

NATIONAL Assessment Centre Services

Date: 11/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA III 2300484 / d4	SAS e-filing		
Veh No: GBD 1825K	E-mail (within 3hrs, A/C 2hrs)		
DOA: 11/05/2023 12:58	I-Motor Claim Form		
OD/TP Reporting Only	I-Motor W/O (Within OD 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: ( ) Tol: ( ) Fax: ( )

TP Particulars: Veh No: GBF 3456T. 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	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

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	At Bill	At Ac
NA2301394	1) AR: Accident Reporting (\$30)			
Driver/Owner:	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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
	* N11: TP (Non INC) against INC \$20			
	* N12: Idno 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 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 .....	11/05/2023 15:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/05/2023 12:58 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG SHUN LI INDUSTRIAL PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD1825K

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ACCESS ELECTRICAL PTE LTD
Company Reg No .....	2XXXXX123Z
Email Address .....	access66shop@gmail.com
Mobile Phone No .....	(Phone) +65-81267789
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 .....	Manual
CC .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MCV0003748_02

### DRIVER

Name of Driver .....	SAMSUDIN BIN OTHMAN
NRIC No .....	SXXXX389B
Date Of Birth .....	06/12/1969
Occupation .....	Outdoor

Date Of Driving Pass	01/02/1992
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97103437
Alt. Phone Number	-
Email Address	access66shop@gmail.com
Address	207 KAKI BUKIT AVENUE 1 , SHUN LI INDUSTRIAL PARK
Address complement	-
Postcode	416038
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?	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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

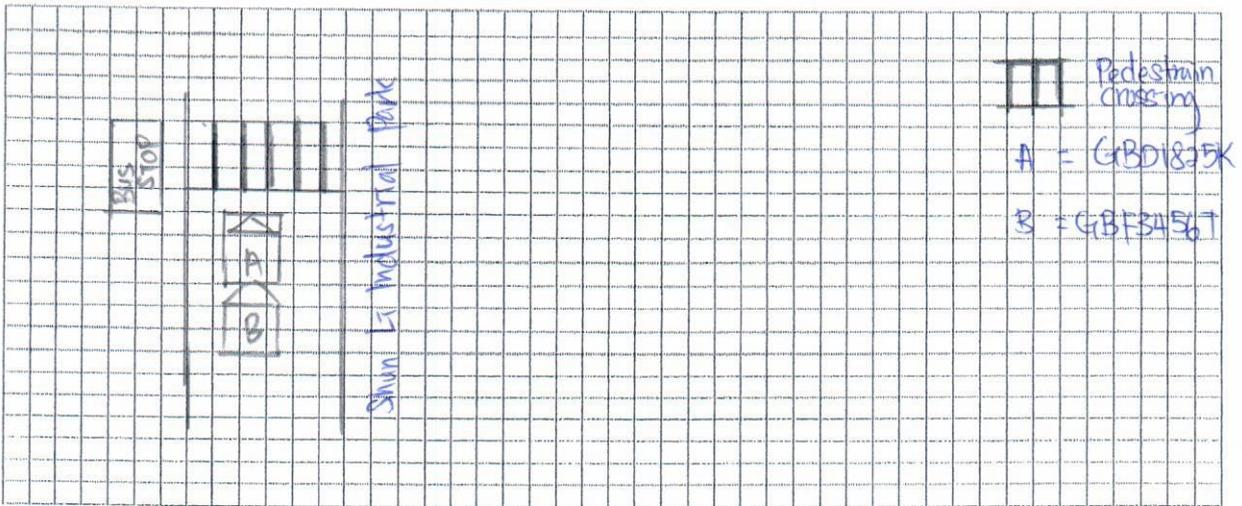
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3456T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHONG KIM SENG
Contact Number	(Phone) +65-96184309

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/05/2023, I was travelling straight along Shun Li Industrial Park.

As there're pedestrians crossing across the road, I slowed down my vehicle and stopped. Suddenly I felt an impact on my rear and realised that vehicle B (GBF3456T) has collided on my vehicle.

As a result, my vehicle sustained damages on the rear portion.

DECLARATION

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 11/5/2023

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN 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 reputate 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 be 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.
- (d) My Personal Information will be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The Information so collected under (d) above may be shared/disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

*[Handwritten signature]*

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

*[Handwritten signature]* 11/5/2023

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

VEHICLE NO: **GBD1825K**MAKE & MODEL : **Nissan NV350**AUTO / **MANUAL**

DATE OF ACCIDENT	<b>11 / 05 / 2023</b>	*C.C. <b>2488</b>
TIME OF ACCIDENT	<b>12.58</b> AM / <b>PM</b>	
LOCATION OF ACCIDENT	<b>Along Shun Li Industrial Park</b>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<b>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</b>	
NAME OF OWNER	<b>Access Electrical Pte Ltd</b> Email: <b>access66shop@gmail.com</b>	
TELEPHONE NO	Mobile: <b>81267789</b>	Office: Home:
NRIC	<b># 200714123Z</b>	
CLAIM TYPE	<b>OD / THIRD PARTY / REPORTING ONLY</b>	
FLEET POLICY	<b>YES / NO?</b>	
INSURANCE CO.	<b>India International Insurance Pte Ltd</b>	
TYPE OF COVERAGE	<b>Comprehensive / Third Party / Third Party Fire &amp; Theft</b>	
POLICY NO.	<b>D20MVCV0003748_02</b>	
NAME OF DRIVER	<b>AS ABOVE / IF NO. Samsudin Bin عثمان</b>	
NRIC	<b>56942389B</b>	
DATE OF BIRTH	<b>06 / 12 / 1969</b>	
ANY PASSENGER	<b>YES / NO:</b>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<b>MALE / FEMALE</b>	
OCCUPATION	<b>Outdoor / Indoor</b>	
DATE OF DRIVING PASS	<b>01 / 02 / 1992</b>	
GENDER	<b>Male / Female</b>	
CONTACT NO.	Mobile: <b>97103437</b>	Office: Home:
EMAIL	<b>access66shop@gmail.com</b>	
ADDRESS	<b>207 Kaki Bukit Avenue 1, Shun Li Industrial Park, S' 416038</b>	
DOES DRIVER OWN OTHER VEHICLES?	<b>NO / If yes, Reg No.</b>	INSURER:
RELATIONSHIP	<b>Employee / If No.</b>	
WEATHER CONDITION	<b>Clear / Raining / Other</b>	
ROAD SURFACE	<b>Dry / Wet / Other</b>	
ANY INJURIES	<b>No / If yes, Who?</b>	
CONTACT NO.		
POLICE REPORT	<b>No / If yes, Where?</b>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<b>NO/IF YES, WHO?</b>	
VEHICLE B NO.	<b>GBF3456T</b>	Any Passenger: <b>0</b>
NAME	<b>Chong Kim Seng</b>	
CONTACT NO.	<b>96184309</b>	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<b>YES / NO</b>	
WAS THERE ANY AUDIO RECORDED?	<b>YES / NO</b>	
SCENE ACCIDENT PHOTOS TAKEN?	<b>YES / NO</b>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<b>YES / NO</b>	



## 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.

<b>CERTIFICATE NO.: D20MCV0003748_02</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: GBD1825K	
Chassis No	: JN1MC2E26Z0002342	
2. Name of Policyholder	: ACCESS ELECTRICAL PTE. LTD.	
3. Effective date of Insurance	: 15 Jul 2022	
4. Expiry date of Insurance	: 14 Jul 2023	
5. Persons or Classes of Persons entitled to drive*		
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.		
6. Limitations as to use*		
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.		
<b>The Policy does not cover</b>		
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.		
*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.		
Excess Sect I	: SGD600.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: N.A	
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.		
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).		
Agent/Broker	: A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 14/06/2022 00:08:14	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		Authorised Signatory