

NATIONAL Assessment Centre Services.

Part 1 (2010/11)

MANA420053615

Date In: 23/06/2020 12:48	Job description	Date & Time Completed	Done by
Ref No: N/A/EG 1700065787	SAS e-filing		
Veh No: 065 ASD	E-mail (Ejale this, AIC this)		
O.O.A: 22/06/2020 11:46	I-Motor Claim Form		
QID (TP) Reporting Only	I-Motor W/O (Withor OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witan		

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Particulars: Veh No: SGR12TR 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 ()

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of rapolator.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA / Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP's Towing Fee	\$105
QC Checked by (Engr-In-Charge):	4) TP's Follow-Through Survey	\$120
	5) TP's Follow-Through Survey (Resurvey)	\$10
	6) TP's Post-Inspection	\$75
	7) NI's Idan DA + SMRT Survey	\$160
	8) NIUC Additional Services	
	9) NIUC	
	* NI's Courtesy Car / Tpl Allowance	\$3
	* NI's Dispatch Coordination	\$10
	* NI's Post Repair Inspection	\$25
	* NI's DV / Collect Documents Coordination	\$3
	TP (NI) / TP (SN) INC's up to last 100	\$20
	9) NI's New Mobile	\$0

Invoice dated _____ Fax 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 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.

ACCIDENT STATEMENT

Data Of Report	23/06/2020 12:48
Date Of Accident	22/06/2020 11:40
Exact Location Of Accident	PIE ENTERING BKE (AT CHANTEK FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ755D
Insured/Policyholder	
Name Of Registered Owner	ABSOLUTE AV PTE LTD
Co Reg No	2XXXXX086Z
Email Address	YE@ABSOLUTEAV.SG
Mobile Phone No	(LOCAL) +65-98321399
Alternative Phone No	OFFICE-62225522

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ-19-005777
Cover Note Number	

Driver

Name of Driver	YE KYAW THU
NRIC No	GXXXXX711M
Date Of Birth	19/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98321399
Fax Number	
Contact Number	OFFICE-62225522
E Mail Address	YE@ABSOLUTEAV.SG

Address BLK 616 CHOA CHU KANG STREET 62
#5-269
Postcode 680616
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 ON COLLISION
Weather Conditions RAINING
Road Surface WET

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: : MYA MYA MON
GENDER: : FEMALE
Passenger 2
NAME: : TOE PYAE HLYAN THU KASPAR
GENDER: : MALE

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 AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH OWNER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGR127R
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

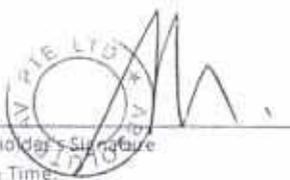
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:



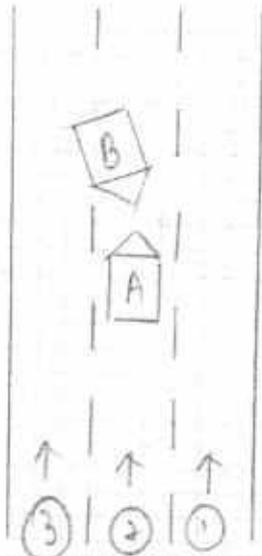
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

28/06/2020
Rohit KAAAB

SKETCH PLAN



A = GBJ 755D

B = SGR 127R

P1E entering BKE
(At Chantek Flyover)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

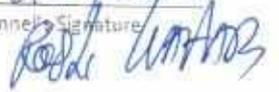
Refer to attached

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.:

28/06/2020

On 22.06.2020 at about 11:40 hours along PIE entering BKE (At Chantek Flyover). I was travelling straight on lane 2, suddenly vehicle (B) skidded from my right to left; subsequently the vehicle (B) lost control and collided onto left hand side portion of my vehicle (A). I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): GBJ 755D

Vehicle (B): SGR 127R



an
23/06/2020
Rashid Hussain

SINGAPORE ACCIDENT STATEMENT

Accident Date:	22/06/2020	Time:	11:40	(hh:mm) 24 hr format
Location	PIE entering BKE (At Chantek Flyover)			
Vehicle Number	GBJ 755D.			
Insured Name	Absolute AV Pte Ltd			
NRIC / FIN	201224086Z	Contact Number	6222 5522	
Make	Nissan	Model	NV200	
Are you claiming under your own insurance policy for repair to your vehicle?				
<input type="checkbox"/> Yes If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting				
Insurance Company	EQ			
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only			
Policy Number	DMICPHQ19-005777			
Name of Driver	Ye Kyaw Thu.			<input type="checkbox"/> Same as Insured
NRIC / FIN	95891711M	Contact Number	98321399	
Date of Birth	19/03/1980.			
Driving Pass Date	13/01/2007.			
Occupation	<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor			
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
Email Address	ye@absoluteav.sg			<input type="checkbox"/> NO EMAIL
Address of Driver	Blk 616 Choa Chu Kang St-62 #05-269 Singapore 680616			
Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If No, Relationship of the Driver with the Insured				
<input type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling				
Does the Driver Own Any Other Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others				
Road Surface <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others				
Was any foreign vehicle involved in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was anybody injured in the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, injured detail				
Was there any video captured by Car Camera? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was the Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes attach police report				
DETAILS OF 3 rd party				
	Name / Nric	Contact		
Veh B	SGR127R			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger 1) Mya Mya Mon (F)

2) Toe Pyae Hlyan Thu Kasper (M)

CERTIFICATE OF INSURANCE
ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1969 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1968 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH 1)
Comprehensive Classic

Certificate No. : **DMCPHQ19-005777**

1. Index Mark and Registration Number of Vehicle
GBJ755D

2. Name of Policyholder
ABSOLUTE AV PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act
22/12/2019

4. Date of Expiry of Insurance
21/12/2020

5. Person or Classes of persons entitled to drive*
Goods carrying - (MZ300) Authorised Driver.
Any of the following :-
1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment, enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation 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 and pleasure purposes.

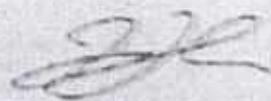
THE POLICY DOES NOT COVER
1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
3) Use for the carriage of passengers for hire or reward.
4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Hitachi Capital Asia Pacific Pte Ltd

A000168/Rispro Singapore
Date of Issue : 11/12/2019 07:28


Authorized Signatory
EQ Insurance Company Limited

Exp No. : **DMCPHQ18-007903**

EQ Motor Accident
Hotline
6311 3211

