

NATIONAL Assessment Centre Services

Date In: 08/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/FC21000475/13	SAS e-filing		
Veh No: 4NS689K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 23/03/21 0215	i-Motor Claim Form		
OD TP 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		

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

TP Particulars: Vch No: () 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%; 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) Date&Time 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 Actions

NA/2102547 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) RT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments:- 6) TR: Re-inspection \$75

Cat 1: 7) N1: Idac DA + SMRT Survey \$160

Cat 2/3: 8) NTUC Additional Services:-

9) N12: Idac Mobile 30

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	08/04/2021 14:40 (SGT)
Date of Accident	23/03/2021 02:15 (SGT)
Exact Location of Accident	Bedok North Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5689K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAMKY CLEANTECH SERVICES PTE LTD
Company Reg No	2XXXXX246G
Email Address	fong.jiayuan@ramky.com.sg
Mobile Phone No	(Phone) +65-81318314
Alternative Phone No	+65-81318314

VEHICLE PARTICULARS

Manufacturer	Dulevo
Model	5000 VELOCE EU5 A/T 2WD ROAD SWEEPER
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	5883

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-20096614MFVS/3
Cover Note Number	-

DRIVER

Name of Driver	ROSLI BIN YUSOFF
NRIC No	SXXXX823C

Date Of Birth	21/07/1964
Occupation	Outdoor
Date Of Driving Pass	20/07/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98247648
Alt. Phone Number	-
Email Address	roslibp1964@gmail.com
Address	BLK 748 PASIR RIS ST 71
Address complement	#07-16
Postcode	510748
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

PLS REFER TO THE ATTACHED 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

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.

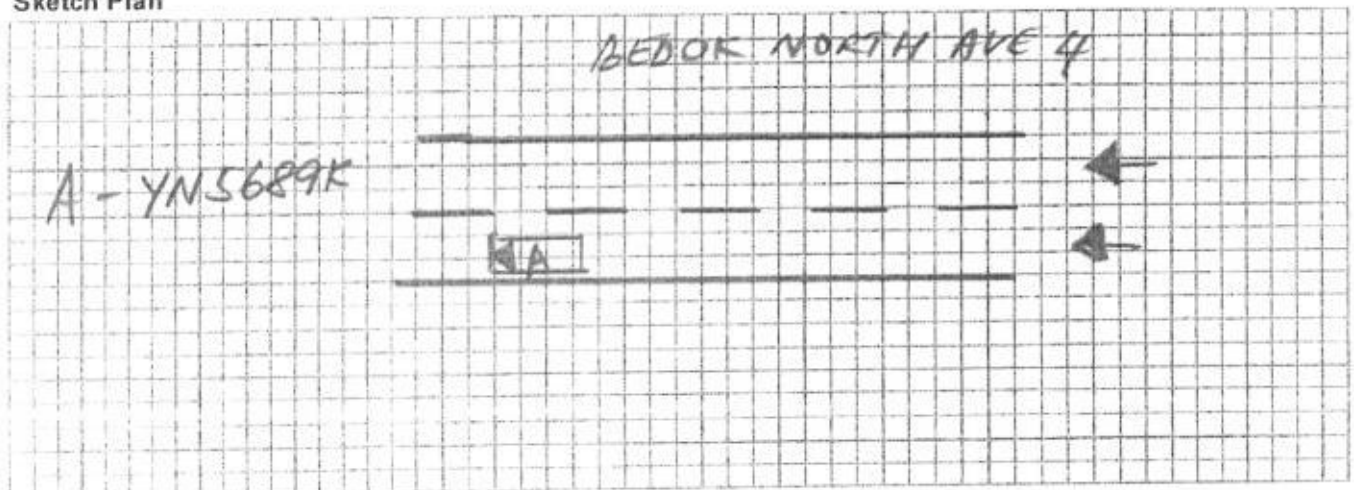


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to the attached statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 8/4/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 08/04/21
Witnessed by Reporting Centre Personnel

Description of Accident / Incident:

(Please be as descriptive as possible:

What were the events that led to the incident?

What machines/ equipment/ tools were involved?

What are the details of 3rd Party (Full name, NRIC, contact number, company name), if relevant

Provide photos/ sketches if available.)

by MS WJ5689K

On 23/03/2021 at around 0215hrs, I was travelling along East Coast Parkway. I noticed that there was hydraulic oil leaking from side brush. Hence, I drove back to depot to change vehicle. When I reached the bus stop opposite depot at around 0230hrs, the engine was suddenly off itself and the signal (Engine Stop) on. I tried several times to start the vehicle but could not. Then I smelled burning and immediately got down from vehicle to check. I saw the smoke coming out from engine parts and there was a lady who passed by called SCDF. It was around 0230hrs and two men from bus stop team assisted to put out the fire using their equipment. About 0240hrs SCDF and police reached the scene while the fire had been totally put out. They have done their investigation at 0240hrs and the vehicle was towed to the workshop. No injury involved.

CERTIFICATE OF INSURANCE**ORIGINAL**

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)

Type of Policy. : FLEET - HEAVY COMMERCIAL VEHICLE
Type of Cover. : Comprehensive
Certificate No. : D-20096614MFVS/3
Vehicle No / Chassis No : YN5689K / ZA9S5020E5AC38183
Name of Insured : RAMKY CLEANTECH SERVICES PTE LTD
Period Of Insurance : 01.11.2020 To 31.10.2021
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A.

Excess :

SGD1,500.00 ALL CLAIMS (APPLICABLE TO YN5689K, YN5679P, YN5617T, YN5644P,
YP5257M, YP5374H & YQ315G)
SGD3,000.00 ALL CLAIMS (APPLICABLE TO XE3170L, XE3199E, XE3279H)
AN ADDITIONAL EXCESS OF SGD2,500.00 FOR DRIVERS BELOW 21 YEARS OR ABOVE
65 YEARS OF AGE AND/OR LESS THAN 2 YEARS DRIVING LICENCE
SGD100.00 WINDSCREEN

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the Insured'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.

Limitations as to use*

Use in connection with the Insured's business.

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover

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

* 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)

MS First Capital Insurance Limited
(Approved Insurers)



Authorised Signature

STELLAL/B0029/MZ801

Issued at Singapore on 26.10.2020

TITLE: **Accident / Incident Reporting Form (Non-Injury)**DOCUMENT NO:
QHSE-FR-09-05Rev No:
2**Instructions:**

- 1) For incidents not involving Ramky's employee, please fill up **Section A, C – D**,
- 2) For incidents involving Ramky's employee, please fill up **ALL** the sections,
- 3) All completed and endorsed forms are to be submitted to **HR/ Admin** Department within **3 Calendar Days** from date of incident.
- 4) To attach behind: Traffic Police report (for traffic accidents only), GIA (General Insurance Association) report (for traffic accidents only), Police report (for loss/ theft of company asset incidents) & Photo(s) of damage/ incident site (if available)

NATURE OF EVENT:

<input type="checkbox"/> Road Traffic Accident	<input checked="" type="checkbox"/> Dangerous Occurrence ¹	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Loss/ Theft of Company Asset	<input type="checkbox"/> Others, please indicate:	

¹Dangerous Occurrence:

Collapse/ failure of lifting equipment/ Fire or explosion/ Collapse of scaffold or gondola

HSE/Case Event No: _____

SECTION A: DETAILS OF ACCIDENT / INCIDENT

Site / Division : Public Cleansing	Address / Location of Event : 1301 Bedok North Avenue 4
Date of Event : 23/03/2021	Time of Event : 0300hrs

SECTION B: PARTICULARS OF EMPLOYEE INVOLVED

Name : Rosli Bin Yusoff (2416275)	NRIC / FIN / Work Permit / Passport No: SXXXX823C
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SECTION C: DESCRIPTION OF ACCIDENT / INCIDENT**Description of Accident / Incident:**

(Please be as descriptive as possible:

What were the events that led to the incident?

What machines/ equipment/ tools were involved?

What are the details of 3rd Party (Full name, NRIC, contact number, company name), if relevant

Provide photos/ sketches if available.)

by MS 3W5689K

on 23/03/2021 at around 0215hrs, I was travelling along East Coast Parkway. I noticed that there was hydraulic oil leaking from side brush. Hence, I drove back to depot to change vehicle. When I reached the bus stop opposite depot at around 0230hrs, the engine was suddenly off itself and the signal (Engine Stop) on. I tried several times to start the vehicle but could not. Then I smelled burning and immediately got down from vehicle to check. I saw the smoke coming out from engine parts and there was a lady who passed by called SCDF. It was around 0300hrs and two men from bus stop team assisted to put out the fire using their equipment. About 0310hrs SCDF and police reached the scene while the fire had been totally put out. They have done their investigation at 0340hrs and the vehicle was towed to the workshop. No injury involved.

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 03 / 07) (DD/MM/YYYY), TIME: (02 : 15) (HH:MM)

LOCATION: BEDOK NORTH AVE 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4N5689K
b) INSURANCE COMPANY: FIRST CAPITAL
c) POLICY NUMBER: D-20096614MFV5/3
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: RAMRY CLEANTECH SERVICES PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2009122466 CONTACT: 81318314
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROSLY BIN YUSOFF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: C1639823C CONTACT: 98247647
c) ADDRESS: BLK 748 PASIR RIS ST 71
#107-16 (S10748)

*d) DATE OF BIRTH: (21 / 07 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/07/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ YES ☐ NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ☒ YES ☐ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ YES ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = roslyb1964@gmail.com

fax =

video =