

NATIONAL Assessment Centre Services

Ref: J1102

Date In: 29/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/CTI20014670/13	SAS e-filing		
Veh No: GBK7912R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/12/20 1845	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: XD2755L

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 ()

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 hotline: 6788 6616)

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idao Mobile

OD:

*N5: Courtesy Car / Tpl Allowance

*N6: Repair Co-ordination

*N7: Post Repair Inspection

*N8: DV / Collect Excess Coordination

TP (N11): TP (Non INC) against INC

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Amil (\$)

in Bill

Amil (\$)

Add Bill

10

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 Submission	29/12/2020 16:47 (SGT)
Date of Accident	28/12/2020 18:45 (SGT)
Exact Location of Accident	Tuas West Rd, Singapore
Additional Location Information	TUAS WEST RD & JLN AHMAD IBRAHIM JUNC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7912R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASY SYSTEMS PTE. LTD.
Company Reg No	2XXXXX389E
Email Address	john.pyj@hotmail.com
Mobile Phone No	(Phone) +65-84023352
Alternative Phone No	+65-84023352

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00118962000
Cover Note Number	-

DRIVER

Name of Driver	SHEIK DAWOOD MOHAMED FAISAL ALI
Passport No/FIN	GXXXX680U
Date Of Birth	01/06/1981
Occupation	Outdoor

Date Of Driving Pass	05/07/2013
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84023352
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 61 CIRCUIT ROAD
Address complement	#01-233
Postcode	370061
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ABDUL SALAM SIRAJUDEEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2755L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHEIK DAWOOD MOHAMED FAISAL ALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBK7912R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

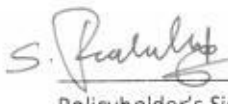
INJURED 2

Name of injured person	ABDUL SALAM SIRAJUDEEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBK7912R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

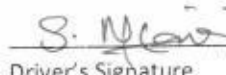
IMPORTANT NOTICE

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature

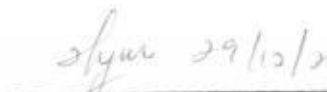
Date & Time:




Driver's Signature

(If driver is not policyholder)

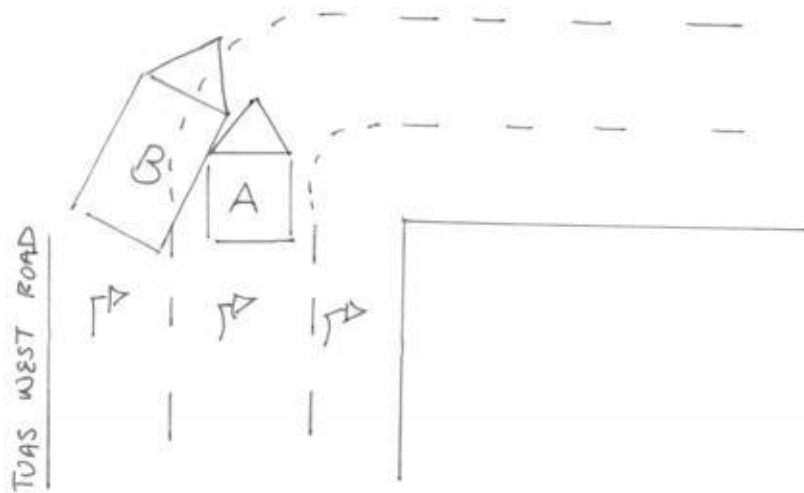
Date & Time:


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

SKETCH PLAN

JIN AHMAD IBRAHIM

A- GBK7912R
B- XD2755L



ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING ON THE 3 LANES MIDDLE LANE (2ND LANE FROM THE RIGHT). WHILE MAKING A RIGHT TURN, THERE WAS A CONTAINER TRUCK ABOUT 30 FEET IN FRONT OF ME MAKING A RIGHT TURN. I SLOWED DOWN NEARLY CAME TO A STOP. ALL OF A SUDDEN VEHICLE "B" FROM MY LEFT LANE TURN INTO MY LANE AND COLLIDED ONTO MY LEFT PORTION.

PASSE PASSENGER : ABOUL SALAM SRAJUDEEN
SEX : MALE

DECLARATION

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

S. *[Signature]*
Policyholder's Signature
Date & Time:



S. *[Signature]*
Driver's Signature
(If driver is not policyholder)
Date & Time:

[Signature] 29/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08 / 12 / 2020 (dd/mm/yy) Time of Accident: 18 : 45 (24-HR-FORMAT)

Vehicle No.: G8K 7912 R Vehicle Make & Model: TOYOTA HIACE

Exact location of Accident: TWAS WEST RD & JIN AHMED ABRAHIM JUNCTION

Policyholder's Name/ IC No.: EASY SYSTEMS PTE LTD

Driver's Name/ IC No.: SHEIK DAWUD MOHAMMED FAISAL ALI G5330680U (As Above) ☐

Driver's Contact No.: 8402 3352 Company Contact No.: -

Driver's Address: 61 60 CIRCUIT ROAD # 01-233 S370061

Insurance Company: CHINA TAIPING Email address (if any): JOHN.PYJ@HOTMAIL.COM

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent / or Others specify: DRIVER

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: ABDUL SALAM SIRAJUDEEN

Gender: MALE

Passenger Name: _____

Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☒ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: -

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: FAISAL & SIRAJUDEEN

Injuries Sustain: BODY Injured Person's in which vehicle: G8K 7912 R

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: -

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. XD2765L

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

G13 accident reporting
gmail.com

Motor Commercial

MZ300/C

N SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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)

CERTIFICATE No.

DMCVSNW00118962000

Engine No.: 1GD8614410

Cha. No.: GDH2012014392

1. Index Mark and Registration
Number of Vehicle

GBK7912R

AUTOSAFE

2. Name of Policy Holder

EASY SYSTEMS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment27/11/2020
(00:00:00)Excess Sect I. S\$500.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

26/11/2021

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.*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory