

NATIONAL Assessment Centre Services

(part 1 of 2)

NA1806917

Date In: 25/10/2018 16:56	Job description	Date & Time Completed	Done by
Ref No: NBA/CT1180/944514	SAS e-billing		
Veh No: GBE 8283Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/10/2018 19:00	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within 24hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SLA 864B	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%; P: 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 boxline: 6788 6015	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	Action

NA1806917	Invoice Preparation Checklist
human particulars:	1) AR: Accident Reporting (\$30)
river/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
contact No:	3) TP: Towing Fee \$10/\$15
arranged Portion:	4) FT: Follow Through Survey \$120
	5) XT: Follow Through Survey (Resurvey) \$20
	For claim against INC Only (twice 10 Jan 2010)
	6) TR: Re-inspection \$15
	7) NI: Day DA + SMRT Survey \$160
	8) NTUC Additional Services
	9) NI: 1 day Mobile
C Checked by (Engi-In-Charge):	011
	*NI: Courtesy Car / Tpl Allowance \$5
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DY / Collision Unass Coordination \$1
	TP (NI) / TP (Non INC) against INC \$20
	9) NI: 1 day Mobile \$10
	Invoice sent
	Invoice closed
	File Charged
	File Released

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 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 Report	25/10/2018 16:56
Date Of Accident	24/10/2018 19:00
Exact Location Of Accident	XILIN AVENUE TOWARDS UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8283Y
Insured/Policyholder	
Name Of Registered Owner	M/S KS LIGHTING & ELECTRICAL
Co Reg No	53075124X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84225259
Alternative Phone No	OFFICE-84225259

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	THIRD PARTY
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	DMCVSN3025361800
Cover Note Number	

Driver

Name of Driver	MAH SUHAG
NRIC No	G8181169K
Date Of Birth	20/02/1984
Occupation	INDOOR
Date Of Driving Pass	19/10/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84225259
Fax Number	
Contact Number	OTHERS-84225259
Email Address	NOEMAIL

Address	20 WOODLANDS LINK #09-11
Postcode	738733
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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
Passenger 1	NAME: : ARIF GENDER: : MALE

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	SLA864B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MAIAH SUHAG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBE8283Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ARIF
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBE8283Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

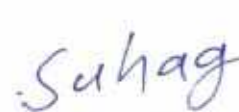
IMPORTANT NOTICE

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:

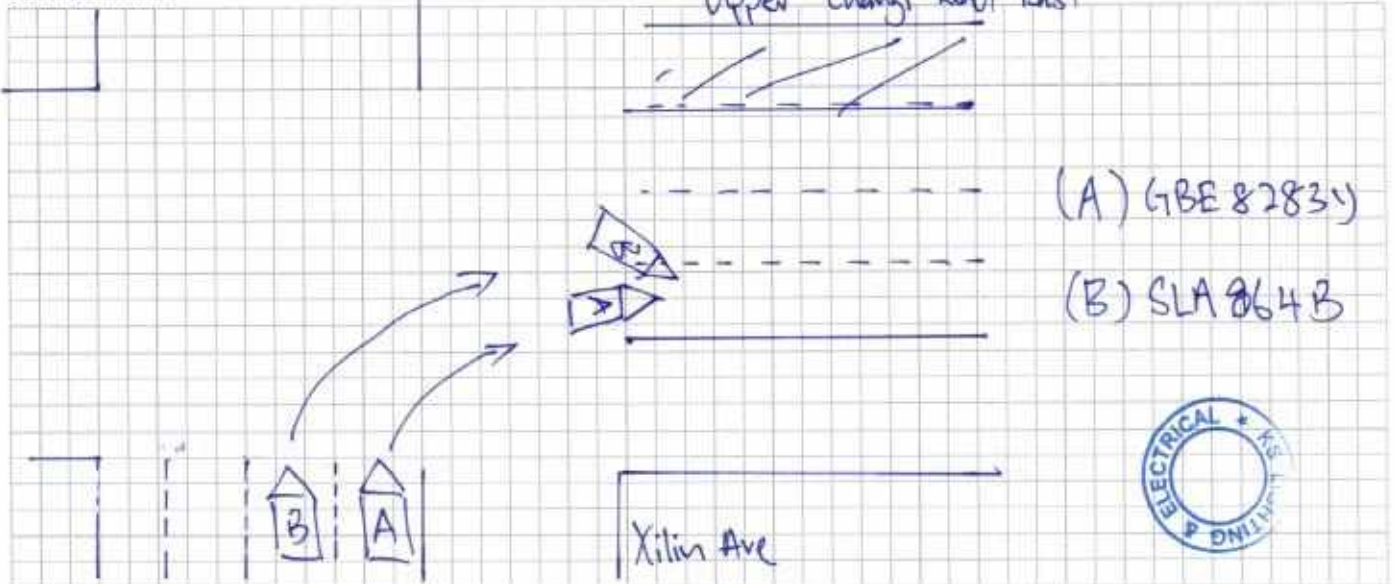
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn from Xilin Ave to Upper Changi Road East, when I entered into lane 1 of Upper Changi Road East, vehicle B which is on my left cut into my lane abruptly. After the collision, vehicle B did not stop on the accident spot, instead, vehicle B move to the left side of the road. I alighted and realised he moved to the road side in order not to block vehicle coming from behind.

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:

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24/10/18	TIME: 1900 hrs	(hh:mm) 24 hrs Format
LOCATION: Xilin Ave Towards Upper Changi Rd East		
VEHICLE NUMBER: 6BE 9283Y		
INSURED NAME: KS Lighting & Electrical		
NRIC / FIN: 55075124X	CONTACT:	
MAKE: Nissan NV350	MODEL: Panel Van 2.5 DMT DPK D1R0 V	
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 Only		
INSURANCE COMPANY: China Taiping		
TYPE OF POLICY: (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCVSN3025361900		
NAME DRIVER: Mich Suhaf () SAME AS INSURED		
NRIC / FIN: 68181169K	CONTACT: 84225259	
DATE OF BIRTH: 20-02-1984		
DRIVING PASS DATE: 19-10-2018		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 20 Woodlands Link #09-11 S(738135)		
Number Of Passenger Include Driver: 2 pax include driver ARIF 96134626		
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 (<input checked="" type="checkbox"/>) Others		
Does The Driver Own Any Other Vehicle? : () YES () 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 () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details: ① Driver ② Arif - M		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B: SLA 8648	(NTUC)	
Veh C:		
Veh D:		
Veh E:		
Veh F:		
Veh G:		

VISIT PASS
Immigration Regulations

Name
MIAH SUHAG



Date of Birth	Sex	Nationality
20-02-1984	M	BANGLADESHI
FIN	Date of Issue	Date of Expiry
G8181169K	20-07-2017	18-08-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KS LIGHTING & ELECTRICAL

Sector: **CONSTRUCTION**



Name
MIAH SUHAG
Occupation
CONSTRUCTION WORKER

Work Permit No.
0 62633255

Date of Application
09-09-2013

Date of Issue
20-07-2017

Date of Expiry
18-08-2019

0 62633255



L8146502

DRIVER JUST PASS 19/10/2018

Qualified Driving Licence

Qualified Driving Licence Number	G8181168K
Status of Qualified Driving Licence	Valid
Class(es) of Qualified Driving Licence	3
Expiry Date	21/10/2023

Provisional Driving Licence

Provisional Driving Licence Number	G8181168K
Status of Provisional Driving Licence	Valid
Class(es) of Provisional Driving Licence	3
Expiry Date	06/04/2020

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. DMCVEN3025361800 Engine No. YD25388448A
Chassis No. JN1NC2E2KZ0005860
1. Index Mark and Registration Number of Vehicle QBER283Y
2. Name of Policy Holder M/S KS LIGHTING & ELECTRICAL
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 31 MARCH 2018 EX SECT. 1 \$5500.00
EX ON WINDSCREEN \$3100.00
4. Date of Expiry of Insurance 30 MARCH 2019
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, PACE-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.



Countersigned By:

Authorised Officer

Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	5124X
Vehicle Details	
Vehicle No.:	GBE8283Y
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	YD25388448A
Chassis No.:	JN1MC2E26Z0005860
Maximum Power Output:	-
Open Market Value:	\$22,153.00
Original Registration Date:	31 Mar 2016
First Registration Date:	31 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,108.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$36,670.00
COE Rebate Amount:	\$27,187.00
Total Rebate Amount:	\$27,187.00

The information contained herein is correct as at 25 Oct 2018

OK