

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA118141323**

Date In: <b>31/10/08-13:44</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/9218019816/24</b>	SAS e-filing		
Veh No: <b>JA 42913</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>25/10/08-00:10</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>JA 42913</b>	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

<b>NA1807080</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$90)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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 / Tpt 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 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

at 1:

at 2 / 3:



## 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	31/10/2018 13:44
Date Of Accident	29/10/2018 00:10
Exact Location Of Accident	UPP SERANGOON RD TWDS HOUGANG AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4291B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S REVTECH ASIA AUTOMATION
Co Reg No	53098661B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8XE A
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1769261700
Cover Note Number	

### Driver

Name of Driver	SYED IBRAHIM BIN SYED ALI
NRIC No	S8023638G
Date Of Birth	02/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81171287
Fax Number	
Contact Number	OFFICE-81171287
Email Address	NOEMAIL

Address	BLK 505 TAMPINES CENTRAL 1 #02-333
Postcode	520505
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	COLLISION - HEAD TO REAR
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: : NURHAYATI BTE DZUIKEPLY GENDER: : FEMALE

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7187H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SYED IBRAHIM BIN SYED ALI
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJA4291B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NURHAYATI BTE DZUIKEPLY
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJA4291B
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.

REVTECH ASIA  
53098661B  
146 SIMEI STREET 2  
#02-18 SINGAPORE 520146

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.:



Diagram illustrating the accident scene layout:

- Top: A building labeled "AT S T A G E W I K".
- Below the building: A road labeled "Upper Thompson Road".
- Bottom: A road labeled "Hawthorne Avenue".
- Intersection: The roads intersect at a T-junction. A car is shown at the intersection, with an arrow indicating its path from the intersection towards the building.
- Other markings: There are several small arrows pointing towards the intersection from the bottom road.

Describe circumstances of the accident:

My car was stationary waiting for traffic light to turn green. Suddenly, I felt a huge impact from the rear. I got down & realized vehicle B (SH0718741) hit onto the rear portion of my vehicle.

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

146 SIMEI STREET 2

520146

**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

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

Date and time of accident	Date: 29/10/18 (DD/MM/YY) Time: 12:10am (HH:MM)
Exact location of accident	Upper Serangoon Rd towards Hougang Ave 5

### Details of vehicle

Vehicle registration number	SJA 4291B		
Vehicle make and model	Toyota Wish		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

### Insurance information

Insurance company	HTUC
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

### Insured / Policy holder

Name	Revtech Asia.	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S3092661B.	
Contact		
Address	146 Pines Street 2 #02-18 Singapore 520146	

### Driver

Same as Insured above ☐ (skip to D.O.B)

Name	SYED IBRAHIM BIN SYED ALI	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8023638G	
Contact	81171257	
Address	B1K #505 Temmese Central 1 #02-333 S (520505)	
Email address	SYEDIBRAHIM020880@gmail.com	
Date of birth	02-08-1980	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	07/08/2007	



### General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	MURRAYATI BTE DZUIKEPLY
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	



**Third party vehicle 1**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHD 7187 H
Vehicle make model	

**Third party vehicle 2**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 3**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 4**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 5**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Third party vehicle 6**

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	SYED IBRAHIM BIN SYED ALI
Injuries sustained	neck and back
Which vehicle person in?	STA4291B
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	NURHAYATI BTE PZVIKEPLY
Injuries sustained	Back Pain
Which vehicle person in?	STA4291B
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

PASS DATE  
07 Aug 2009  
14 Feb 2013

S/No. 9000164540

Licence No: S8023638G

4814240



MARC NO. S8023638G



Date of issue  
07-08-2010

Address  
APT BLK 505 TAMPINES CENTRAL 1  
#02-333  
SINGAPORE 520505

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8023638G

Name  
SYED IBRAHIM BIN SYED ALI

Birth Date: 02 Aug 1980  
Issue Date: 07 Aug 2009




001770026K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8023638G



Name  
SYED IBRAHIM BIN SYED ALI

سید ابراهیم بن سید علی

Race  
ARAB

Date of birth  
02-08-1980

Sex  
M

Country of birth  
SINGAPORE



## 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.	DMHCSN1769261700	Engine No :1222993951 Chassis No:ENE100387855
1. Index Mark and Registration Number of Vehicle	SJA4291B	
2. Name of Policy Holder	M/S REVTECH ASIA AUTOMATION	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	8 DECEMBER 2017 (13:46 HOURS)	EXCESS SECT I .....S\$1,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$3,000.00 EXCESS SECT. II .....S\$1,500.00 EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$3,000.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	9 DECEMBER 2018	
5. Persons or Classes of Persons entitled to drive *		

AS PER NAMED DRIVER(S) STATED BELOW.

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.

ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use: \*

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.
- 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 (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE 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.

Countersigned By:



Authorised Officer

Authorised Signatory