

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 28/05/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/FCI31006189/13 | SAS e-filing                             |                       |         |
| Veh No: GBH5262L          | E-mail (within 2hrs. After 2hrs)         |                       |         |
| D.O.A: 27/05/21 1425      | i-Motor Claim Form                       |                       |         |
| OD: TP (Reporting Only)   | i-Motor W/O (Within 10D 2hrs. TP 4hrs)   |                       |         |
| TP Insurer:               | i-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: GB48601C  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| 1142103040                      | <b>Invoice Preparation Checklist</b>            | Am't (\$)   | Am't (\$) |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               | Est Bill    | Add Bill  |
| 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 :-           | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Cat 1:                          | 6) TR: Re-inspection \$75                       |             |           |
| Cat 2/3:                        | 7) N1: Idac DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:                    |             |           |
|                                 | OP:   |             |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 | *N6: Repair Co-ordination \$10                  |             |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |           |
|                                 | 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              | 28/05/2021 10:12 (SGT)                              |
| Date of Accident                | 27/05/2021 14:25 (SGT)                              |
| Exact Location of Accident      | 910 Tampines Street 91, Block 910, Singapore 520910 |
| Additional Location Information | CARPARK   |
| Country/State of Loss           | Singapore   |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBH5262L                     |
| INSURED/POLICYHOLDER        |                              |
| Is company?                 | Yes                          |
| Name Of Registered Owner    | NETLINK MANAGEMENT PTE. LTD. |
| Company Reg No              | 2XXXXXX784C                  |
| Email Address               | ROYLIM@NETLINKNBN.COM        |
| Mobile Phone No             | (Phone) +65-84990413         |
| Alternative Phone No        | +65-84990413                 |

### VEHICLE PARTICULARS

|  |                                  |
|--|----------------------------------|
| Manufacturer   | Citroen                          |
| Model  | BERLINGO L2 1.6 BLUEHDI S&S ETG6 |
| 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   | 1560                             |

### INSURANCE COMPANY

|                           |                                |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Type of Coverage          | Comprehensive                  |
| Fleet Policy              | Yes                            |
| Policy Number             | D-20096413MFCV/5               |
| Cover Note Number         | -                              |

### DRIVER

|                |                            |
|----------------|----------------------------|
| Name of Driver | LIM SHEAU BAO(LIN XIAOBAO) |
| NRIC No        | SXXXX190D                  |

|  |                                |
|--|--------------------------------|
| Date Of Birth  | 25/11/1973                     |
| Occupation   | Outdoor                        |
| Date Of Driving Pass   | 30/11/1991                     |
| Driving experience   | 29 YEARS AND 6 MONTHS          |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-82285633           |
| Alt. Phone Number  | -                              |
| Email Address  | mdiqbal@netlinknbn.com         |
| Address  | BLK 423 BUKIT BATOK WEST AVE 2 |
| Address complement   | #06-145                        |
| Postcode   | 650423                         |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |       |
|--------|-------|
| Name   | IQBAL |
| Gender | Male  |

#### 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?       | Yes         |
| Reasons for not uploading a video of the accident | WITH DRIVER |
| Was there any audio recorded?                     | No          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG8601C |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |
| Vehicle Colour              | -        |

|   |                      |
|---|----------------------|
| Vehicle Category                        | Commercial vehicle   |
| Name of Driver                          | -                    |
| Contact Number                          | (Phone) +65-97150148 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| 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 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.

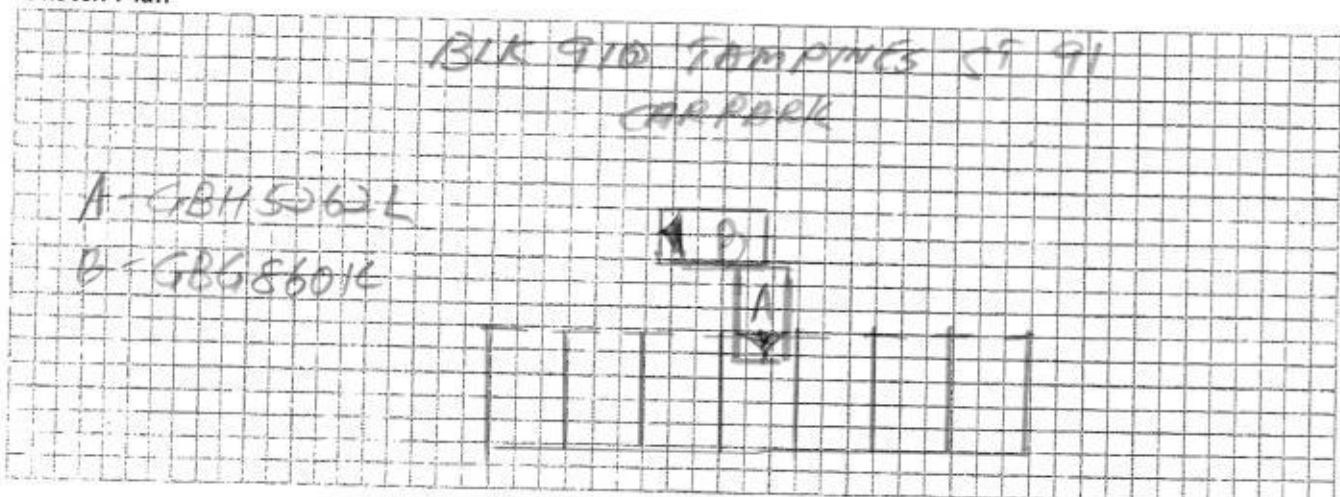


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

I was exiting my veh from the parking lot at Blk 910 Tampines St 91 carpark. When there was no oncoming veh, I started to reverse my veh, suddenly while reversing my veh hit onto the left rear side portion of veh B

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 27/5/21

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

*[Signature]* 28/05/21

Witnessed by Reporting Centre Personnel



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921550002 Vehicle Registration No: GBH5262  
Name(as shown in NRIC) : LIM SHEAU BAO (H01) NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BK 423 Bl Batok West Ave 2 #06-145 Singapore(650413)  
Contact (Tel) : 82285633 Mobile No. : \_\_\_\_\_  
Email Address : roy.lim@netlinknbar.com  
Date of Accident : 27/5/2021 Time of Accident : 14.25 pm  
Place of Accident : BK 910 Tampine #91 Carpark  
Insurance Company : MS Capital

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change claim type to OD



Policyholder / Driver's Signature  
Date:

[Signature] 28/5/21

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

[Signature] 28/05/21

# ACCIDENT STATEMENT

ACCIDENT DATE: (27/05/25) (DD/MM/YYYY), TIME: (14:25) (HH:MM)

LOCATION: BLK 910 TAMPINES ST 91 CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH5262L  
 b) INSURANCE COMPANY: FIRST CAPITAL  
 c) POLICY NUMBER: D-20096413MFCV/5  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CITROEN (A)  
 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)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: NETLINK MANAGEMENT PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 84990413  
 c) ADDRESS:

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

## DRIVER

- a) NAME: LIM SHEAU BAO (LIN XIAOBAO) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57341190D CONTACT: 82285633  
 c) ADDRESS: BLK 423 BUKIT BATOK WEST AVE 2  
 #06-145 (650423)

\* d) DATE OF BIRTH: (25/11/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/11/1991

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: GBG8601C MODEL:  
 b) DRIVER'S NAME: Chevalier er  
 c) NRIC/FIN/PASSPORT: CONTACT: 97150148

## 9. THIRD PARTY VEHICLE

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

Email = roy.lin@netlinkmb.com

fax =

VIDEO = yes, with driver

\* No of passengers  
 (including driver)  
 (2)

\* FBAL  
 (m)

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )



# 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. : COMMERCIAL VEHICLE - FLEET  
 Type of Cover. : Comprehensive  
 Certificate No. : D-20096413MFCV/5  
 Vehicle No / Chassis No : GBH5262L / VF77FBHYMHJ760126  
 Name of Insured : NETLINK MANAGEMENT PTE LTD  
 Period Of Insurance : 01.10.2020 To 30.09.2021  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : N.A

## Excess :

SGD600.00 SECTION I  
 ADDITIONAL SGD1,000.00 SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW  
 27 YEARS OLD AND/OR WHO HAS HELD A SINGAPORE DRIVING LICENCE FOR LESS  
 THAN 2 YEARS  
 ADDITIONAL EXCESS OF SGD1,000.00 EACH CLAIM OR A SERIES OF CLAIMS ARISING  
 OUT OF A SINGLE ACCIDENT FROM THE USE OF THE EQUIPMENT FOR THIRD PARTY  
 WORKING RISKS  
 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\*

- (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 or pleasure purposes.

## The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) 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)

STELLAL/B0029/MZ300C

Issued at Singapore on 22.09.2020

Authorised Signature