

NATIONAL Assessment Centre Services

Date In: 27/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22005024/13	SAS e-filing		
Veh No: PC8650R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/05/22 1240	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: SLP3669A	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

NA2201498	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	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:-		
	OD:		
	*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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	27/05/2022 17:38 (SGT)
Date of Accident	26/05/2022 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG EAST AVE TWDS WEST AVE TURNING INTO ANCHORVALE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8650R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY NETWORK TRANSPORT SERVICES
Company Reg No	5XXXX282L
Email Address	mdshamshariff@gmail.com
Mobile Phone No	(Phone) +65-90690273
Alternative Phone No	+65-90690273

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	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00012652101
Cover Note Number	-

DRIVER

Name of Driver	RAZALI BIN ABDUL RAZAK
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NRIC No	SXXXX829F
Date Of Birth	20/08/1979
Occupation	Outdoor
Date Of Driving Pass	18/04/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87420686
Alt. Phone Number	-
Email Address	mdshamshariff@gmail.com
Address	BLK 244 AMK AVE 3
Address complement	#04-1123
Postcode	560244
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM BOY KEE
Gender	Male

PASSENGER 2

Name	SITI NURUL AISHA BINTE MASSHAROUL
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Female

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP3669A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PNG FREDRICK
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	RAZALI BIN ABDUL RAZAK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC8650R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM BOY KEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC8650R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SITI NURUL AISHA BINTE MASSHAROUL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC8650R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

RAZ
EZY NETWORK TRANSPORT SERVICES
Reg No: 53315282L
Hp: +65 9069 0273
Email: ezynetworktransport@gmail.com

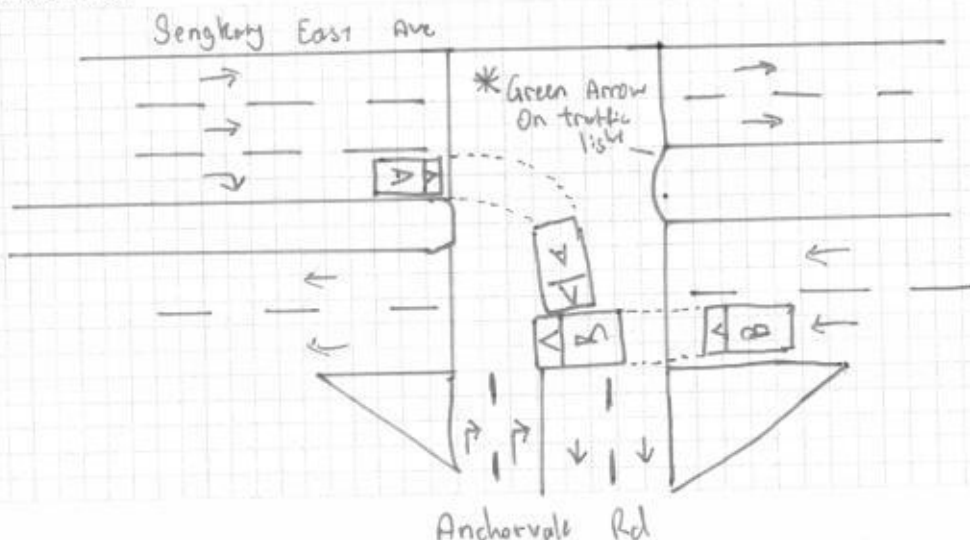
RAZ

Policyholder's Signature / Date & Time

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

ofym 27/05/22
Witnessed by Reporting Centre Personnel

Sketch Plan



A - PL8650R
B - SLP3669A

Describe Circumstances of the Accident

As per above date and time, I was driving along Sengkang East Ave towards West Ave on the extreme right lane. As I was turning right onto Anchorvale rd when the traffic light shows green ~~about~~ and green arrow, suddenly veh (B) SLP 3669A from the opposite direction beat the red light. As a result, my vehicle front portion collided onto Veh (B) right portion. After the accident, I managed to retrieve SD card from the vehicle behind me that recorded the full footage on how the accident happened.

Declaration

We declare the foregoing particulars are true in every respect.

 **ECY NETWORK TRANSPORT SERVICE**
Reg No: 533152821
Hqr: +65 9059 0272
Email: ecynetworktransport@gmail.com

Policyholder's Signature / Date & Time



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

 27/05/22
Witnessed by Reporting Centre Personnel

VEHICLE NO:	PL 8650L	MAKE & MODEL:	Toyota Hiace	AUTO / MANUAL	CPH
DATE OF ACCIDENT:	26/05/2022	CC:	3-0	Ueh	
TIME OF ACCIDENT:	12:40 HRS				
LOCATION OF ACCIDENT:	Sengkang East Ave towards West Ave turning into Anchorvale rd				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	EZY Network Transport Services				
TEL NO:	H/P: 9069 0273	OFFICE:	HOME:		
NRIC:	53315282L				
ADDRESS:	708 Pasir Ris Drive 10 #03-195 S (510708)				
EMAIL:	MDSHAMSHARIFF@gmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMB1SNW00012652101				
NAME OF DRIVER:	AS ABOVE / IF NO: Razali Bin Abdul Razak				
NRIC:	87925829F	ANY PASSENGER: 5			
DATE OF BIRTH:	20/08/1979	LICENCE PASSED DATE: 18/04/2008			
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 8742 0686	OFFICE:	HOME:		
ADDRESS:	244 Ang Mo Kio Ave 3 #04-1123 S (560244)				
EMAIL:	-				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Friend				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO? Lim Boy Kee, 8811 5499				
NAME & CONTACT:	Razali Bin Abdul Razak, 8742 0686				
NAME & CONTACT:	Siti Nurul Aisha Binte Massha'roul, 8923 0486				
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO? 3M 2F				
VEHICLE B REG NO:	SLP 3669A	ANY PASSENGERS: 1			
NAME OF DRIVER:	Png Frederick	CONTACT NO: unknown			
VEHICLE C REG NO:		ANY PASSENGERS:			
VEHICLE D REG NO:		ANY PASSENGERS:			
VEHICLE E REG NO:		ANY PASSENGERS:			
VEHICLE F REG NO:		ANY PASSENGERS:			
VEHICLE G REG NO:		ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO (video from vehicle behind PL8650R)				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Front portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Bus

MZ601

R SN

AN0676A

Cov. Type:C

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)

CERTIFICATE No.

DMB1SNW00012652101

Engine No.: 1GD8440500

Cha. No.: GDH2232002088

1. Index Mark and Registration
Number of Vehicle

PC8650R

AUTOSAFE

2. Name of Policy Holder

EZY NETWORK TRANSPORT SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

11/10/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

10/10/2022

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: EZY-1 SERVICES PTE LTD
Authorised Officer



Authorised Signatory