

# NATIONAL Assessment Centre Services

Date In: 27/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/EGJ21006169/13	SAS e-filing		
Veh No: GBH7529E	E-mail (w/when Status, Alt. 2hrs)		
D.O.A: 26/05/21 2150	i-Motor Claim Form		
OD: (IP) 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: SJU5258L	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC: Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11): TP (Non INC) against INC \$20		
Cat 2 / 3:	9) N12: Idac 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	27/05/2021 16:38 (SGT)
Date of Accident	26/05/2021 21:50 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TURNING INTO GAMBAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7529E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASE LOGISTICS
Company Reg No	5XXXX885D
Email Address	BOUICHUCKIEE@GMAIL.COM
Mobile Phone No	(Phone) +65-87804718
Alternative Phone No	+65-87804718

#### 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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-003299
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD NUR DANIAL BIN SHAZALI
NRIC No	SXXXX107H



Date Of Birth	21/01/1998
Occupation	Outdoor
Date Of Driving Pass	17/03/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87804718
Alt. Phone Number	-
Email Address	BOUICHUCKIEE@GMAIL.COM
Address	BLK 350 ANCHORVALE RD
Address complement	#03-103
Postcode	540350
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	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	AMIRUL
Gender	Male

#### PASSENGER 2

Name	AZIRAH
Gender	Female

#### PASSENGER 3

Name	ZUIBAIDAH
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210527/7000

#### 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	SJU5258L
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT9846T
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	MUHAMMAD NUR DANIAL BIN SHAZALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH7529E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	AMIRUL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBH7529E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## INJURED 3

Name of injured person	AZIRAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBH7529E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## INJURED 4

Name of injured person	ZUBAIDAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBH7529E
Were seat belts worn?	-
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.
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.

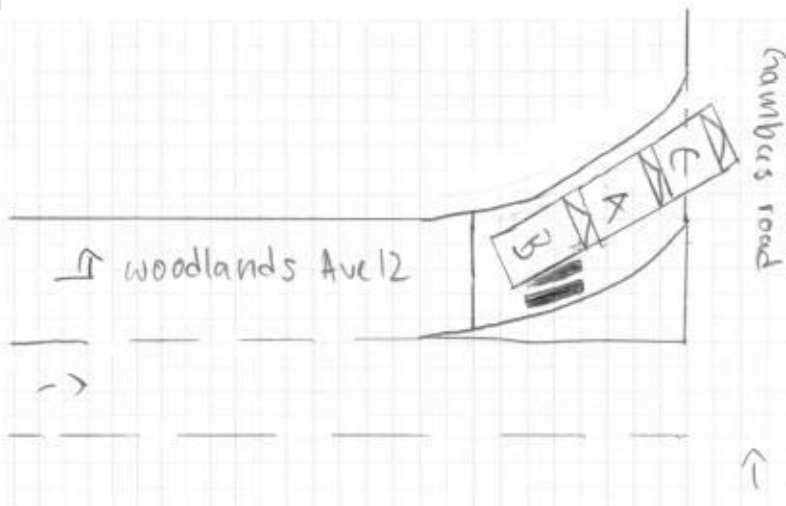
**EASE LOGISTICS**  
142 Serangoon North Ave 5 #03-317  
Singapore 550142

Policyholder's Signature / Date &  
Time  
Email: calvinwc@hotmail.com

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A = GBH 7529E  
B = SJU 5258L  
C = SJT 9846T

**Describe Circumstances of the Accident**

Refer to report no T/20210527/7000

**Declaration**

We declare the foregoing particulars are true in every respect.



**EASE LOGISTICS**  
142 Serangoon North Ave. #03-317

Policyholder's Signature / Date &  
Time  
Contact: 85712343  
Email: calvinwc@hotmail.com



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

 27/05/21

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210527/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210527/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2021 00:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD NUR DANIAL BIN SHAZALI			Address: 350 ANCHORVALE ROAD #03-103 SINGAPORE 540350		
ID Type / ID No.: NRIC NO / S9802107H			Contact No.: Home/Office: Mobile: 87804718		
Nationality: SINGAPORE CITIZEN			Email: BOUICHUCKIEE@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 21/01/1998	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2021 21:50	Type of Location:
Location:  WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7529E	Van				Slightly Damaged	4
SJT9846T	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210527/7000

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210527/7000

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJU5258L	Car				Slightly Damaged	0

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	MUHAMMAD NUR DANIAL BIN SHAZALI			ID No.	S9802107H	
Related Vehicle	GBH7529E (Van)			Contact No.	87804718	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	05			Degree of	Slight	
Passenger						
Name	NUR AZIRAH BINTE AZMI			ID No.	S9545017B	
Related Vehicle	GBH7529E (Van)			Contact No.	91791556	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	05			Degree of	Slight	
Passenger						
Name	SITI ZUBAIDAH BINTE ROSLI			ID No.	S9701672J	
Related Vehicle	GBH7529E (Van)			Contact No.	87498048	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	05			Degree of	Slight	



**SINGAPORE  
POLICE FORCE**



T/20210527/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210527/7000

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	AMIRUL HASSAN BIN ROSLI		ID No.	S9406166J
Related Vehicle	GBH7529E (Van)		Contact No.	96759095
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

On 26th May 2021 , At about 2150Hrs. I was driving my vehicle (GBH7529E) along Woodland Ave 12. As i was making a left turn into Gambas Avenue at the left filter lane. I stopped behind a vehicle (SJT9846T) due to giving way to traffic coming from the main road of Gambas avenue when i suddenly felt a huge impact from the rear of my vehicle which caused me to hit the vehicle infront of me. I then got down of my vehicle to check and came to realise that vehicle (SJU5258L) had hit onto the rear of my vehicle and caused a chain accident.

I also sustained injuries from the above mentioned accident and went to seek medical attention. I was then given 5 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20210527/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210527/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
27/05/2021 00:08

Classification Of Case:

Date of Accident : 26/5/2021 Accident Time: 950pm (24-HR-Format)  
 Accident Place : Woodlands ave 12 turning into Gambus  
 Vehicle No. (Car Plate No.) : GBH7529E Make/Model: \_\_\_\_\_  
 Insurance Company : EQ Policy No.: \_\_\_\_\_  
 Owner or Company Name/IC No. : Ease Logistics  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Muhammad nur Danial Bin Shazali; S98021071  
 DRIVER'S Date of Birth : 21/1/1998 DRIVER'S License Pass Date 17/03/2021  
 Relationship of Owner & Driver : Spouse/Parents/Children/Sibling/Employee/Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 350 Anchorvale road #03-103 S540350  
 DRIVER'S Contact No./ Alt No. : 1) 87804718 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : bonichuckiee@gmail.com  
 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): 4  
 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): Yes Neck and back Danial

#### Other Party Driver's Particular (if any)

Vehicle. No: SJU5258L  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

Vehicle. No: SJT9846T  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

#### **\*NEW – Passenger's Name & Gender:**

- 1 Amirul male
- 2 Azirah Female
- 3 Zubaidah Female

#### Injured Person :

1. Amirul (Back & neck)
2. Azirah (Back & neck)
3. Zubaidah (Back & neck)
4. Muhammad Nur Danial Bin Shazali (Back & neck)

**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)**

**Comprehensive Classic**

**Certificate No. : DMCPHQ20-003299**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1: S\$500.00

YEID-AC Additional: S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

GBH7529E

**2. Name of Policyholder**

EASE LOGISTICS

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

19/09/2020

**4. Date of Expiry of Insurance**

18/09/2021

**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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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.

Hire Purchase : Hitachi Capital Asia Pacific Pte Ltd

A000209/Agnes Tan Sock Leng  
Date of Issue : 31/08/2020 14:18

Authorised Signatory  
EQ Insurance Company Limited

Exp No. : DMCPHQ19-004630