

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

SM 0921 E 0006

Date In: 14/11/21 11:37	Job description	Date & Time Completed	Done by
Ref No NA/EAZ 21000668/44	SAS e-filing		
Veh No GBC 805E	E-mail (within 3hrs, AIC 2hrs)		
DFA 8/11/21 11:45	I-Motor Claim Form		
OH: <input checked="" type="checkbox"/> 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/Wksp		

Profused Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: CB 7559M.	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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (\$

Completed:	Date Claim 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:	Action:

Continental Particulars:	Invoice Registration Charge:	Invoice Amount:
Driver/Owner:	1) AL: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N3: 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: Idao Mobile \$0	
	Invoice dated	Fee Charged
		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 Submission	14/01/2021 11:37 (SGT)
Date of Accident	08/01/2021 11:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC805E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	3G LOGISTICS PTE LTD
Company Reg No	2XXXXX432Z
Email Address	HR@3GLOGISTICS.COM
Mobile Phone No	(Phone) +65-67438771
Alternative Phone No	+65-67438771

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	-
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	EQ
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCPHQ19-003866
Cover Note Number	-

DRIVER

Name of Driver	ISWANDI BIN MD MANSUR
NRIC No	SXXXX157Z
Date Of Birth	30/05/1982

Date Of Driving Pass	02/02/2012
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90701235
Alt. Phone Number	-
Email Address	HR@3GLOGISTICS.COM
Address	BLK 170A PUNGGOL FIELD #02-711
Address complement	-
Postcode	821170
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	SITI HAJAR BINTE KAMAMDIN
Gender	Female

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

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	CB7559M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT4350D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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 **truthful and accurate as possible**. Any willful 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. 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 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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

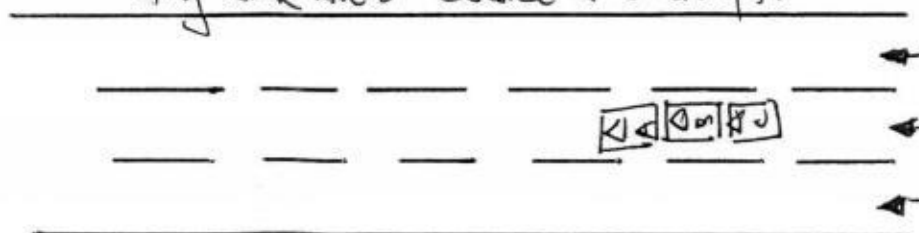
Sketch Plan

Vehicle A: GBC P06E

Vehicle B: CB 7559M

Vehicle C: SMT 4350D

Along Amk Ave 5 (Beside AMS Group).



Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated route. Suddenly I felt impact from ~~behind~~ behind. I then realised I was involved in chain collision of 3 vehicle in total.

Declaration

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

Witnessed by Reporting Centre Personnel

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Third Party****Certificate No.: DMCPHQ19-003866**

Form: LCVP1

Excess:

YEID-AC Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

GBC805E

2. Name of Policyholder

3G LOGISTICS PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

29/07/2019

4. Date of Expiry of Insurance

22/04/2021

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

EQI Motor Accident
Hotline**6311 3211**

*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 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. 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. Limitations 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.

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to (“ARC”) for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Police for investigation.
7. 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.
8. By 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 and Time of Accident	Date: 08/01/2011 Time: 4:45
Exact Location of Accident	Along Amk Ave 5 before (Beside AMS Group)
Country / State of Loss	
Acc / Loss GPS Coordinates	Latitudes: Longitudes:
	Click on "Map" button to pinpoint exact location of accident/loss on the map

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC805E
Insured / Policyholder	
Name of Registered Owner (See Insurance Cert.)	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company
	3G Logistics Pte Ltd.
ID of Registered Owner	<input checked="" type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
	2010064327.
Email Address	hr@3glogistics.com.
Mobile Phone No. <input checked="" type="checkbox"/> Local <input type="checkbox"/> Foreign	67438771.
Alternative Phone No.	
Vehicle Particulars (Own Vehicle)	
Manufacturer	
Model	
Type of Vehicle*	<input type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input checked="" type="checkbox"/> Van <input type="checkbox"/> Lorry
	<input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others.
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Insurance Company (Own Vehicle)	
Name of Insurance Company *	
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	
Motor CI	

DRIVER		<input type="checkbox"/> Same as Insured above	
Name of Driver		Iswandi Bin MD Mansur	
ID of Driver		<input type="checkbox"/> Co Reg No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No. S8203157Z	
Date of Birth		30 / 05 / 1982 /	
Occupation		Driver.	
Driving Date Pass		28 / April / 2006. /	
Year of Driving Experience in Singapore		15 Year(s) Month(s)	
Gender		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign		90401235.	
Fax No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign			
Alternative Phone No.			
Address of Driver		BIK AOA Punggol Field #02-711 Postcode (821170.)	
Email Address			
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		employee	
Does the Driver Own Any Vehicle?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		(Vehicle 1) (Vehicle 2) (Vehicle 3)	
Insurance Company of Driver's Own Vehicle (if applicable)		(Vehicle 1) (Vehicle 2) (Vehicle 3)	
General Information Of The Accident			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)			
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.	
Other Information			
Was any foreign vehicle involved in this accident?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Foreign Vehicle Registration Number			
Foreign Vehicle Category		<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Number of vehicles involved in the accident		03	
Was any body injured in the accident?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any injured conveyed to hospital by ambulance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any other vehicle or property damaged? (including witness)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I have been approached by unknown person(s) soliciting / offering accident claim assistance.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Number of Passengers (Including Driver)	02
Passenger 1	Name: Srt: Hajer Binte Kamannin Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Passenger 2	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 3	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 4	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 5	Name: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
(Note - Please use page 7 if you need to add more details)	
Details Of Police Action	
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, against whom?)
Attachment(s)	
Are accident photographs available for attachment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was there any video captured by Car Camera?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was there any audio recorded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	CB7559M (B) / SMT 4350D (C)
Vehicle Make/ Model/ Colour	
Details of Property Damaged in Accident	
Vehicle Category	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Driver	
ID of Driver	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 7 if you need to add more vehicles)	
Details of Witness 1	
Name	
Phone	
Email Address	