

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA11819730**

Date In: <b>K/K/P-10:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAK7318016853/24</b>	SAS e-filing		
Veh No: <b>NDH 3732 R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>12/9/8 - 01:00</b>	i-Motor Claim Form		
<b>OD</b> TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: ( ) 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

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors Comments:</b>	6) TR : Re-inspection \$75		
<b>Dat. 1:</b>	7) N1 : Idac DA + SMRT Survey \$160		
<b>Dat. 2 / 3:</b>	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	*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		
	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 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	15/09/2018 10:20
Date Of Accident	12/09/2018 01:00
Exact Location Of Accident	JUNC TAMPINES CENTRAL 1 & TAMPINES AVE 4
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3732R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SHAFALOGISTICS
Co Reg No	53363576D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1822141800
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD NASRULHAQ BIN ABDUL MUTALIB
NRIC No	S9716442H
Date Of Birth	26/05/1997
Occupation	INDOOR
Date Of Driving Pass	05/11/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90130034
Fax Number	
Contact Number	OFFICE-90130034
EMail Address	NOEMAIL

Address	BLK 358 TAMPINES STREET 33 #02-660
Postcode	520358
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	COLLIDED INTO PROPERTY
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)	1

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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 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.

SHAFA LOGISTICS  
81984054  
Farisshah93@gmail.com

Policyholder's Signature  
Date & Time:

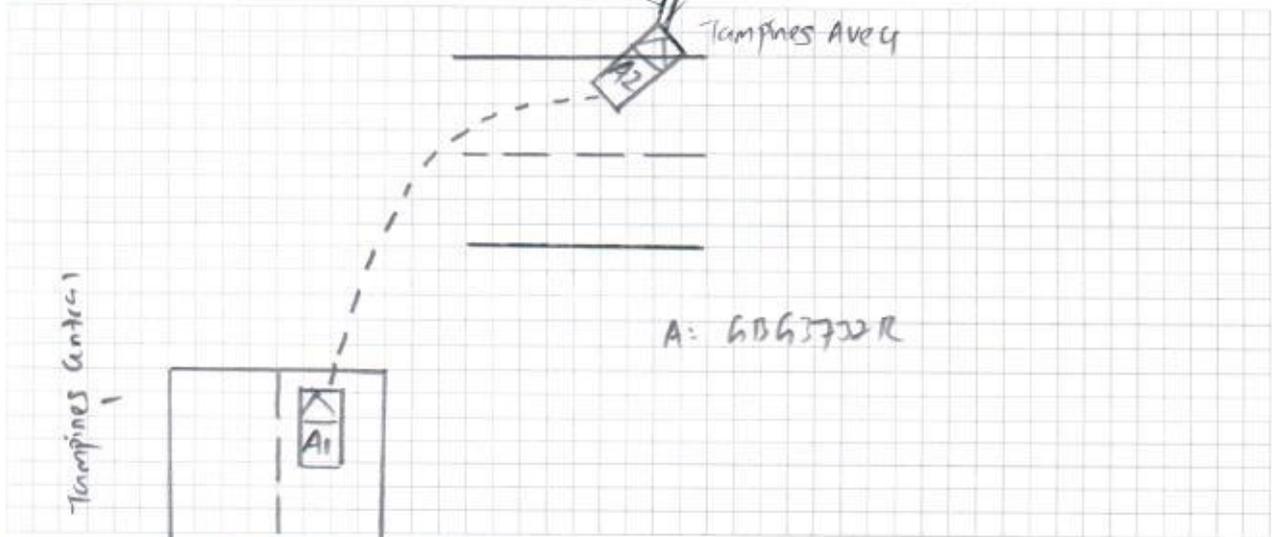


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

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

SHAFALOGISTICS  
81984054  
Farisshah93@gmail.com

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.:

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN FROM TAMPINES CENTRAL 1 TWDS TAMPINES AVE 4. AS THE ROAD SURFACE WAS PARTIALLY OILY, MY VEHICLE SELF-SKIDDED MOUNTED TO THE CURB AND HIT ONTO THE TREE. TRAFFIC POLICE CAME TO ASSIST, HE MENTIONED THAT I DON'T NEED TO FILE A POLICE REPORT.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 12/09/18 ) (DD/MM/YYYY), TIME: ( 01:00 ) (HH:MM)

LOCATION: Jane Tampines Centre 1 & Tampines Ave 4.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AD4372R  
b) INSURANCE COMPANY: C73  
c) POLICY NUMBER: DMEK5H1822141800  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: M/S Jhata Logistics ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Muhammad Nagrullah Bin Abdul Mutalib ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: 5971649214 CONTACT: 9217 0034  
c) ADDRESS: D11C 358 Tampines Street 33 A 02-662 (570356)

\*d) DATE OF BIRTH: ( 26/5/1997 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 3/11/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: ( DRY / 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: Tree MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
(    )

\* No of passenger  
(Including driver)  
(    )

Email = Fariishah93@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9716442H



Name  
**MUHAMMAD NASRULHAQ BIN  
ABDUL MUTALIB**

Race  
**INDIAN**  
Date of Birth **26-05-1997** Sex **M**  
Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9716442H**

Name

**MUHAMMAD NASRULHAQ BIN  
ABDUL MUTALIB**

Birth Date: **26 May 1997**

Issue Date: **05 Nov 2015**



002490559B

SG  
50

4815669



NRIC No. **S9716442H**

Date of issue  
**18-01-2012**

Address

**APT BLK 358 TAMPINES STREET 33  
#02-660  
SINGAPORE 520358**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 05 Nov 2015



Licence No: S9716442H

NP-428A



MOTOR COMMERCIAL VEHICLE

**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)

ORIGINAL

CERTIFICATE No.	DMCVSN1822141800	Engine No :IKD2643784 ChaNo:KDH2015024098
1. Index Mark and Registration Number of Vehicle	GBG3732R	AUTOSAFE =====
2. Name of Policy Holder	M/S SHAFA LOGISTICS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 July 2018	Excess Sect I ..... S\$450.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	25 July 2019	

5. Persons or Classes of Persons entitled to drive\*

(1) whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) whilst the vehicle is being used for social, domestic or pleasure purposes  
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 racing, pace-making, reliability trial or speed-testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : ETHOZ CAPITAL LTD AS HP OWNER

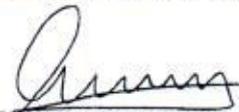
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: .....  
Authorised Officer

  
.....  
Authorised Signatory