NATIONAL Assessment Centre	Services	1 1000		
Date in 15/08/19	Jeb description	Date & Time Completed	Done	by
Re[No. NIA/FC]19014186/13	SAS e-filing		datts	
Veh No 9868-9036	Fmail (within Shrs. ADI 2hrs.)			
DOA 25/06/19 0950	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2)	nrs. 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:	. INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	%]	
Year of Registration: ( ) W	arranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,000	)( )/\$2,000( )		and the second	
General Remarks:-	Comment of Englanding States and the			-
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	( )			
Injury:				
Date/Time Actions			301 501 101 101 101 101 101 101 101 101 1	
N91906079	Invoice Pr	eparation Checklist	Amt (\$)	Amt (
aimant's Particulars :-	1) AR : Accide	nt Reporting (\$30); e Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towing	Fee \$40/\$4	-	
ontact No:		Through Survey \$12 Through Survey (Resurvey) \$3		
amaged Portion:	The second secon	against INC Only (wef 10 Jan 2005)	s	
Tortion,	The state of the s	A + SMRT Survey \$16	0	
C Checked by (Engr-In-Charge):	OD*	sy Car / Tpt Allowanic \$	5	
•	*N6: Repair	Co-ordination \$10		
uditors' Comments :-		pair Inspection \$2 ollect Excess Coordination \$	-	
t. 1:	<u>TP</u> (N11) : T	P (Non INC) against INC \$20		
1 2 / 3:	9) N12: Idae M Invoice dated	obile 3		"after"
	Invaige dated	Fee Charged	- History	

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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	15/08/2019 11:57	
Date Of Accident	25/06/2019 09:30	
Exact Location Of Accident	SAF MILITARY AREA AT PASIR LABA	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8903G	
Insured/Policyholder		
Name Of Registered Owner	EXPLOMO TECHNICAL SERVICES PTE LTD	
Co Reg No		
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-62812105	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	CABSTAR	
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?	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	NO	
Policy Number	D-19093318MCVP	
Cover Note Number		
Driver		
Name of Driver	MUHAMMAD SHAFIQ YEO BIN HASSANAL ABDULLAH YEO	
NRIC No	S9517604F	
Date Of Birth	23/05/1995	
Occupation	OUTDOOR	
Date Of Driving Pass	26/08/2016	
Driving Experience	2 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90253924	
Fax Number		

SHAFIQ.YEO@EXPLOMO.COM.SG

Address BLK 924 HOUGANG AVE 9

#08-64 530924

Was driver as ampleyee of the Income to Commerce VEC

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 NO COLLISION
Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Postcode

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

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: COOPER NG

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

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?

YES

Remarks/ Reasons:

**OVERWRITE** 

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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: 1508 9

Reporting Gentre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature Date & Time:

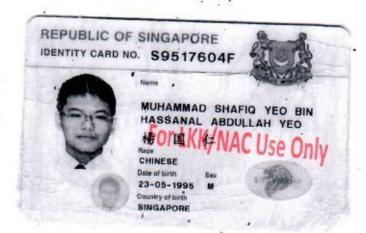
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1508 | 9

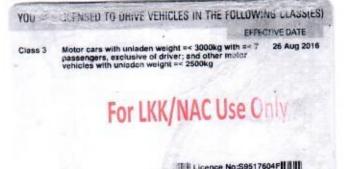
15/08/19 Reporting Centre Personnel's Signature

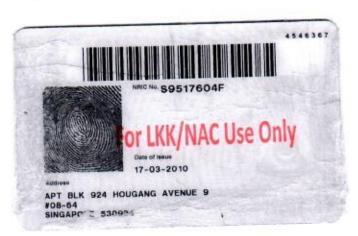
Name:

NRIC/FIN No .:











MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9

6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

## 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 - PRIVATE INSURANCE

Type of Cover.

: Comprehensive

Certificate No.

: D-19093318MCVP

Vehicle No / Chassis No

GBG8903G / JN1SC2F24Z0860543

Name of Insured

EXPLOMO TECHNICAL SERVICES PTE LTD

Period Of Insurance

: 24.05.2019 To 23.05.2020

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

: ETHOZ CAPITAL LTD

Excess:

SGD1,500.00 ALL CLAIMS AN ADDITIONAL EXCESS OF SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver\*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive\*

Any person who is driving on the insured'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.

#### Limitations as to use\*

(1) Use in connection with the insured's business.

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

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

(1) Use for hire or reward or for racing, pacemaking, 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)

> MS First Capital Insurance Limited (Approved Insurers)

> > LIL.

KARENS/B0101/MZ300C AS

Issued at Singapore on 17.04.2019

Authorised Signature