

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 118 18644

Date In: 25/10/18 - 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/C2180 1946674	SAS e-filing		
Veh No: 63316215	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/10/18 - 10:15	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: 335610L

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 hotline: 6788 6616)

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

NA1806883

Invoice Preparation Checklist

Amf (\$)
In Bill

Amf (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 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: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N-in INC) against INC \$20		
9) N12: Idao 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 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 13:15
Date Of Accident	25/10/2018 10:15
Exact Location Of Accident	JOO CHIAT PLACE OPP 281
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1621S
Insured/Policyholder	
Name Of Registered Owner	M/S AMIDEAS (PTE) LTD
Co Reg No	200704241Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67411748
Vehicle Particulars	
Manufacturer	NISSAN
Model	CARAVAN 3.0 M
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?	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	DMCVSN3051311800
Cover Note Number	
Driver	
Name of Driver	IBRAHIM BIN OSMAN
NRIC No	S1365084E
Date Of Birth	08/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96354350
Fax Number	
Contact Number	OFFICE-96354350
Email Address	NOEMAIL

Address	BLK 46 MARINE CRESCENT #06-32
Postcode	440045
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181025/2042.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	RIDHWAN
Phone Number	97707940
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6150L
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

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

SKETCH PLAN

Too small place

A: 4BB1621S
B: SBS6150L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018 625/2042.

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:

Signature

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

Signature



**SINGAPORE
POLICE FORCE**



T/20181025/2042

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20181025/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2018 11:41	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: IBRAHIM BIN OSMAN			Address: APT BLK 45 MARINE CRESCENT #06-32 SINGAPORE 440045		
ID Type / ID No.: NRIC NO / S1365084E			Contact No.: Home/Office: Mobile: 96354350		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 08/07/1959	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ARTIST			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 JOO CHIAT PLACE Opposite 281 & 283 Joo Chiat Place				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1621S	Van	NISSAN	Caravan	Silver	Slightly Damaged	0
SBS6150L	Bus/Coach/Mi nibus					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181025/2042

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20181025/2042

CONTINUATION OF REPORT

SIC

Ver

7/11

Driver			
Name	IBRAHIM BIN OSMAN	ID No.	S1365084E
Related Vehicle	GBB1621S (Van)	Contact No.	96354350
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/10/2018 at about 0745hrs, I parked my van opposite of 281 & 283 Joo Chiat Place. I would usually park my van around the vicinity as I am staying at my mother in law's place at 261 Joo Chiat Place and there is no parking lot for me to park my van there.

A few hours later, my friend, Ridhwan, told me that an SBS bus service no 33 (SBS6150L) had side swiped my parked van and there is some damage to my van. My friend is working at the Parkway East hospital nearby and he was in his vehicle when he saw the left side of the SBS bus swiped on the right side of my van. The SBS bus did not stop even though the rear left bumper of the bus was dislodged. My friend managed to take a photograph of the bus and its license plate number.

I checked my van and discovered that there is a big dent on the front right part. The right front headlights of my van was damaged and dropped to the floor. The driver side door also cannot be opened properly as its alignment had been damaged.



**SINGAPORE
POLICE FORCE**



T/20181025/2042

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20181025/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/10/2018 11:41

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1365084E



Name
IBRAHIM BIN OSMAN
ابراهيم بن عثمان

Race
MALAY

Date of Birth
06-07-1959

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S1365084E

Name
IBRAHIM BIN OSMAN

Birth Date 06 Jul 1959

Valid Until 14 May 2003




0463259



NRIC No. S1365084E



Marital Status Date of Arrival
O+ 06-08-1982

APT BLK 45 MARINE CRESCENT #06-32
SINGAPORE 440045


NRIC No. S1365084E Date: 31/12/2008 No. 6117293

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE 21 Jun 7

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No. S1365084E





MOTOR COMMERCIAL

VEHICLE

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | tel. 6339 2592
Trivex @ 8 Burn Road #09-09
contactus@cowell.com.sg

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C
N SN
AN0055A
COMPREHENSIVE
AUTOSAFE

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.	DMCVSN3051311800	Engine No : ZD30148918K Chassis No: VWE25181345
1. Index Mark and Registration Number of Vehicle	GBB1621S	
2. Name of Policy Holder	M/S AMIDEAS (PTE) LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 AUGUST 2018	EX SECT. I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	24 AUGUST 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