

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SMF 55307

Date In: 30/04/2021 16:49	Job description	Date & Time Completed	Done by
Ref No: NPA/PC2100534714	SAS e-filing		
Veh No: X01709C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/04/2021 17:45	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:

Veh No:

SMF 55307

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: ( )

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

## Invoice Preparation Checklist

Am (\$)

Inc Bill

Am (\$)

Add Bill

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11) against INC \$20

9) N12: Idao 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	30/04/2021 16:49 (SGT)
Date of Accident	29/04/2021 17:45 (SGT)
Exact Location of Accident	6 Jurong Pier Way, Singapore 619134
Additional Location Information	EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1709C
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JHS PTE LTD
Company Reg No	2XXXXX973Z
Email Address	gary@jhs-asia.com
Mobile Phone No	(Phone) +65-93884874
Alternative Phone No	+65-83618013

### VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fs1etka
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
Transmission	Auto
CC	12913

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z21VC05006760
Cover Note Number	-

### DRIVER

Name of Driver	NARAYANAN SIVA KUMAR
Passport No/FIN	GXXXX008P

Date Of Birth .....	24/11/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	28/12/2020
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83618013
Alt. Phone Number .....	-
Email Address .....	gary@jhs-asia.com
Address .....	BLK 965 JURONG WEST STREET 91 #03-207
Address complement .....	-
Postcode .....	640965
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 .....	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 .....	SMF5530T
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	Cx-5
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABU BIN KELING
NRIC No .....	SXXXX237D
Contact Number .....	(Phone) +65-96530696
Address .....	-

Address complement	-
*Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



## 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 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.

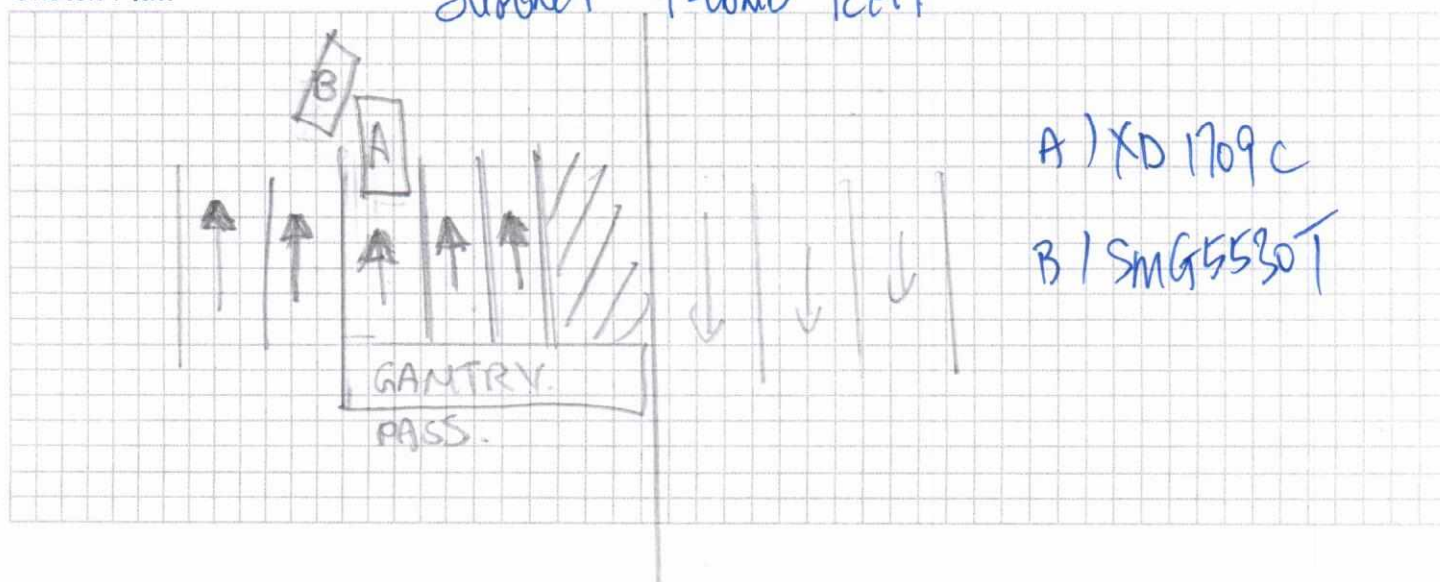


 30/04/2021 15:40  
Policyholder's Signature / Date & Time

 30/04/2021 15:40  
Driver's Signature (If driver is not the policyholder) / Date & Time

 30/04/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING OUT OF JURONG ISLAND EXIT TERMINAL. I WAS ON MY LANE AND AS I MOVED FORWARD AFTER PASSING THE GANTRY. THE THIRD PARTY VEH NO: SMF 5530T, SUDDENLY MOVED INTO MY LANE WITHOUT ANY <sup>RIGHT</sup> SIGNAL. HE WAS TOO CLOSE TO MY VEHICLE AND A COLLISION TOOK PLACE ON THE REAR ~~RIGHT~~ <sup>RIGHT</sup> TYRE FENDER AREA OF THE THIRD PARTY VEHICLE TO THE FRONT LEFT SIDE OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

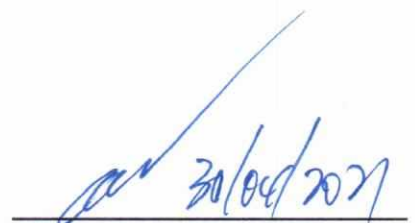
Policyholder's Signature / Date & Time

30/04/21  
15:40



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

30/04/2021 15:40

  
30/04/2021

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 29/04/21 (DD/MM/YYYY), TIME: 1745 HRS (HH:MM)

LOCATION: JURONG ISLAND PASS EXIT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD1709C  
b) INSURANCE COMPANY: LONPAC  
c) POLICY NUMBER: 22IVC05006760  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HINO FS1ETRA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: JHS PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 2004079732 CONTACT: 93884874  
c) ADDRESS: 7 SON LEE STREET, ISPALE S607608

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: NARAYANAN SIJA KUMAR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: GAT11008P CONTACT: 83618013  
c) ADDRESS: B1K 965, JURONG WEST ST 91 #03-207

\*d) DATE OF BIRTH: 24/11/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

28/12/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF5530T MODEL: MAZDA - CX5  
b) DRIVER'S NAME: ABU BIN KELING  
c) NRIC/FIN/PASSPORT: 5166237D CONTACT: 96530696

### 9. THIRD PARTY VEHICLE

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

Email: GARX@JHS-ASIA.COM

VIDEO



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
ROAD TRANSPORT ACT 1987 (MALAYSIA).  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z21VC05006760

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

HINO FS1ETKA  
- XD1709C

2. Name of Policy Holder

JHS PTE LTD

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

14/01/2021

4. Date of Expiry of the Insurance

13/01/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: ELAINELEE

Date Issued: 12/01/2021