

NATIONAL Assessment Centre Services. [part 1 Jan'02] MNA 120090269

Date In: 15/10/20 14:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC2001189/64	SAS e-filing		
Veh No: GBF 6055Y	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 14/10/20 12:10	I-Motor Claim Form	MT/1106616-002	15/10/20 14:29
TP: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJE S877J	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	Date In	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

MA 2005449	Invoice Preparation Checklist	Amount	Added Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Workshop Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	• NS: Courtesy Car / Tpt Allowance \$5		
	• NG: Repair Co-ordination \$10		
	• NT: Post Repair Inspection \$25		
	• NH: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	15/10/2020 14:10
Date Of Accident	14/10/2020 12:10
Exact Location Of Accident	BEAUTY WORLD MRT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6055Y
Insured/Policyholder	
Name Of Registered Owner	ADMAN DECO
Co Reg No	3XXXX300L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63430330

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114100190
Cover Note Number	

Driver

Name of Driver	MAH MUJAHID
NRIC No	GXXXX606P
Date Of Birth	03/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98961576
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	45 KAKI BUKIT PLACE
Postcode	416223
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	COLLIDED INTO PARKED VEHICLE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SJE5877J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82687159
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:

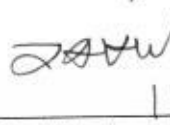
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 15.10.20
1pm

Policyholder's Signature

Date & Time:

ADMAN DECO

 15.10.20
1pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

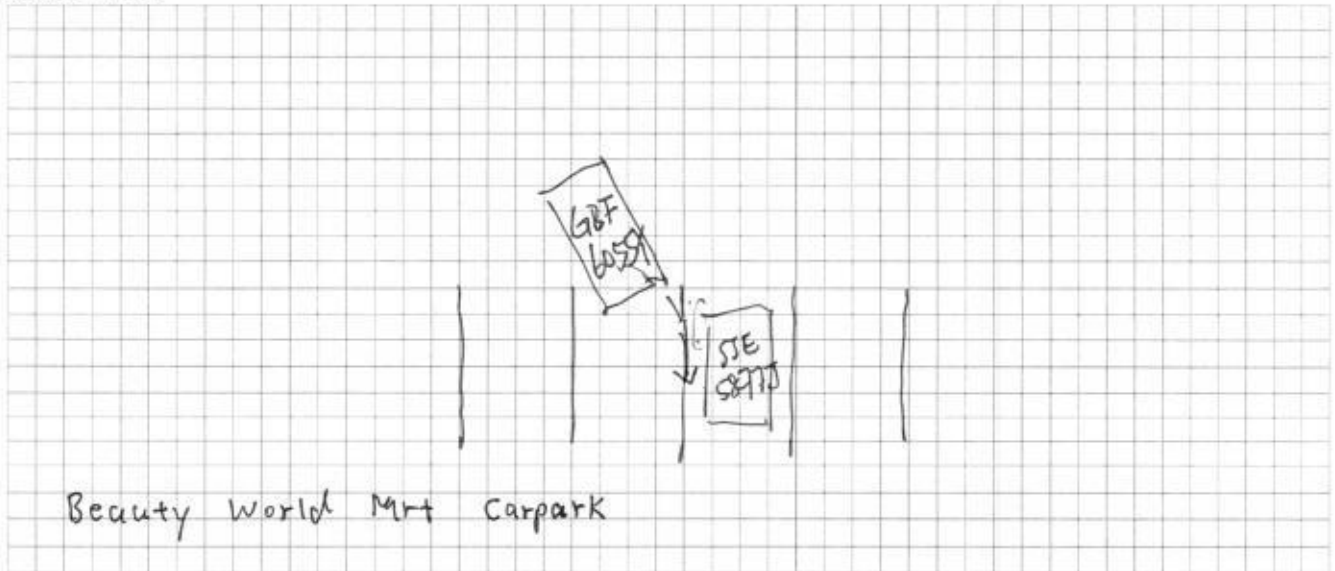


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Oct 20 at 12.10 pm, I was at Beauty World Carpark doing reverse parking. I accidentally knock at the left side of the vehicle number SJE 5877J rear door.

DECLARATION

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

Policyholder's Signature
Date & Time: 15.10.20 1 pm
ADMAN DECO

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15.10.20 1 pm

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

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114100190

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#

GBF6055Y
: KDY2318025061
: ADMAN DECO
: 30 Dec 2019
: 29 Dec 2020

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her 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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This 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 Vehicle (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 (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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).

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 19 Nov 2019 17:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 2020) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: Beauty World met Lampark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 6055 Y
b) INSURANCE COMPANY: Adman Deco
c) POLICY NUMBER: 5114100190
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 3.0.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Adman Deco (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 63430330
c) ADDRESS: Blk 8 Defu Lane 10 #01-520 S539189

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Miah Mujahid (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G8192606 P CONTACT: 98961576
c) ADDRESS: 45 Kaki Bukit Place S 416223

* d) DATE OF BIRTH: (03 / 07 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 yrs 2 months

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJE 5877 J MODEL: Saloon BMW
b) DRIVER'S NAME: KGM MY
c) NRIC/FIN/PASSPORT: CONTACT: 82687159

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

video =

NO