

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA 12009868**

Date In: 26/10/20-16:05	Job description	Date & Time Completed	Done by
Ref No: MA/INC2001601/24	SAS e-filing		
Veh No: 6BC8724C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 26/10/20-17:30	i-Motor Claim Form	MA/1107836-20	26/10/20 16:16
OD <input checked="" type="radio"/> TP <input type="radio"/> 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: 6BC8724C	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 & 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	26/10/2020 16:05
Date Of Accident	24/10/2020 17:30
Exact Location Of Accident	BLK 545 CHOA CHU KANG ST 52 DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8724C
Insured/Policyholder	
Name Of Registered Owner	AJS AUTO LEASING PTE LTD
Co Reg No	2XXXXX985G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97533381
Alternative Phone No	OFFICE-97533381

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5119167944
Cover Note Number	

Driver

Name of Driver	ROSLI BIN MAD AWI
NRIC No	SXXXX995F
Date Of Birth	06/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93847741
Fax Number	
Contact Number	OFFICE-93847741
EMail Address	NOEMAIL

Address	BLK 12 TECK WHYE LANE #12-216
Postcode	680012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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

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	SGK3252D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW LEE CHEE FEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	SUMARNI BTE AHMAT
------	-------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC8724C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

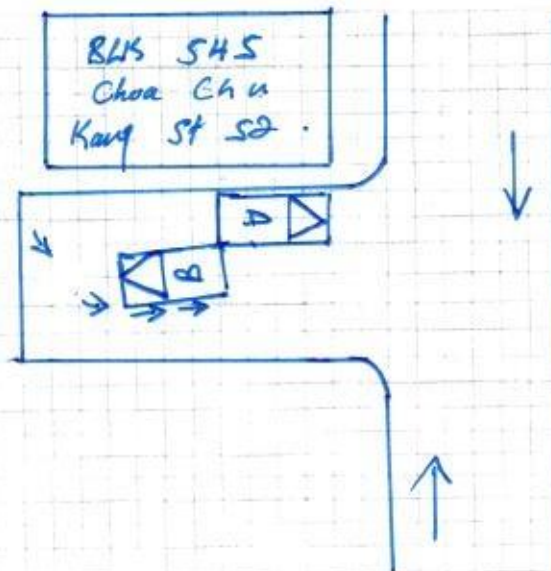


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(A) GBC 8724C
(B) SGK 3252D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2020 at @ 1730hrs, I parked my vehicle (GBC 8724C) beside BLK 545 Choa Chu Kang St 52 near the rubbish chute, and went to do my delivery. My wife was sitting in the passenger seat. Suddenly, a car (SGK 3252D) parked behind of me reversed and collided onto the right rear portion of my vehicle.

DECLARATION

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

2

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.:

[Signature]

Vehicle No.	GBC 8724C. Model / Make Nissan NV200	
Date of Accident	24/10/2020	
Time of Accident	1730 HRS	
Location of Accident	BLK 545 Choa Chu Kang St 52 Driveway.	
Exact purpose use during accident	Commercial used.	
Name of Owner	AJS Auto Leasing Pte Ltd.	
Telephone No.	H/P: 9753 3381 Home:	Office:
NRIC	2020279853	
Address	BLK 259C Punggol Field #15-51 @823259	
Claim type	OD	THIRD PARTY REPORTING ONLY
Insurance Company	NHC.	
Type of Coverage	Comprehensive	Third Party Third Party / Fire / Theft
Policy No.	5119167944.	
Name of Driver	As Above If No, Rosli Bin Mad Ali	
NRIC	S 6841995F. Any Passengers: 01 (F)	
Date of birth	06/11/1968	
Occupation	Outdoor / Indoor	
Driving License Pass Date	22/07/1999	
Gender	Male / Female	
Contact No.	H/P: 9384 7741 Home:	Office:
Address	BLK 12, Teck Whye Lane #12-216 @820012.	
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee,	If no, state Partner.
Weather condition	Clear	Raining Other
Road Surface	Dry	Wet Other
Any Injuries	No,	If Yes, Who?
Name And Contact No.	Sumarri Bte Ahmar (H/P. 9328 8162)	
Name And Contact No.		
Police Report	No,	If Yes, Where?
Vehicle B No.	SJK 32520	Any Passengers: 02 (F)
Name of Driver	Andrew Lee Chee Fai Contact No.:	
Vehicle C No.	Any Passengers:	
Vehicle D No.	Any Passengers:	
Vehicle E no.	Any Passengers:	
Vehicle F No.	Any Passengers:	
Vehicle G No.	Any Passengers:	
Witness Name	N.A.	Witness Contact: N.A.
Accident Portion	Right Rear Portion.	
Camera Recorder	Yes / No	
Email Address		
PARTICULAR WORKSHOP	Twincar	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Joseph Tan.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg	

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 : 5119167944

Cover : Comprehensive

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC8724C |
| Chassis Number | : VSKYBAM20U0071848 |
| 2. Name of Policyholder | : AJS AUTO LEASING PTE LTD |
| 3. Effective Date of Insurance | : 23 Sep 2020 |
| 4. Expiry Date of Insurance | : 22 Sep 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : SGML PTE. LTD. (00000573854)

Date of Issue : 23 Sep 2020 15:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive