

NATIONAL ASSOCIATION OF COMPENSATION SURVEILLORS

2008 21870005

Date In: 19/11/2021 16:45
Ref No: NA2104667
Ref No: YP 22318
Date: 18/11/2021 14:45

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (yoursite/asp/ill)		
1-Meter Claim Input		
1-Meter W/O (Vehicle ID, TP, VET)		
1-Photo Uploaded		
Assessment Survey Report		
Asst Report by Max/Hand to Owner/Driver		

(01) TP / Reporting Only

TP Insurer

Preferred Wksp / HO Assgn Wksp / CW

TP Incident/Type: YP 22318
Owner/Driver: NO / Non-NO
Toll: /

Policy No: / Period: / Cover Type: /

Confirmed by: / Date: /

Insured/Driver Liability: (%) (Now Est 66% (WO) N10-20% P1 21-79% P1 80-100%)

Year of Registration: / Women: YES / NO

License: / Loading: \$1,000 / \$2,000

() Written Explanation / Customer's Information clearly confidential & solely NO Referral/repulsion

() Total Loss Case / to email Insurer URGENTLY

Driver-In: / Towed-In: / Involves VES: / NO: / Towaway Cost: /

1) Apply for Transport Allowance: / Courtesy Car: /

2) QC Check/Post Repair Inspection: /

3) Upload Recovery Photo (Repair Costs > \$3,000): /

Injury: /

NA2104667

Driver/Owner: /

Continous No: /

Continued Portion: /

QC Checked by (English-Chinese): /

QC Checked by (English-Chinese): /

QC Checked by (English-Chinese): /

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QC Checked by (English-Chinese): /

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	19/11/2021 16:15 (SGT)
Date of Accident	18/11/2021 14:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	BEFORE JURONG TOWN HALL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2231B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	X-TEAM LOGISTICS PTE LTD
Company Reg No	2XXXXX915C
Email Address	mail2xteam@gmail.com
Mobile Phone No	(Phone) +65-91143841
Alternative Phone No	+65-81174506

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110173862001
Cover Note Number	-

DRIVER

Name of Driver	MOHD SHARIFF BIN AHMAD
NRIC No	SXXXX101C

Date Of Birth	28/08/1956
Occupation	Outdoor
Date Of Driving Pass	03/12/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81174506
Alt. Phone Number	-
Email Address	mail2xteam@gmail.com
Address	BLK 106B CANBERRA STREET #15-467
Address complement	-
Postcode	752106
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

AS I WAS DRIVING ON THE FIRST LANE OF AYE TOWARDS JURONG TOWN HALL, I REALISED THE TRUCK IN FRONT OF MY TRUCK HAD APPLIED A JAM BRAKE. I WAS ON A SAFE DISTANCE BUT SOMEHOW COULDN'T MANAGE TO STOP ON TIME AND HAD HIT HIM FROM THE BACK. AFTER I GOT DOWN FROM MY TRUCK TO INSPECT MY TRUCK AND THE TRUCK I HIT, I REALISED THERE WAS ANOTHER VEHICLE IN FRONT OF THE TRUCK THAT I HIT WHICH HAD INITIALLY APPLIED THE JAM BRAKE. SO THIS WAS A 3 VEHICLE COLLISION AND I HAPPENED TO BE THE THIRD TRUCK. THIS IS WHAT HAPPENED TOWARDS MY KNOWLEDGE OF THE 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	YP7396G
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	BOSE BARATHKUMAR
Passport No/FIN	GXXXX867K
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	XE4309Z
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)	-

Describe Circumstances of the Accident

AS I WAS DRIVING ON THE FIRST LANE OF AYE
TOWARDS JUKONG TOWN HALL, I REALISED THE TRUCK IN FRONT
OF MY TRUCK HAD APPLIED A JAM BRAKE. I WAS ON A SAFE
DISTANCE BUT SOMEHOW COULDN'T MANAGE TO STOP ON TIME
AND HAD HIT HIM FROM THE BACK. AFTER I GOT DOWN FROM
MY TRUCK TO INSPECT MY TRUCK AND THE TRUCK I HIT, I
REALISED THERE WAS ANOTHER VEHICLE IN FRONT OF THE TRUCK
THAT I HIT WHICH HAD INITIALLY APPLIED THE JAM BREAK.
SO, THIS WAS A 3-VEHICLE COLLISION AND I HAPPENED TO
BE THE THIRD TRUCK. THIS IS WHAT HAPPENED TOWARDS
MY KNOWLEDGE OF THE ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Shan / 19/11/21

can 19/11/2021

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.

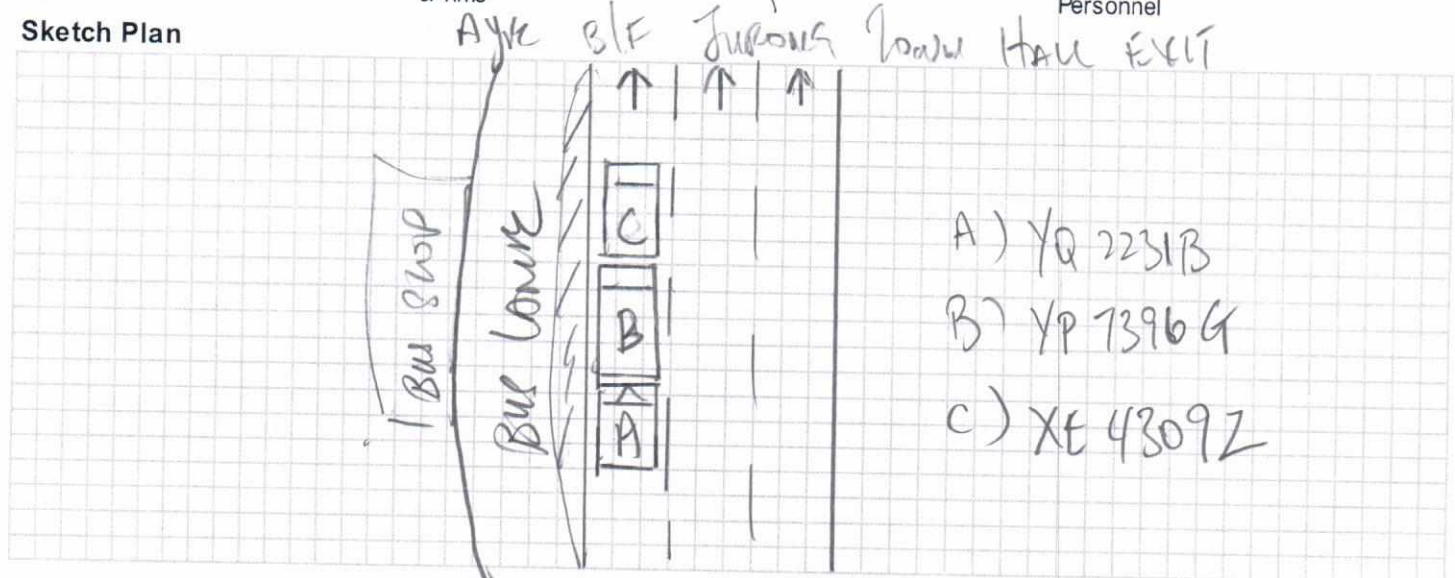


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT

ACCIDENT DATE: (18/11/21) (DD/MM/YYYY), TIME: (14:15) (HH:MM)

LOCATION: AYE NEAR JURONG TOWN HALL STIPED

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 2231 B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: PRAM11017386200
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: MOHD S HARIF BIN AHMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1180101 C CONTACT: 81179306
c) ADDRESS: BK 1060 #15-467 Canberra St

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: X-Team Logistics Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20105915C CONTACT: 91143841
c) ADDRESS: 10 Anson Road #10-11 International Plaza
Singapore 079903

* d) DATE OF BIRTH: 2/01/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3/12/1979

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: YD 7396G MODEL: 15424
b) DRIVER'S NAME: BORR BORR THUMAR
c) NRIC/FIN/PASSPORT: G269887K CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: XE 4309Z MODEL: TRAILER
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = maxxteam@gmail.com

VIDEO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg

Co. Reg. No. 197100152R

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

CERTIFICATE NO.	DHOM110173862001	Excess:	\$1000/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	YQ2231B		
Name of Insured	X-TEAM LOGISTICS PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 8 May 2021 to 7 May 2022
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# 4P10D98051
Chassis# FEB21EA30351

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

FCTTS Date : 07/05/2021

For the Company