

NATIONAL Assessment Centre Services

Date In: 12/06/2019 11:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/II 19010376/F4	E-mail (within 8hrs, AD 2hrs):		
Veh No: YP6440T	i-Motor Claim Form		
DDA: 10/06/2019 - 15:25	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: SGJ2945A	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

NA1904277

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	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:			
	*N5: 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		

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 12/06/2019 11:22
 Date Of Accident 10/06/2019 15:25
 Exact Location Of Accident SLE TWDS BKE BEFORE EXIT 11
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6440T
Insured/Policyholder
 Name Of Registered Owner TOH FLORICULTURE SUPPLIES
 Co Reg No 49686800D
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90374301
 Alternative Phone No OFFICE-67624046

Vehicle Particulars

Manufacturer ISUZU
 Model NNR85UH4A
 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? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number D19MCV0001919
 Cover Note Number

Driver

Name of Driver YUSOP BIN SANIM
 NRIC No S1187725G
 Date Of Birth 23/06/1956
 Occupation INDOOR
 Date Of Driving Pass 14/12/1981
 Driving Experience 37 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90374301
 Fax Number
 Contact Number OTHERS-90374301
 Email Address NOEMAIL

Address	BLK 423 CHOA CHU KANG AVENUE 4
	#02-246
Postcode	680423
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	CHAIN COLLISION
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	3
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

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	SGJ2945A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5538Y
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

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.

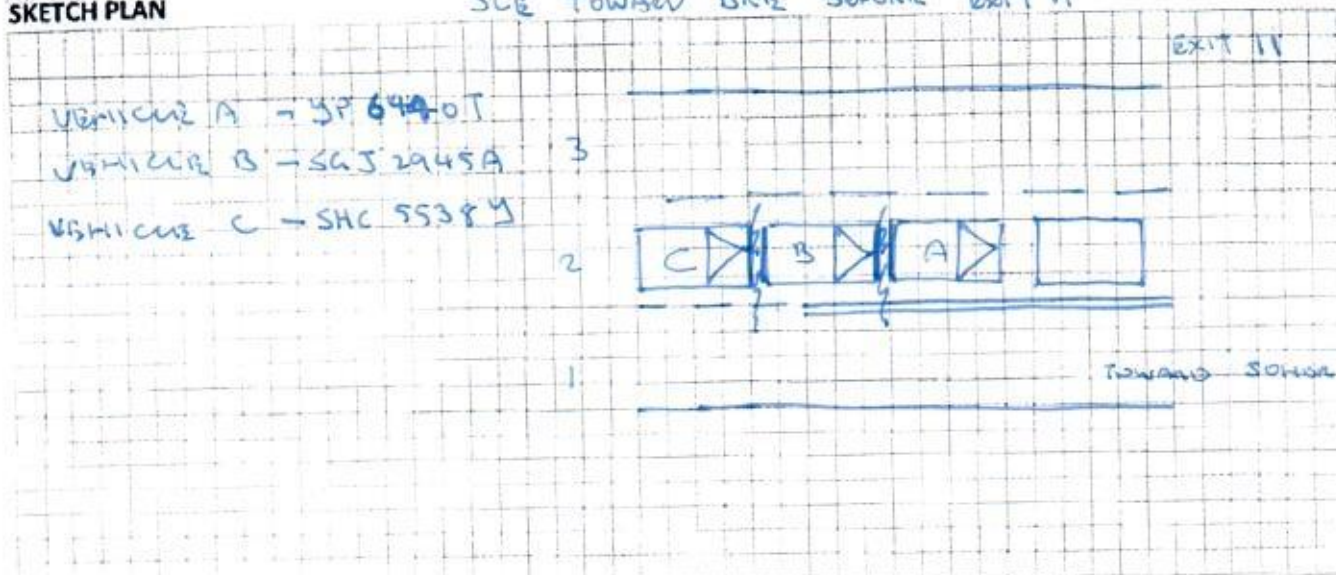
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SLE TOWARD BKZ BEFORE EXIT 11



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG SLE TOWARD BKZ DIRECTION.

I WAS ON THE MIDDLE LANE, (2nd LANE).

WHILE TRAVELING STRAIGHT AHEAD, SUDDENLY THE VEHICLE IN FRONT JAMMED BRAKE, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SGJ 2945 A) THAT COLLIDED TO THE REAR OF MY VEHICLE. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - YP 6440 T

VEHICLE B - SGJ 2945 A

VEHICLE C - SHC 5538 Y.

