

# NATIONAL Assessment Centre Services. (Unit 1 Jan 2001) **NBA/18014543**

Date In: <b>30/01/2018 11:14</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/18014543</b>	SAS e-Milling		
Veh No: <b>YP 7300H</b>	E-mail (Vehicle Mtr, AIC Mtr)		
D.O.A: <b>15/11/2017 18.25</b>	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (Vehicle OD Mtr, TP Mtr)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: <b>PA 8647C</b>	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 0-20%; P: 21-79%; F: 80-100%)		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Reminders:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Removals	INC/Online: 6788/0016	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:

Date/Time	Actions

<b>NBA1800670</b>	Invoice Preparation Checklist	Yell No: <b>PA 8647C</b>	INC/Online: <b>6788/0016</b>
Human's Particulars:	1) AR: Accident Reporting (330)		
river/Owner:	2) DA: Damage Allowance (\$100)	INC (330)	
ontact No:	3) TP: Towing Fee	\$40/\$45	
amaged Portion:	4) FT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$25	
	7) NI: NI/DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
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## 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 ability.
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 Report	30/01/2018 10:27
Date Of Accident	15/11/2017 18:25
Exact Location Of Accident	ALONG JURONG EAST STREET 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7300H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEA HIN CO. PTE LTD
Co Reg No	-
Email Address	FARFALLA@LEAHINEA.COM.SG
Mobile Phone No	(LOCAL) +65-86165850
Alternative Phone No	OFFICE-86165850

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1755231700
Cover Note Number	

### Driver

Name of Driver	MOHAMAD DAUD BIN ABU CHIK
NRIC No	S1261986C
Date Of Birth	05/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86165850
Fax Number	
Contact Number	OTHERS-86165850
EMail Address	FARFALLA@LEAHINEA.COM.SG

Address	BLK 432 CLEMENTI AVENUE 3 #10-282
Postcode	120432
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	PA8647L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment 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 also 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.

X

Policyholder's Signature  
Date & Time:



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

*[Signature]* 30/11/2018

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

*[Signature]* 30/11/2018  
Name: Rosdi WATAS  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/01/2018 MY EMPLOYER GIVE ME A LETTER SAYING  
 THAT I GOT INVOLVED AN ACCIDENT BUT AT THE DATE  
 25/11/2017 AT 18:25 HRS I HAVE FINISH MY WORK &  
 WAS ON THE WAY HOME ALREADY I HAVE NO KNOWLEDGE  
 OF THIS ACCIDENT.

DECLARATION

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

X

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]* 30/1/2018

*[Signature]* 30/01/2018  
 Name: Keshi Wathan  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 15/11/2017 (DD/MM/YYYY) TIME: 1825pm (HH:MM)

LOCATION: Along Jurong East Street 11

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 7300 H  
 b) INSURANCE COMPANY: CANVA TRADING  
 c) POLICY NUMBER: DNCYS8175523170U  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Fuso  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DOING WORK  
 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: AKA HINE CO. PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

AHMAD (M)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Mohamad Daud Bin Abu Chik (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1261986C CONTACT: 86665850  
 c) ADDRESS: \_\_\_\_\_

No of passengers  
(Including driver)  
(2)

\* d) DATE OF BIRTH: 05/02/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: 30/04/2004

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: PA 8647L MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(Including driver)  
( )

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(Including driver)  
( )

Email: fafalla@leahineg.com.sg

Fax: fafalla@leahineg.com.sg

V1 080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1261986C



Name

MOHAMAD DAUD BIN ABU CHIK

Race

MALAY

Date of birth

05-02-1957

Country/Place of birth

SINGAPORE

Sex

M



5501399



NRIC No. S1261986C

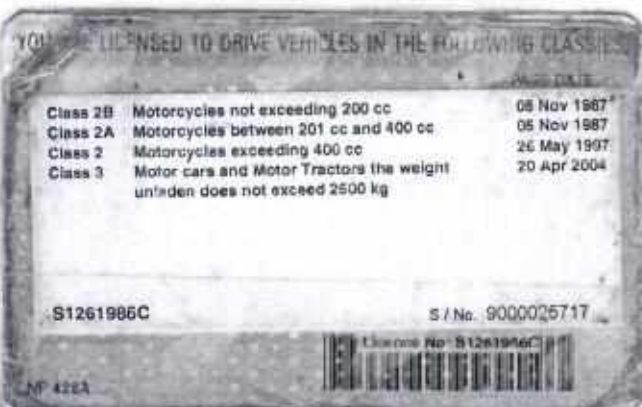


Date of issue

04-07-2015

Address

APT BLK 432 CLEMENTI AVENUE 3  
#10-282  
SINGAPORE 120432



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	05 Nov 1987
Class 2A	Motorcycles between 201 cc and 400 cc	05 Nov 1987
Class 2	Motorcycles exceeding 400 cc	26 May 1997
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	20 Apr 2004

S1261986C

S / Nr. 9000025717



NP 422A



## 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. DMCVSN1755231700 Engine No. :4P10C79149  
1. Index Mark and Registration Number of Vehicle TF7300H Chassis No:FE821EA21537  
2. Name of Policy Holder M/S LBA HIN CO. (PTE) LTD  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 17 AUGUST 2017 EXCESS SECT 1 .....S\$450.00  
EX ON WINDSCREEN .....S\$100.00  
4. Date of Expiry of Insurance 16 AUGUST 2018  
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 \*

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'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, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
  - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

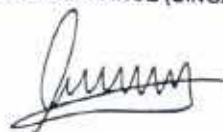
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**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.



Authorised Officer



Authorised Signatory



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : NMA418014543 Vehicle Registration No: YP 7300 H.  
Name (as shown in NRIC) : MOHAMAD DAUD BIN ABU ANIK NRIC/FIN/Passport No : S1261986C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate


Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 8616 5850  
Email Address : \_\_\_\_\_  
Date of Accident : 15/12/2017 Time of Accident : 18:25  
Place of Accident : Along Jurong East S7 11.  
Insurance Company: CHINA TAI PING

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 15/11/2017

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Paul Li Weng  
NRIC/FIN No.:  
Date: 30/01/2018