

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05] **5X1082170003**

Date In: <b>14/7/21 19:31</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/10121007650 TI</b>	SAS e-filing		
Veh No: <b>G3L 108L</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>13/7/21 17:00</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **GX2022P** 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	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

**X/A2103260**

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:

1.1:

1.2/3:

Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Inc Bill		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:-		
ON*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
*N8: DV / Collect Excess Coordination \$20		
TP (N11): TP (N11 INC) against INC \$30		
9) N12: Idao Mobile		
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	14/07/2021 19:31 (SGT)
Date of Accident	13/07/2021 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD TOWARDS COMMONWEALTH AVE WEST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL108L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIASHAN CONSTRUCTION PTE LTD
Company Reg No	2XXXXX836H
Email Address	YIKI7@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97461008
Alternative Phone No	(Office) +65-64531109

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110174572000
Cover Note Number	-

#### DRIVER

Name of Driver	AHMMED AL AMIN
Passport No/FIN	GXXXX119X

Date Of Birth	01/01/1993
Occupation	Outdoor
Date Of Driving Pass	14/07/2019
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-84131311
Alt. Phone Number	-
Email Address	YIKI7@HOTMAIL.COM
Address	108 HOUGANG AVE 1
Address complement	#01-1317
Postcode	530108
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 vehicle 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 CIRCUMSTANCES OF ACCIDENT

#### 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	GX2022P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GBJ8003M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	AHMMED AL AMIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL108L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



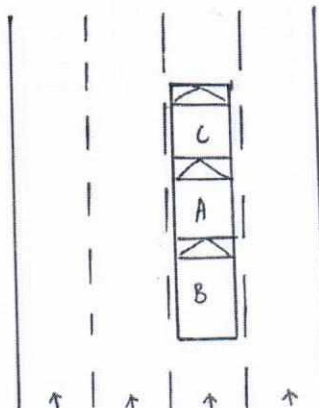
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Clementi Road towards Commonwealth Ave West



Vehicle A: GBL108L  
Vehicle B: GX 2022P  
Vehicle C: GBJ 8003M

### Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (G1BL10BL) was travelling at the stated location on the 2nd Lane. I slowed down and came to a stop due to vehicle C (G1BJ8003M) collided onto SBC300M. Suddenly, I felt a huge impact from the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (G1BJ8003M) rear portion. I alighted and realised vehicle B (G1XJ000P) collided onto the rear portion of my vehicle.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Alan

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

Witnessed by Reporting Centre Personnel



Date of Accident : 13/07/2021 Accident Time: 1710hrs (24-HR-FORMAT)  
Accident Place : Clementi Road towards Commonwealth Ave West  
Vehicle Reg. No (Car plate No.) : GBL108L Vehicle Make/Model: Nissan Cabstar  
Insurance Company : MOI Policy No.: DH0M110174572000  
Name of Registered Owner : Company / Individual Jia Shan Construction Pte Ltd  
ID of Registered Owner : Co Reg No: 201307836H Owner's NRIC No: -

Co Contact No: 64531109 Owner's Contact No: 97461008

DRIVER'S Name : Ahmed Al Amin DRIVER'S NRIC No: 82066119X

DRIVER'S Date of Birth : 01 Jan 1993 DRIVER'S License Pass Date 14 Jul 2019

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : 108 Hougang Avenue 1 #01-1317 Singapore 530108

DRIVER'S Contact No. / Alt No. : 1) 84131311 2) -

DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : yiki7@hotmail.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): 01 Passenger Name: Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ ~~NO~~ Injured Name: Ahmed Al Amin

Injured Name:

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: GIX 2022P

Vehicle Reg No: GBJ 8003M

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

## 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)

**ORIGINAL**

<b>CERTIFICATE NO.</b>	DHOM110174572000	<b>Excess:</b>	\$800/- SECTION 1 \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBL108L		
<b>Name of Insured</b>	JIASHAN CONSTRUCTION PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 2 July 2020 to 16 August 2021

**Engine#** ZD30344693K  
**Chassis#** JN1SC2F24Z0856855

Goods carrying - Private Type (MZ 300)

### AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

### 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 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 trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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

\*Limitation 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)

**UNITED OVERSEAS INSURANCE LTD**

FCADJ Date: 06/01/2021

For the Company