

NATIONAL Assessment Centre Services.

[part 1 Jan 03]

SN 09211E 000H

Date In: 14/11/21 17:01	Job description	Date & Time Completed	Done by
Ref No: MA/ 117 21000 698/64	SAS e-Mailing		
Veh No: GBH 5502 U	E-mail (within 2hrs, AIC 2hrs)		
IP A: 13/11/21 11:15	I-Motor Claim Form		
UD: <input checked="" type="checkbox"/> 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		

Professed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SL5 3288A	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: ()

Comments: (INCIDENTS ONLY)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time/Action:

NA2100930

Customer/Particulars:	Invoice/Registration Charge:	Amount (S\$) / Amount (S\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Tel: 1:	For claiming against INC Only (wef 10 Jan 2003)	
2/3:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QR:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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 Submission	14/01/2021 17:01 (SGT)
Date of Accident	13/01/2021 11:15 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5502U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JFC (S) PTE LTD
Company Reg No	1XXXXX526C
Email Address	LIYIN@JFC.COM.SG
Mobile Phone No	(Phone) +65-65678945
Alternative Phone No	+65-87867296

VEHICLE PARTICULARS

Manufacturer	Isuzu
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	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MFL0000240_01
Cover Note Number	-

DRIVER

Name of Driver	YANG DONGLIANG
Work Permit No	GXXXX004X
Date of Birth	1985/10/20

Date Of Driving Pass	07/08/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87867296
Alt. Phone Number	-
Email Address	LIYIN@JFC.COM.SG
Address	3C TOH GUAN RD EAST
Address complement	-
Postcode	608832
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SLS3288A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YANG DONGLIANG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBH5502U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

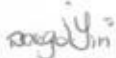
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



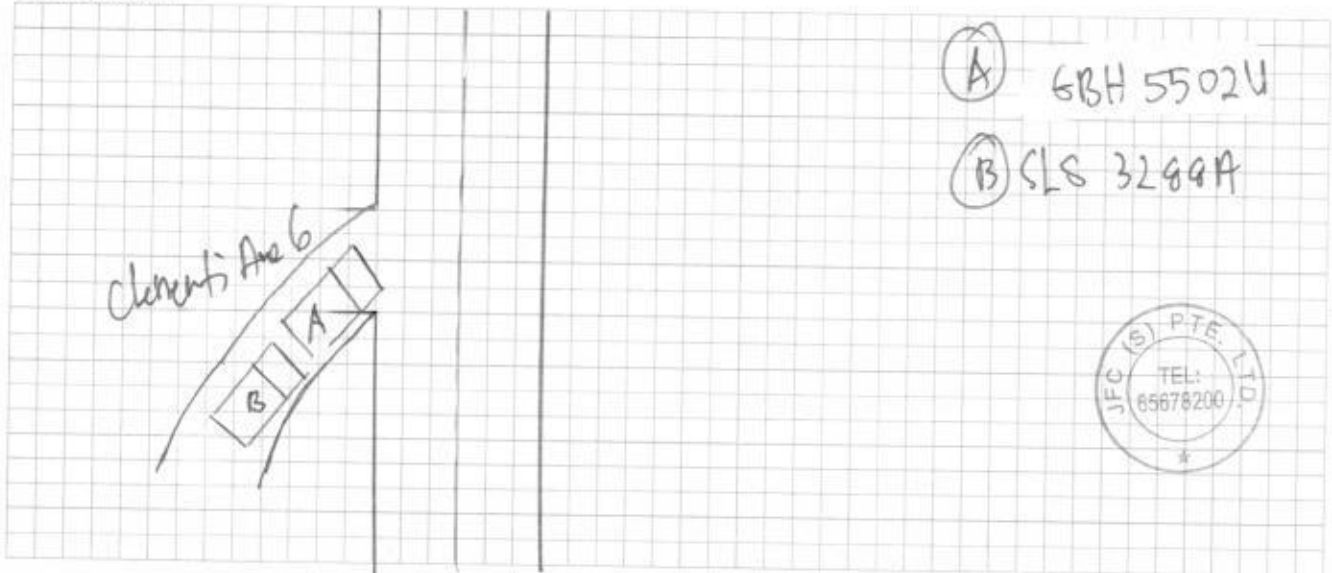


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13-01-2021 at about 11:15hrs, I was travelling along
 slip from Clementi Ave 6 Towards A+E (Tuas) Exit. While reaching
 the junction, I slow down & stop. While waiting for the main road
 to clear. All of a sudden I felt an impact from the rear. Then
 I realised a vehicle SLS 3288A had collided onto my rear.

DECLARATION

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

anglin

Policyholder's Signature
 Date & Time:



JANG
 Driver's Signature
 (If driver is not the policyholder)


[Signature]

Reporting Centre Personnel's Signature
 Name:

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)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL0000240_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBH5502U	
Chassis No	: JAANHR87EJ7100086	
2. Name of Policyholder	: JFC (S) PTE. LTD.	
3. Effective date of Insurance	: 01 Apr 2020	
4. Expiry date of Insurance	: 31 Mar 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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</p>	
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
Excess Section I	: SGD	800.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: N.A	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	: B000010/KIB INSURANCE BROKERS (S) PTE LTD	
Date of Issue	: 03/04/2020 14:29:04	
M.Z. 300C - GOODS CARRYING(Company's use)		
	<p><i>For India International Insurance Pte Ltd</i></p> <div style="text-align: center;">  <hr style="width: 200px; margin: 0 auto;"/> <p>Authorised Signatory</p> </div>	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	526C
Vehicle Details	
Vehicle No.:	GBH5502U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	ISUZU
Vehicle Model:	NHR87AUE4AA MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	RZ4E10D756
Chassis No.:	JAANHR87EJ7100086
Maximum Power Output:	-
Open Market Value:	\$27,711.00
Original Registration Date:	10 Jul 2018
First Registration Date:	10 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$1,386.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$33,190.00
COE Rebate Amount:	\$24,696.00
Total Rebate Amount:	\$24,696.00

The information contained herein is correct as at 14 Jan 2021

OK

Julian

Date of Accident : 13.01.2021 Accident Time: 11:15hrs (24-HR-Format)
Accident Place : Clementi Ave 6 Towards Ave 7 (Tues) Exit
Vehicle No. (Car Plate No.) : 8B175502U Make/Model: 1824 NHR97AUE4AA MT
Insurance Company : III Policy No: D19MFL0000240-01
Owner or Company Name /IC No. : JFC (S) Pte Ltd (198101526C)
Owner or Company Contact No. : 65678945 Owner's Hp 87867296 Company Tel
DRIVER'S Name / IC No. : Yang DongLiang (68869004X)
DRIVER'S Date Of Birth : 16.05.1978 DRIVER'S License Pass Date 01.09.2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee \ Others:
DRIVER'S Address : 3C Toh Guan Rd East, The Soon Building S(608832)
DRIVER'S Contact No./ Alt No. : 1) 87867296 2)
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : liyin@jfc.com.sg
Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET \ AFTER RAIN & WET
Reporting Type : ☒ Reporting Only \ ☐ Claim Other Party ☐ Claim Own Insurance
Number of Passengers (Including Driver): Driver only
Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use ☐ Work purpose ☒
Any Injury (If YES, Pls state): Neck Back Pain

Other Party Driver's Particular (if any)

Vehicle No:	SLS 3288A (AXN)	Vehicle No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No. Driver/Contact:		IC No. Driver/Contact:	

* NEW - Passenger's name & gender: