

# NATIONAL Assessment Centre Services

Date In <u>10/12/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/19021714/13</u>	SAS e-filing		
Veh No <u>5066220L</u>	E-mail (within 3hrs. AP: 2hrs)		
DGA <u>09/12/19</u> <u>1500</u>	i-Motor Claim Form		
OD <u>(TP)</u> 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: <u>XE2602P</u>	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

NA1909263		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) FT : 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) NI : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OI:			
		*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	10/12/2019 11:07
Date Of Accident	09/12/2019 15:00
Exact Location Of Accident	KEPPEL RD TWDS KAMPONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG6220L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FUKUYAMA ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	AYA@FUKUYAMA.COM.SG
Mobile Phone No	(LOCAL) +65-91867311
Alternative Phone No	OFFICE-67470159
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MFL0005370
Cover Note Number	
<b>Driver</b>	
Name of Driver	YOSHIMITSU AYA
Passport No/FIN	G5760751W
Date Of Birth	19/12/1964
Occupation	INDOOR
Date Of Driving Pass	05/12/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91867311
Fax Number	
Contact Number	
EMail Address	AYA@FUKUYAMA.COM.SG

Address	9 YISHUN CLOSE #14-20 SYMPHONY SUITES
Postcode	768008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR(SHARE HOLDER)
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?	YES
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	XE2602P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG SHICHUN
NRIC/Passport Number	G2047760T
Contact Number	90829858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SBT400A
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Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle CategoryPRIVATE CAR  
Name of DriverMANIMARAN S/O PILLAI(NOT CLEAR)  
NRIC/Passport NumberS6808962Z  
Contact Number91767835  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NameYOSHIMITSU AYA  
Approximate Age  
Injuries SustainNECK & BACK  
Injured person in which vehicle?SJG6220L  
Were seat belts worn?YES  
Was this injured conveyed to hospital by ambulance?NO  
Address  
Postcode



## 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

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

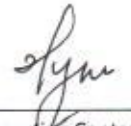
pls refer to the attached statement

DECLARATION

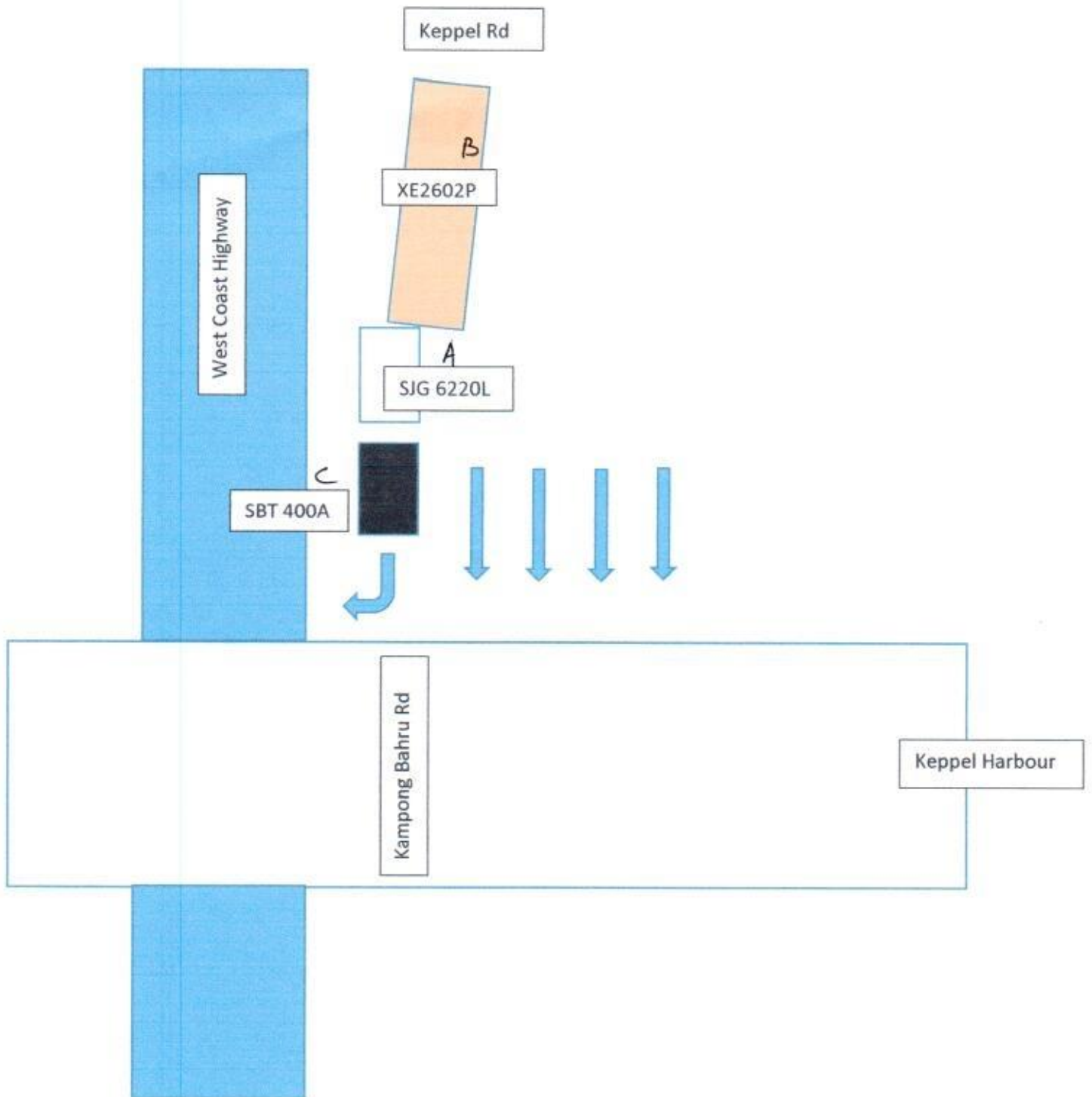
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

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

 10/12/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Drawing



## Accident Report

9<sup>th</sup> December 2019 at 3:00 pm,

Reported by Yoshimitsu Aya; Driver Honda Civic SJG6220L

Location Keppel Rd.

During Honda Civic SJG 6220L was waiting signal at KeppelRd Junction which is crossing Kamppon Bahru Rd, heavy trailer XE2602P collided behind Honda Civic SJG 6220L.

Due to this impact Honda Civic SJG6220L front collided to Toyota SBT 400A behind same time.

Driver Heavy trailer XE2602P; Yang Shichun Licence Number G2047760T Hp 9082-9858

Driver Honda Civic SJG 6220L; Yoshimitsu Aya Licence Number G5760751W Hp 9186-7311

Driver Toyota SBT 400A ; Manimaran S/O ( Not clear words) PILLAI

Licence Number S6808962Z Hp 9176-7835



Accident situation and Car damage



## 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.**

<b>CERTIFICATE NO.: D19MFL0005370</b>		<b>COVER: Comprehensive</b>
<p>1. <b>Index Mark and Registration Number of Vehicle</b> : <b>SJG62201.</b></p> <p><b>Chassis No</b> : <b>FD21404809</b></p> <p>2. <b>Name of Policyholder</b> : <b>FUKUYAMA ENGINEERING &amp; CONSTRUCTION PTE. LTD.</b></p> <p>3. <b>Effective date of Insurance</b> : <b>09 Oct 2019</b></p> <p>4. <b>Expiry date of Insurance</b> : <b>26 Sep 2020</b></p> <p>5. <b>Persons or Classes of Persons entitled to drive*</b></p> <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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</p> <p>6. <b>Limitations as to use*</b></p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>Use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>		
<p>Windscreen Excess : SGD 100.00</p> <p>Hire Purchase Company : N.A</p> <p>Excess Sect I (For Employees) : SGD1, 500.00</p> <p>Excess Sect I (For Non-Employees) : SGD2, 000.00</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp; OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p> <p>Agent/Broker : A000021/Tan Shi Jack          Date of Issue : 04/10/2019 10: 27: 12          M.X. 4 – PRIVATE CAR (Company's use)</p> <p style="text-align: right;"><b>For India International Insurance Pte Ltd</b></p> <p style="text-align: right;">          _____          Authorised Signatory</p>		