NATIONAL Assessment Ce.	ntre Services	we! 1 Jan'05 M	1010 4806	· · · · · · · · · · · · · · · · · · ·	
Date In: 21 1112- 12:37	Jeb description		Date & Time Completed	Done by	
Ref No: NA 1H (20013002) 74	SAS e-filing				
Veh No: UBBJ649	E-mail (within	Shrs, AIC 2hrs)			4
D.O.A : אין אין אין אין אין אין אין	i-Motor Clai	m Form	M1111373-001	25/11/20 h:	:40
	i-Motor W/C	(Within: OD 2hrs	s, 7'P 4hrs)		
OD TP Reporting Only	i-Photo Uplo	aded			
	Assessment/St	urvey Report		_	
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: S	4714716	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	6) [Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	9
	) Warranty: YES (	)/NO(	)		
	g1,000 ( )/ g2,000	// /	400000000000000000000000000000000000000		<del>-</del>
Seneral Remarks:-				Signed States a	
) Walk-In Customer: Customer's	information strictly Co	infidential & St	rictly NO refer of repairer	<u> </u>	
) Total Loss Case : to e-mail In	surer URGENTLY.		<u>,                                    </u>		
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / I	NO( ); T	owing Co: (		)
			Date& Firms Completed	Doneby	
Remarks:- (INC hottine: 6788 661		<u> </u>	Dates: 11116 Compacion	1	
7-11-5	) / Courtesy Car (	)	*	-	
2) QC Check / Post Repair Inspection	(	)		ļ	
) Upload Resurvey Photo [Repair Cost	> \$3000] (	)		<u></u>	
Injury:			<u> </u>		
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Nav.		Invoice Pre	paration Checklist	SC00034853.38589455	Aml
1472064 7 V		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		fit Bill A	Add:
umant's Particulars:-		1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC	(\$30)	
		3) TF : Towing	Fee . S	40/\$45	
ver/Owner:		4) FT : Follow-T	Through Survey	\$120 \$30	
ntact No:		5) FT : Follow-T	Through Survey (Resurvey) against INC Only (wef 10 Jan 20		10.10
		6) TR : Re-inspe	ection	\$75 \$160	
maged Portion:		7) N1 : Idac DA 8) NTUC Additi	+ SMRT Survey	3100	
		OD*			
Checked by (Engr-In-Charge):	1		y Car / Tpl Allowance	\$5	
		*N6: Repair (	Co-ordination pair Inspection	\$10 \$25	
iditors' Comments::-		+N8: DV / Co	ollect Excess Coordination	35	
1:	1-15 - Maritin and met and M. Marine		P (Non INC) against INC	30	_
	<del>,</del>	9) N12: Idac Mo	obile Fee Charge	d a	A. Ta
2/3:		Invoice dated	Fee Charge	MARKET VY 2-2-3	

# 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 witholding 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 consideresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/11/2020 12:37
Date Of Accident	24/11/2020 14:30
Exact Location Of Accident	BLK 105 JURONG EAST ST 13 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB566A
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	5XXXX813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	CADDY 2.0
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5110754003-01
Cover Note Number	
Driver	
Name of Driver	SALEHKHUDEN BIN AHMAD
NRIC No	SXXXX022I
Date Of Birth	23/05/1968

**OUTDOOR** Occupation 20/02/1997 Date Of Driving Pass

23 YEARS AND 9 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96142263 Mobile Number

Fax Number

OFFICE-96142263 Contact Number

**NOEMAIL EMail Address** 

Address

**BLK 463A SEMBAWANG DRIVE** 

#11-371

Postcode

751463

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

SIDE SWIPE

Weather Conditions

DRIZZLING

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?

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

SH7142K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

GIARNiC SketchPlanForm\_V3

Date & Time:

# SKETCH PLAN Refer to attached sketch 9100 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to statement.

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

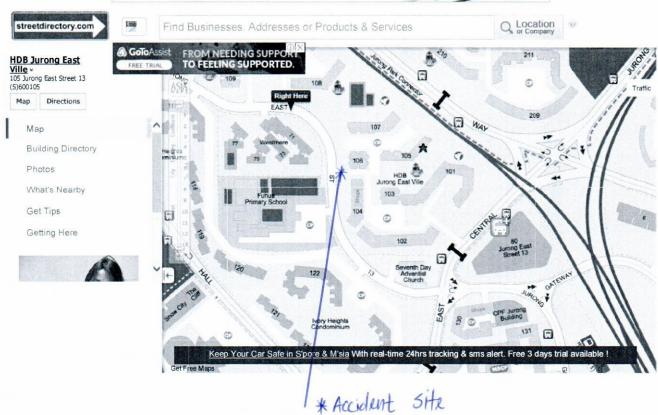
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





A - GBB566A
B - SH7142K

A - GBB566A

RRFFA

ENTRANCE BLK 105 JURONG EAST ST 13
25/11/2020

# **Accident Statement**

On 24<sup>th</sup> Nov 2020 about 1430Hrs, I (GBB566A) was stationary in the car park at blk 105 Jurong East Ave 13 while waiting for the car infront of me to complete a parking.

After a moment I felt a knock on my car's right side. Then I realised a taxi (SH7142K) hit into my car when the taxi is reversing out from his parking lot.

I making a claim against the 3<sup>rd</sup> party.

Name: Salehkhuden Bin Ahmad

I/C: S6820022I

# ACCIDENT STATEMENT

ACCI	DENT DAT	E:(24/	11/_	20 )(DD	/MM/YYYY)	, TIME:(_	14	30	(HH:MM)
LOCA		Blk	DS	Jung	East	Are	12	13	carence
	a)VEHIC b)INSUF c)POLIC d)POLIC e)MAKE f)TYPE:( g)VEHIC h)PURP i)ARE YO IF NO, INSUREI A)NAM b)NRIC,	COF VEHIC CLE NUM RANCE CO CY NUMBI CY TYPE: ( E & MODE SALOON CLE CATE OSE OF U OU CLAIM PLEASE S D / POLIC E:	CLE BER: OMPAN ER: COMPF EL: / COUF GORY: ( SING A MING UN TATE (TH Y HOLD	GBB5  IY: NT  IIO75 YOU  REHENSIVE /  PRIVATE / C  I ACCIDENT  NDER YOUR  HIRD PARTY	THIRD PAR AN / LORRY COMMERCIA TIME: W OWN INSUE	TY / THÏR  ( / MOTO AL / MO OF) ( A O RANCE-(	DRCYCL TORCYC YES/NC G ONLY	Y PIRE LE./O CLE)	E &THEFT) THERS)
*He of passenger (Including driver)	DRIVER a) NAMI b) NRIC,	E.	SPORT:_				(MAL)	7 FEI 961	42363.
<ul><li>5.</li><li>6.</li><li>7.</li></ul>	e)OCC f)YEARS WAS DI IF NO, a)WEAT b)ROAD WAS AN a)REPO IF YES, THIRD P. a) VEI b) DRI c) NRI	UPATION: OF DRIVI RIVER AI RELATIO HER CON SURFAC LYBODY II RTED TO F PLEASE S ARTY VEH HICLE NUI LVER'S NA ARTY VEH HICLE NUI VER'S NA C/FIN/PA	I (INDOCING EXFORMATION ING EXFORMATION INGEL COMPANION INCOMPANION INCOMPANIO	ī:	DOR)  HE INSURE RIVER WITH RAINING / C HERS  CE STATION:	ED'S CO H INSUF OTHERS  MOD	MPANY RED: H PAZZI	ng .	
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Cimail =

fax =

VIDEO =X



# 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: 5110754003-01-000007

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: GBB566A

Chassis Number

: WV1ZZZ2KZ8X035469

2. Name of Policyholder

: CARWAY LEASING & RENTAL

3. Effective Date of Insurance

: 27 Jun 2020

4. Expiry Date of Insurance

: 26 Jun 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)** 

: N/A

EXCESS (SECTION 2)

: \$\$1,500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: AUTO LEASE (PTE) LTD

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

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 25 Jun 2020 19:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_800	601						· Change	Language	• Chan	ge Password	› Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	4/11/2020 1	4:30	
	Vehicle	No.(For Motor)	GBB566/	Α		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110754003- 01	5110754003- 01-000007	CARWAY LEASING & RENTAL	53264813K	GFM	Third Party, Fire & Theft	GBB566A	GBB566A	27/06/2020	26/06/2021

