

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 18/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAISM023007385/d4	SAS e-filing		
Yeh No: YM1204	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/07/2023 11:50	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: YQ 4148X

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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA2302181

Invoice Preparation Checklist

Amf (\$)

Am

1st Bill

Add

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 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: 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

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	18/07/2023 14:02 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	900 SOUTH WOODLANDS DRIVE LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM120Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OS BAGUS FOODSTUFF
Company Reg No	5XXXX085K
Email Address	osbagus2014@gmail.com
Mobile Phone No	(Phone) +65-67481363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A 3.0 MT
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE002895

DRIVER

Name of Driver	THIRUMOORTHY
NRIC No	SXXXX358F
Date Of Birth	05/11/1965
Occupation	Outdoor

Date Of Driving Pass	26/07/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-90251204
Alt. Phone Number	-
Email Address	osbagus2014@gmail.com
Address	APT BLK 228 SERANGOON AVENUE 4
Address complement	# 09-57
Postcode	550228
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBF2778Y
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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	YQ4148X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD TAUFIK BIN RIDUAN
Passport No/FIN	GXXXX621P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.

OS BAGUS FOODSTUFF

57, UBI CENTRE, #02-03 UBI AVE 1

SINGAPORE 408936

TEL: 67481363

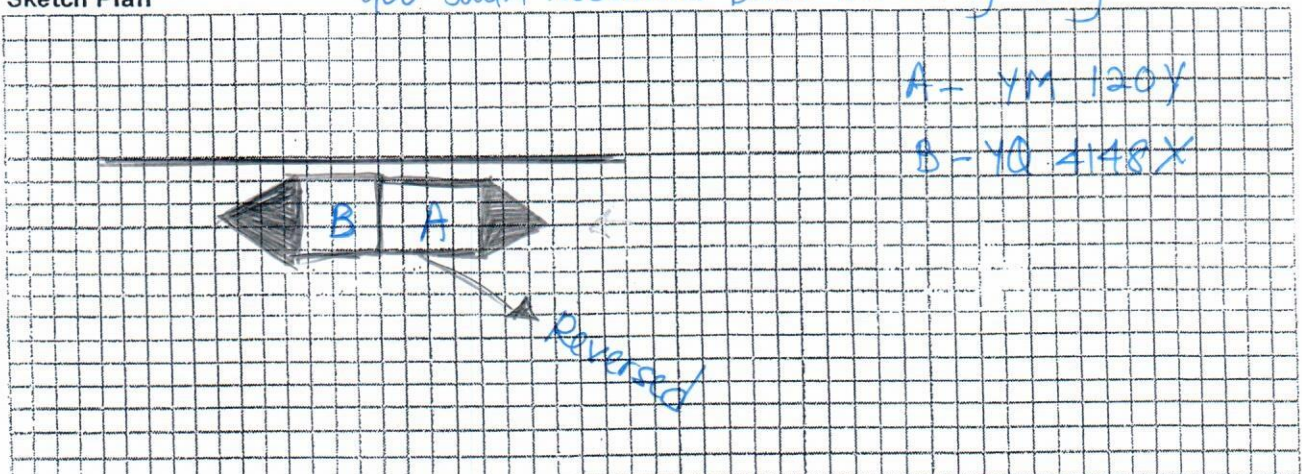
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

900 South Woodlands Drive Loading Bay



Describe Circumstance of the Accident

on the above stated date and time, I was at 900 South Woodlands Drive Loading Bay. vehicle B was stationary and parked at the Loading Bay. As I reversed my vehicle to exit the loading bay, I reversed and bump into the front portion of vehicle B.

Declaration

I/We declare the foregoing particulars are true in every respect.

OS BAGUS FOODSTUFF

57, UBI CENTRE, #02-03 UBI AVE 1

SINGAPORE 408936

TEL: 67481363

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 17/07/2023	TIME OF ACCIDENT : 11:50 am
VEHICLE NO : YM120Y	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : 1SUZU	LOCATION : 900 south woodlands drive Lodding Bay
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : sompo	POLICY NO : D22MTPCXE 002895
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : 52999085K
NAME OF OWNER : OS Bagus Foodstuff	CONTACT NO : 67481 363
ADDRESS :	
EMAIL ADDRESS : osbagus2014@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Thirumoorthy	NRIC : S2669358F CONTACT NO : 90251204
DRIVER OWNER RELATIONSHIP : employee	PASSENGER : 2(1) MALE (1) FEMALE ()
DATE OF BIRTH : 05 / 11 / 1965	DRIVING PASSING DATE : 26 / 07 / 1995
OCCUPATION: INDOOR / OUTDOOR	ADDRESS : Blk 228 #09-57 Serangoon Avenue 4
ANY INJURIES: NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS: Drizzling	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : YQ 4148X	VEHICLE C REG NO : _____
DRIVER NAME : Mohd Taufik Bin Ridwan	DRIVER NAME : _____
NRIC : G2561621P	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER: FB2778Y	HANDLING INSURER: Direct Asia

Certificate of Insurance

**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Cert No./Policy No. : D22MTPCVE002895
1. Registration No. : YM120Y
2. Insured Name : OS BAGUS FOODSTUFF
3. Commencement Date : 15 OCTOBER 2022 00:00
4. Expiry Date : 14 OCTOBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$750 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured'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.
 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. 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 policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

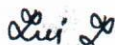
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 27 SEPTEMBER 2022 15:38

*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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy