

NATIONAL Assessment Centre Services

Date: 29/09/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/II/22009616/AR3	E-mail (within 3hrs, APC 2hrs):		
Veh No: GBL8397R	i-Motor Claim Form		
D.O.A: 28/09/22 1900	i-Motor W/O (Within: O/E 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SLD6493H	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
	MOBILE REPORTING (ADRIAN) NA/II/22009616/AR3 HD PERFECT AUTOWORK PTE LTD 8 KARI BUKIT AVE 4 #08-09 PREMIER @ KARI BUKIT 415875

NA2202709	NA2202708	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	MOBILE	1) AR: Accident Reporting (\$30);	1st Bill	Ac
Driver/Owner:	REPORTING	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) iFT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-		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:-		
		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 30		
		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 Actual 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	29/09/2022 17:05 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 19:00 (SGT)
Exact Location of Accident	839A Woodlands Street 82, Singapore 731839
Additional Location Information	MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8397R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIDPEST PTE LTD
Company Reg No	1XXXXX076N
Email Address	sklmike76@gmail.com
Mobile Phone No	(Phone) +65-81333083
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	1998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0004563

DRIVER

Name of Driver	SOH KOK LIANG
NRIC No	SXXXX342G
Date Of Birth	01/03/1976
Occupation	Outdoor



Date Of Driving Pass	23/12/2006
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81333083
Alt. Phone Number	-
Email Address	sklmike76@gmail.com
Address	BLK 879 WOODLANDS ST 82
Address complement	#09-26
Postcode	730879
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6493H
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	SOH KOK LIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL8397R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

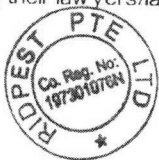
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

BLK 839A WOODLANDS ST 82
MSCP



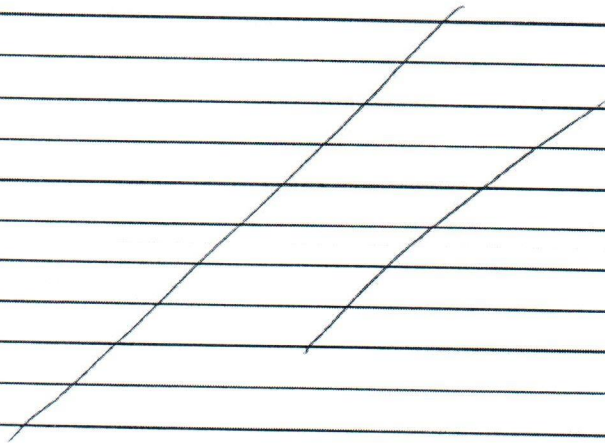
RAMP

Vehicle A: GBL 8397R

Vehicle B: SLD 6493H

Describe Circumstances of the Accident

Please refer to police report



Declaration

I/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

29/09/22
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220929/7023

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

1 of 3

Report No. T/20220929/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2022 11:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH KOK LIANG			Address: 879 WOODLANDS STREET 82 #09-26 SINGAPORE 730879		
ID Type / ID No.: NRIC NO / S7606342G			Contact No.: Home/Office: Mobile: 81333083		
Nationality: SINGAPORE CITIZEN			Email: SKLMIKE76@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 01/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Pest control technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2022 19:00	Type of Location: Car Park
Location: WOODLANDS STREET 82				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBL8397R	Van			White	Seriously Damaged	0
SLD6493H	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220929/7023

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

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Report No. T/20220929/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH KOK LIANG	ID No.	S7606342G
Related Vehicle	GBL8397R (Van)	Contact No.	81333083
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/09/2022	Date	28/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 28/09/2022 at around 1900hrs I was driving my company van GBL8397R in multi storey carpark blk 839A woodlands street 82. As I was heading up the multi storey carpark, I saw an empty lot and put on my hazard lights and slow down to stop. Then I felt an impact from the rear, I alighted and realised vehicle SLD6493H has collided onto my van rear portion and he reverse his vehicle slightly and came down to check the damages as well. After the accident we took photos and proceed up to the next level to exchange particulars and file a report to our insurance. After the accident I felt pain and discomfort and consulted a clinic near my home and was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20220929/7023

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

3 of 3

Report No. T/20220929/7023

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
29/09/2022 11:51

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT


Accident Date: 28/09/2022 Time: 1900 (hh:mm) 24 hr format	
Location 839A WOODLANDS STREET 82 multi-storey carpark	
Vehicle Number GBL 8397R	
Insured Name Ridpest Pte Ltd	
NRIC / FIN 197301076N	Contact Number -
Make Nissan	Model NV350
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting	
Insurance Company India	
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number D22MCV0004563	
Name of Driver SOH KOK LIANG	() Same as Insured
NRIC / FIN 57606342G	Contact Number 8133 3083
Date of Birth 01 MARCH 1976	
Driving Pass Date 23/12/2006	
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor	
Gender (<input checked="" type="checkbox"/>) Male () Female	
Email Address SKLMIKE76@GMAIL.COM	() NO EMAIL
Address of Driver 879 WOODLANDS STREET 82 #09-26 SINGAPORE 730879	
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No	
If No, Relationship of the Driver with the Insured	
() Owner () Spouse () Friend () Relative () Children () Sibling	
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others	
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No	
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No	
If yes, injured detail Driver (GBL 8397R)	
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No	
Was the Accident reported to the Police? () Yes () No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B SLD 6493H	
Veh C	
Veh D	
Veh E	
Veh F	

* Driver Only

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0004563		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBL8397R	<p>Chassis No : VR2E26136501</p> <p>2. Name of Policyholder : RIDPEST PTE LTD</p> <p>3. Effective date of Insurance : 29 Apr 2022</p> <p>4. Expiry date of Insurance : 28 Apr 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder'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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>
Chassis No	: VR2E26136501	
2. Name of Policyholder	: RIDPEST PTE LTD	
3. Effective date of Insurance	: 29 Apr 2022	
4. Expiry date of Insurance	: 28 Apr 2023	
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder'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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>		
<p>Excess Sect I : SGD600.00</p> <p>Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : United Overseas Bank Limited</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000041/P & C INSURANCE AGENCY</p> <p>Date of Issue : 04/05/2022 16:50:22</p> <p>M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  _____ Authorised Signatory </div>