

NATIONAL Assessment Centre Services

Print & Javos

MMA 120046161

Date In: 14/5/20 10:43	Job description	Date & Time Completed	Done by
Ref No: NA1 771 200057271h4	SAS e-filing		
Veh No: YA 41X	E-Install (within 3hrs, AIC 2hrs)		
IP: 13/5/20 10:15	I-Motor Claim Form		
<input checked="" type="radio"/> TP 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:

JHE 2266

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: (

Remarks:

(INC 10/11/12 6789/0010)

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

MA2003022

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Date:

Time:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wof 10 Jan 2025)

6) TR: Re-Inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

30.00

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	14/05/2020 10:43
Date Of Accident	13/05/2020 10:15
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 & 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ41X
Insured/Policyholder	
Name Of Registered Owner	LEEWAY TRANS-ACT PTE LTD
Co Reg No	1XXXXX597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88915090

Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000782_01
Cover Note Number	

Driver

Name of Driver	BARANUSA BIN ABDULLAH
NRIC No	SXXXX916I
Date Of Birth	26/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88915090
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 557 BEDOK NORTH STREET 3 #14-980
Postcode	460557
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHE2266 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : NG CHI KANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200513/2061

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	JHE2266
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BARANUSA BIN ABDULLAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YQ41X

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.
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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.:

Accident Date & Time : 13/05/2020 10:15 AM.

Accident Location : Junction of Woodlands Avenue 12 & 5

Please Refer To The police Report Ref No: T/20200513/2061

☐ Reporting Only ☒ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

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

IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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



SINGAPORE POLICE FORCE



T/20200513/2061

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 3

Report No. T/20200513/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2020 18:08		Vide Report No.: L/20200513/0067		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: BARANUSA BIN ABDULLAH			Address: APT BLK 557 BEDOK NORTH STREET 3 #14-980 SINGAPORE 460557		
ID Type / ID No.: NRIC NO / S8925916I			Contact No.: Home/Office: Mobile: 88915090		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 26/07/1989	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2020 10:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 12 WOODLANDS AVENUE 5 T-JUNCTION OF WOODLANDS AVENUE 12 AND WOODLANDS AVENUE 5				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JHE2266	Lorry				Slightly Damaged	0
YQ41X	Lorry				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200513/2061

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20200513/2061

CONTINUATION OF REPORT

Name	BARANUSA BIN ABDULLAH	ID No.	S8925916I
Related Vehicle	YQ41X (Lorry)	Contact No.	88915090
Hospital/Clinic	SINGHEALTH POLYCLINICS - BEDOK	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/05/2020	Date Discharge	13/05/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 13/5/2020 at about 10.15am, I was travelling along Woodlands Avenue 12 on the second lane. I was approaching the T-junction of Woodlands Avenue 12 and Woodlands Avenue 5. While nearing to the junction, the traffic light changes to amber as such I applied brake to stop my vehicle at the junction. After my vehicle have completely stop at the junction, a lorry (JHE2266) collided with me from the rear.

I believe the said lorry was too close to me that it did not manage to brake on time as the road surface was also wet and slippery. The said lorry swerve to the right and collided with my vehicle on the rear and the right rear portion of my vehicle. No one was injured at that point of time. I then alighted and make a check on the collision. No government property damaged. I do not have any CCTV footage recorded the accident.

The police then came and attended to the accident. I was issued with the case card vide report no L/20200513/0067.

After the accident, I felt pain on my left lower back and went to SingHealth Bedok Polyclinic for medical check up and was issued with 4 days Medical Certificate from 13/5/2020 to 16/05/2020.



**SINGAPORE
POLICE FORCE**



T/20200513/2061

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20200513/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

13/05/2020 18:08

Classification Of Case:

Authentication Stamp

NP168

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.: D19MCV0000782_01

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : YQ41X
Chassis No : JAANPR85HJ7100317
2. Name of Policyholder : LEEWAY TRANS-ACT PTE LTD
3. Effective date of Insurance : 22 Jan 2020
4. Expiry date of Insurance : 21 Jan 2021
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.
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 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: SGD1,000.00 (Each & every claim)

Windscreen Excess: SGD200.00

Hire Purchase Company : Maybank Singapore Limited

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 : A000041/P & C INSURANCE AGENCY

Date of Issue : 04/12/2019 09:12:59

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory

Personal Particulars

Date of Accident: 13/05/2020 Time of Accident: 10:15 am
Exact Location of Accident: Junction of Woodlands Avenue 12 & 5
Owner's Name: LeeWay Trans-Act Pte Ltd NRIC No: 198104597K HP No: -
Driver's Name: Baranusa Bin Abdullah NRIC No: S89259161 HP No: S8915090
Date of Birth: 26/07/1989 Driving Licence Passing Date: 12/05/2015 Occupation: Indoor (Outdoor)
Address: 4 Changi South Lane #01-03 Nan Wah Building, Singapore 486127
Relationship of Driver with Insured: - Email Address: -
Vehicle No: YQ41X Make & Model: Isuzu NPR 85UH5A 3.0 MT
Insurance Co: India International Insurance Pte Ltd Coverage: Comprehensive Policy No: D19MCLV0000782_01

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use (Work)

*Weather Condition? Clear (Raining) / Others: Wet / Dry / Others:

*Any passenger inside vehicle involved? (Yes) / No) If yes, Vehicle No & How many pax: /
A: Ng Chi Kang G2620344P B: - C: - D: -

*Was Anybody Injured? (Yes) / No If yes,

Name / NRIC / In Vehicle: YQ41X Baranusa Bin Abdullah S89259161

*Was The Accident Reported To The Police?

O No O Yes, Which Police Station? Kaki Bukit NPP 526 Bedok North Street 3, #01-448 (S) 460526

*Does the Driver Own Any Other Vehicle?

O No O Yes, Vehicle Registration No: - Insurer: -

*Was any foreign vehicle involved? (Yes) / (No) If yes, Vehicle No & Category: -

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: JHE 2266 Make & Model: -
Driver's Name: - NRIC No: - HP No: -
Vehicle C No: - Make & Model: -
Driver's Name: - NRIC No: - HP No: -

Witness Particulars

Name: - NRIC No: - HP No: -