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

12/6/2019

Vehicle No.	YP 6440T	Model / Make	Givenon 11/6/2019/13:17 152u NNR85
Date of Accident	10/06/19		
Time of Accident	15 25	HRS	
Location of Accident	SL2 TOWARD BK.3		
Exact purpose use during accident	WOMAN'S HOME		
Name of Owner	TOH FLOICULTURE SUPPLIER		
Telephone No.	H/P :	Home :	Office : 6762 4046
NRIC	49686800D		
Address	90 JALAN UEMAR S (698952)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	DIA MCV0001919	/	INDIA INTERNATIONAL
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DIA MCV0001919		
Name of Driver	As Above If No, YUSOP BIN SANIM		
NRIC	S 118 7725 G	Any Passengers :	
Date of birth	23/06/1956		
Occupation	Outdoor / Indoor		
Driving License Pass Date	14 DEC 1981		
Gender	Male / Female		
Contact No.	H/P : 9037 4301	Home :	Office :
Address	BLK 423 CHOA CHU KANH AVE 4 #02-246 S (680423)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	S G J 2945 A	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SHC 5538 Y	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			

PARTICULAR WORKSHOP

TWINCAR AUTOMOTIVE PTE LTD

CONTACT NO.

6842 0051 / 6744 0510

CONTACT PERSON

IAN

FAX NO


6741 0510

WORKSHOP Email ADDRESS

sales@n5i.com.sg

call N5I
for certificate?
(III)
12/6/19 e 104404m.
(III)
Waiting for certificate?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1187725G



Name
YUSOP BIN SANIM

Race
BOYANESE

Date of Birth
23-06-1956

Country of Birth
SINGAPORE

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1187725G



Valid Until: 23 Jun 1956

Valid From: 23 Jun 1956

For LKK/NAC Use Only

Driver

1231278



NRIC No. S1187725G



Blood Group: A+ Date of Issue: 31-08-1993

APT BLK 423 CHOA CHU KANG AVENUE 4 #02-246
SINGAPORE 680423

NRIC No: S1187725G Date: 03/10/2014 (R) No: 6607592

For LKK/NAC Use Only

LICENSED TO DRIVE VEHICLES

Class 2B Motorcycles not exceeding 200 cc

Class 2C Motorcycles not exceeding 201 cc and 400 cc

For LKK/NAC Use Only

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1187725G**
Name: **YUSOP BIN SANIM**

Birth Date: **23 Jun 1956**
Issue Date: **04 Jul 2003**

000633719C

For LKK/NAC Use Only

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	18 Jul 1981
Class 2A Motorcycles between 201 cc and 400 cc	18 Jul 1981
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Dec 1981

NP 428A

Licence No: S1187725G

For LKK/NAC Use Only

Text size + -

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	YP6440T		
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Scheme:	Normal
Vehicle Attachment 1:	With Hood		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	ISUZU	Vehicle Model:	NNR85UH4A
Chassis No.:	JAANNR85HH7100093	Engine No.:	4JJ12W6291
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2999 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	2220 kg	Maximum Laden Weight:	5000 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	27 Apr 2017	Original Registration Date:	27 Apr 2017
Manufacturing Year:	2016	Open Market Value:	\$30,421.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,522.00		

Owner Particulars

Owner Name:	TOH FLORICULTURE SUPPLIES
Owner ID Type:	Business
Owner ID:	49686800D
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	90
Registered Street Name:	JALAN LEKAR
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	698952
COE No. / Expiry Date:	2017042705001066W / 26 Apr 2027
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$19,284.00

Transaction Details

Business Transaction Ref. No.:	20170427084300899207
Business Transaction Date:	27 Apr 2017
Business Transaction	08:43:00

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, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0001919

COVER: Comprehensive

- | | |
|--|------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | : YP6440T |
| Chassis No | : JAANNR85HH7100093 |
| 2. Name of Policyholder | : TOH FLORICULTURE SUPPLIES |
| 3. Effective date of Insurance | : 27 Apr 2019 |
| 4. Expiry date of Insurance | : 26 Apr 2020 |
| 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*

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

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
- b) 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.

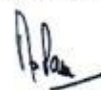
Excess Sect I : SGD750.00
Windscreen Excess : SGD100.00
Hire Purchase Company : Tokyo Century Leasing (Singapore) Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000031/Excel Insurance Agency
Date of Issue : 08/04/2019 16:32:49
MZ300C (GOODS CARRYING)
COMPANY

For India International Insurance Pte Ltd



Authorised Signatory