

NATIONAL Assessment Centre Services.

Print 1 Jan 08

2/8/2011 00005

Date In: 26/01/2011 11:19	Job description	Date & Time Completed	Done by
Ref No: NBA/C712100130914	SAS e-Milling		
Veh No: GBS 748 G	E-mail (By John Sims, AIG 2hrs)		
P.O.A: 19/01/2011 11:00	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksn		

Preferred Wkcp / INC Assign Wkcp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SW 3200D 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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

NA 2100856	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100)	INC (\$40)
Contact No:	3) TP Towing Fee	\$40/\$45
Damaged Portion:	4) PT + Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT + Follow-Through Survey (Resurvey)	\$30
	For all items except INC Only (over 10 Jan 2008)	\$75
	6) TR + Re-inspection	\$160
	7) NI + Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	OD:	
	*NI: Courtesy Car / TP Allowance	\$5
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI) + TP (via INC) against DTC	\$35
	9) NI: Idea Mobile	\$0
	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 Submission 26/01/2021 17:19 (SGT)
Date of Accident 19/01/2021 11:00 (SGT)
Exact Location of Accident Newton Rd, Singapore
Additional Location Information TOWARDS BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7418G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SSL LIMOUSINE PTE LTD
Company Reg No 2XXXXX894E
Email Address garyong66@icloud.com
Mobile Phone No (Phone) +65-97458239
Alternative Phone No +65-87765200

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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00055212001
Cover Note Number -

DRIVER

Name of Driver MOHAMED ZULKARNAIN BIN MOHAMED RIZAL
NRIC No SXXXX660F

Date Of Driving Pass	21/09/2015
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87765200
Alt. Phone Number	-
Email Address	mamatiryin@gmail.com
Address	BLK 79 INDUS ROAD #07-409
Address complement	-
Postcode	161079
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLEASE REFER TO SKETCH PLAN

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	SLN3200D
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) -

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 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. 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.

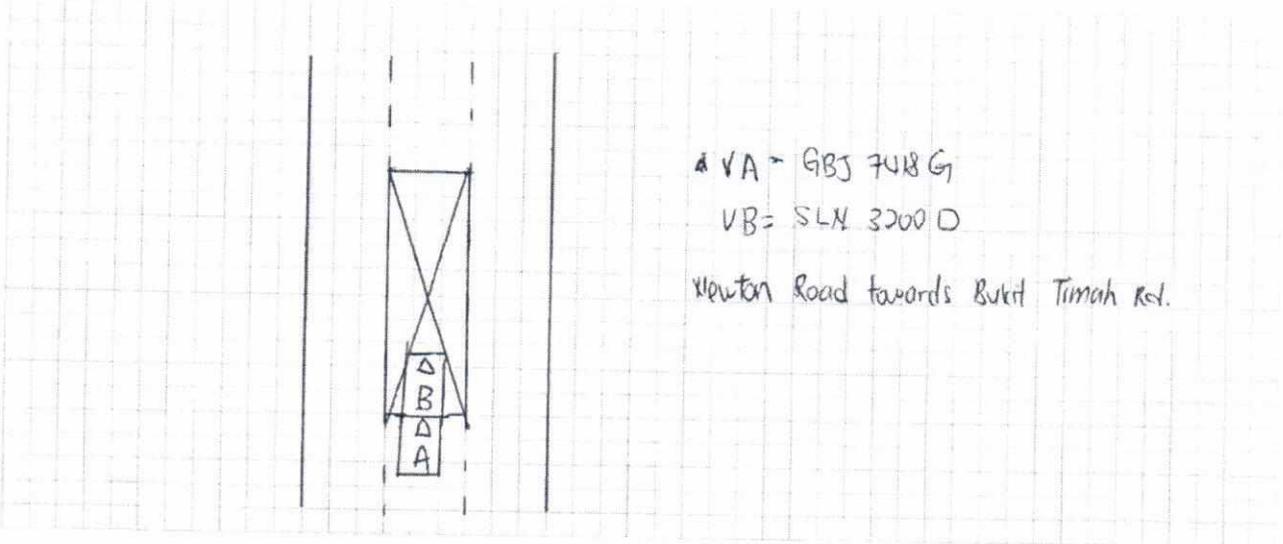


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was driving along lane 2. The vehicles in front was slow moving as such I'm travelling at a very slow speed too. I was checking on my book for my next delivery address and did not realized that my vehicle was moving forward. When I look up, I realized my vehicle had collided against SLN 3200D in front of me. No one was injured.

DECLARATION

I/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:

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

Handwritten signature and date: 26/10/2021

Email: sm@idac.com.sg Tel no: 6555 6888

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19/01-2021 (dd/mm/yy) Time of Accident: 11 : 00 (24-HR-FORMAT)

Vehicle No.: GBJ 7418 G Vehicle Make & Model / Engine (cc): toyota hiace 2754 cc Private Hire: (Y / **N**)

Exact location of Accident: NEWTON ROAD TOWARDS BUKIT TIMAH ROAD

Policyholder's Name / IC No.: SSL LIMOUSINE PTE LTD 201907894E

Driver's Name / IC No.: MOHAMED ZULKARNAIN BIN MOHAMED RIDZAL S9607660F (As Above)

Driver's Contact No.: 8776 5200 Company Contact No / Owner Contact No: 9745 8239

Driver's Address: BLK 79, INDUS ROAD #07-409, SPORE 161079

Owner Email address: garyong66@icloud.com Insurance Company: China Taiping

Driver Email address: mamatiryin@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

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):** 1

*Passanger Name: _____
*Passanger Name: _____

Gender: _____
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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLN 3200 D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____

Motor Commercial

MZ407/C

R SN

AN0420A

Cov. Type:C

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)

CERTIFICATE No.	DMCVSNW00055212001	Engine No.:	1GD8413698
		Cha. No.:	GDH2011023559
1. Index Mark and Registration Number of Vehicle	GBJ7418G	AUTOSAFE	=====
2. Name of Policy Holder	SSL LIMOUSINE PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/07/2020	Excess Sect I .	SS\$1,500.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	23/07/2021	EX ON WINDSCREEN .	SS\$100.00
5. Persons or Classes of Persons entitled to drive*			
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.			
6. Limitations as to use.*			
(1) Use for racing, pace-making, reliability trial or speed-testing.			
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.			
(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
HIRE PURCHASE CO. : SINGAPURA FINANCE LTD AS HP OWNER			
* 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: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer



杨亚美

Authorised Signatory