Address	DYBOMBOM72@GMAIL.COM

Address	BLK 450C BUKIT BATOK WEST AVENUE 6
	#06-633
Postcode	653450
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	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	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)	3
Passenger 1	NAME: : WIFE
	GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER
	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6348J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TISANG CHONG TONG
NRIC/Passport Number	S1228799B
Contact Number	98347302
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: 18/3/19
1420 hrs

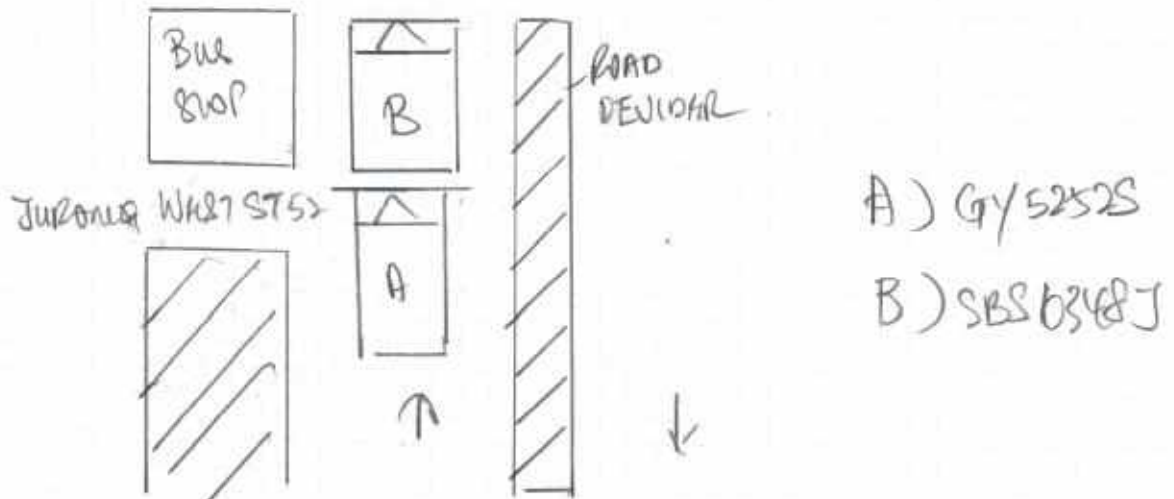
Driver's Signature

(If driver is not the policyholder)
Date & Time: 18/3/19
1420 hrs

Reporting Centre Personnel's Signature

Name: *Reel*
NRIC/FIN No.: *181032019*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/03/2019 AT ABOUT 14:00HRS I WAS TRAVELLING ALONG JUBA WAST ST52. I SAW A BUS SBS6348J SWP 9 ALIGHTING. SO WHEN I THOUGHT THAT THE IS ABOUT TO, I FOLLOW BEH I WAS WEARING MY VAN GY5252S BUMP INTO THE REAR OF THE SAID BUS THAT ALL.

DECLARATION

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



Policyholder's Signature
Date & Time:

ismad
18/3/19
1440HRS

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

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

18/03/2019
Keshav Kumar

Claim Handling

Accident MT/1036418

Policy No.	3100932828	Vehicle No.	QY52529	GST Registration No.	
Certificate No.					
Policyholder Name	EC COURIER SERVICES			Policyholder NRIC	33312228
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No. (Mobile)	87562738	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	No
ETP	No	TCA	No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Route Hq.	No

Accident Details

Report Date	18/03/2019 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Front to Rear
Date of Accident	17/03/2019	Time of Accident (Hr:Min)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG WEST STREET S2				

Excess

Glen damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore CO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 43 #04-168	Address 2	TELOK BLANGKOH DRIVE	Address 3	BLANGKOH COURT
Address 4	SINGAPORE 100489	Address Type	Singapore address	Post Code	100489
Unit No.	04-168	Related Policy Number	3100932828		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/03/1972
Unnamed Driver Name	ISHADY BIN ISMAIL	Driver NRIC	67211188	Driving Experience	25
Register Date of Driver License	11/10/2003	Driver Age	47	Contact No. (Home)	
Contact No. (Mobile)	97562735	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 43C #06-023	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST TERRACE @ BUKIT BATOK
Address 4	SINGAPORE 633450	Address Type	Foreign address	Post Code	633450
Unit No.	06-023	Driver Vehicle No.	QY52529	Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes - No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes / No		

Modification History

Claim 001 **Done**

Claim Type *	CO-EX	Insured Name	EC COURIER SERVICES	Insured NRIC	33312228
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	89472332
Email Address		OT	TP	Vehicle Number	QY52529
Claim Description	QY52529 / 3056348U ON 17 MAR 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Insured by Installation	Yes	Preferred Repair Center	Preferred Workshop, Name unknown	OT report	Received
Date Registered					
Report Taken By		Claim Close Date	18/03/2019 18:06	Date Received	18/03/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1036418	Claim No.	001
LAST Date Received	Yes No	Upload Date	18/03/2019 18:07
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CU)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 18 Mar 2019 18:07	Photos	Normal	Photos 2019-3-18	4
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH) on 18 Mar 2019 18:07	Photos	Normal	Photos 2019-3-18	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH) on 18 Mar 2019 18:07	Photos	Normal	Photos 2019-3-18	

3/18/2019

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	Photos	Normal	Photos 2019-3-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	SAS	Normal	SAS 2019-3-18
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:06	NAC/ Driving License	Normal	NAC/ Driving License 2019-3-18

Video List

Unloaded By/Data	Folder/Date	File Name	Source	Action
		1		
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 3 / 2019) (DD/MM/YYYY), TIME: (1400) (HH:MM)

LOCATION: Jurong West St 52

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 5252 S
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 510058286
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN URVAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1400 hrs
 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: Ismady Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7210195 B CONTACT: 97587735
 c) ADDRESS: BLK 450 C #06-633, Bukit Batok West Ave 6 (653450)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ismady Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7210195 B CONTACT: 97587735
 c) ADDRESS: BLK 450 C #06-633, Bukit Batok West Ave 6 (653450)

* d) DATE OF BIRTH: (17 / 03 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/10/1993

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: SBS 6348 J MODEL:
 b) DRIVER'S NAME: TISANG CHONG TONG
 c) NRIC/FIN/PASSPORT: S1228799 B CONTACT: 98347302

9. THIRD PARTY VEHICLE

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

wife
 doughnut

* No of passengers
 (including driver)
 (3)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = ~~dybombom~~ dybombom72@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7210195B



Name

ISMADY BIN ISMAIL

اسمادي بن اسماعيل

Race

BOYANESE

Date of birth

17-03-1972

Country/Place of birth

SINGAPORE

Sex

M

6029168



NRIC No: S7210195B

Date of issue

24-09-2018

APT BLK 450C BUKIT BATOK WEST AVENUE 8 #08-833
SINGAPORE 853450

NRIC No: S7210195B

Date: 24/10/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7210195B

Name

ISMADY BIN ISMAIL

Birth Date: 17 Mar 1972

Issue Date: 18 Oct 2008



001663569E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 cc	15 Oct 1993
Class 2A	Motorcycles between 201 cc and 400 cc	15 Oct 1993
Class 2	Motorcycles > 400 cc	12 Apr 1996
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Jan 1999

1P 428A



Licence No: S7210195B

Certificate of Insurance

CM

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 : 5100532826

Cover : Third Party

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GY5252S |
| Chassis Number | : JN1HG2E25Z0701115 |
| 2. Name of Policyholder | : EC COURIER SERVICES |
| 3. Effective Date of Insurance | : 08 May 2018 |
| 4. Expiry Date of Insurance | : 07 May 2019 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ABWIN PTE LTD (00000614234)

Date of Issue : 08 May 2018 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD
Room 12 #01-33
The Exchange Complex
100 Market Street
Singapore 048841
Tel: 6543 3321 Fax: 6543 3322



Countersigned By:

Authorised Officer

Chief Executive