Policy No.	5110754003-01	Policyholder Name	CARWAY	LEASING & RENTAL	Policyholder NRIC	53264813K	
ertificate	5440754002.04.000007	Name			NRIC		
lo.	5110754003-01-000007						
ddress	53 UBI AVENUE 1 #03-01 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/06/2020	Effective Date	27/06/20	20 00:00	Expiry Date	26/06/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/1	Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	6842076	6	GST Flag	Y	
Co- nsurance Flag	No						
nsurance Flag Open	No						
nsurance Flag Open Policy Info Certificate	No						
nsurance lag Open colicy Info Certificate nfo	No nolder Mailing Address						
nsurance Flag Open Policy Info Certificate nfo Policyh		Addre	ss 2	#03-01 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address		ss 2 ss Type	#03-01 PAYA UBI Singapore address		Address 3 Post Code	SINGAPORE 408934 408934
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Den Policyh Address 4  Unit No.	nolder Mailing Address 53 UBI AVENUE 1	Addre Relate Numb	ss Type	Singapore address			
open Open Open Open Open Open Open Open O	53 UBI AVENUE 1 03-01 d Object: 5110754003-01-000	Addre Relate Numb	ss Type	Singapore address			
pen olicy Info olicy I	53 UBI AVENUE 1  03-01  d Object: 5110754003-01-000	Addre Relate Numb	ss Type ed Policy er	Singapore address			
Den Policy Info Certificate Info Policy Policy Info Address 1 Address 4 Unit No. Insure Sequen	53 UBI AVENUE 1  03-01  d Object: 5110754003-01-000	Addre Relate Numb	ss Type ed Policy er	Singapore address 5110752456-01		Post Code	408934

olicy No.	5110754003-01	Vehicle No.	GBB566A	GST Registration No.	
ertificate No.	5110754003-01-000007				
olicyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
oduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nc V
	8 No O Year	TCA	No	eCode Reason	
ĸ				Private Hire	No
D Protection	No	NCD Entitlement(%)		Private Hire	NO
Accident Details					
port Date	25/11/2020 12:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ate of Accident	24/11/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
porting Centre	DESCRIPTION OF THE PROPERTY OF	Orange Force		ICM No.	
	BLK 105 JURONG EAST ST 13 CARPARK				
Total Excess Applicable	BEK 103 JORONG EAST ST 13 CARPAIN				
	21 2 31 31	Windows of Europe			
cess Type	Per Accident	Windscreen Excess			
S		TP Standard Excess	1,500.00		
Standard Excess			1,555.05	Driver is Covered?	
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess					
tal OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	25/11/2020 12:48:24 System of	changed GST Status Verified from	m No to Yes		
Policyholder Mailing Add	iress				
idress 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
		Address Type	Singapore address	Post Code	408934
dress 4					
nit No.	03-01	Related Policy Number	5110752456-01		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SALEHKHUDEN BIN AHMAD	Driver NRIC	S6820022I	Driver DOB	23/05/1968
egister Date of Driver License	20/02/1997	Driver Age	52	Driving Experience	23
ontact No.(Mobile)	96142263	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 463A	Address 2	SEMBAWANG DRIVE	Address 3	SEMBAWANG RIVERLODGE
idress 4	SINGAPORE 751463	Address Type	Singapore address	Post Code	751463
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
nit No.	11-371				
oes he own a Singapore egistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
reathalyser or Blood Test	0 mg	Any injury?	○ Yes  No		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes <b>®</b> No		
eclaration reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes <b>③</b> No		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes <b>③</b> No		
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reathalyser or Blood Test leading? odification History	0 mg	Any injury?	○ Yes <b>③</b> No		
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eathalyser or Blood Test adding?  didification History  Claim 001 New	OD-MX			Insured NRIC Contact No.(Office)	53264813K 657440777
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Attachment	List						
Attachment	Upload	ed By/Date	Category	9	Urgency	Description	Msg Sent? (CO)
E-v	NAC_PAYA_UBI_800601( NATI CES) on 25	ONAL ASSESSMENT CENTRE SERVI Nov 2020 12:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-25	
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10		ONAL ASSESSMENT CENTRE SERVI Nov 2020 12:50	SAS		Normal	SAS 2020-11-25	
		ONAL ASSESSMENT CENTRE SERVI Nov 2020 12:50	Photos		Normal	Photos 2020-11-25	
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3		ONAL ASSESSMENT CENTRE SERVI Nov 2020 12:49	Photos		Normal	Photos 2020-11-25	
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Video List						Source	