

NATIONAL Assessment Centre Services

(Unit 1 12/00)

NA4418155916

Date In: 03/12/2018 11:46	Job description	Date & Time Completed	Done by:
Ref No: NPA/CTH802165917	SAS e-Milling		
Veh No: YP 7469F	E-mail (with 3hrs, AIC 2hrs)		
P.O.A: 01/12/2018 12:46	1-Motor Claim Form		
OD / TP: Reporting Only	1-Motor W/O (with 100 3hrs, TP 2hrs)		
	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: Yeh No: FORKLIFT	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: BSL 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 repater.

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

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

Remarks: UNR Online 6788 6010	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: _____

NA4007900	Invoice Preparation Charge	Amount	Actual
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	Forfeiting against INC Only (waiver 10 Jan 2018)		
	6) TR: Re-inspection \$15		
	7) NI: DA + SMART Survey \$160		
	8) NTUC Additional Services		
	9) NI: Idms Mobile		
C. Checked by (Eng-In-Charge):	10) NI: Courtesy Car / Tpl Allowance \$5		
	11) NI: Repair Coordination \$10		
	12) NI: Post Repair Inspection \$10		
	13) NI: DV / Collect Excess Coordination \$1		
	14) NI: TP (Non-INC) against INC \$10		
	15) NI: Idms Mobile \$10		
	Invoice dated	Paid Charged	
	Invoice paid	Un-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	03/12/2018 11:46
Date Of Accident	01/12/2018 12:40
Exact Location Of Accident	SATS (CHANGI CARGO COMPLEX)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7469E
Insured/Policyholder	
Name Of Registered Owner	SHAHIRA FREIGHT FORWARDERS
Co Reg No	30955100W
Email Address	SHAHIRAFREIGHT@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96237377
Alternative Phone No	OFFICE-62657338

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-3.0 D FM65FM2RDEB (M)
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	DMCVSN1767601801
Cover Note Number	

Driver

Name of Driver	MOHAMAD DZULAFIFI BIN MOHAMAD AMIN
NRIC No	S9529215A
Date Of Birth	23/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96237377
Fax Number	
Contact Number	OFFICE-62657338
EMail Address	SHAHIRAFREIGHT@SINGNET.COM.SG

Address	BLK 403 PANDAN GARDENS #03-17
Postcode	600403
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	WET

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?	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)	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

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	
Vehicle Make/Model/Colour	
Details Of Properties	FOLKLIFT
Vehicle Category	NA/UNKNOWN
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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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:

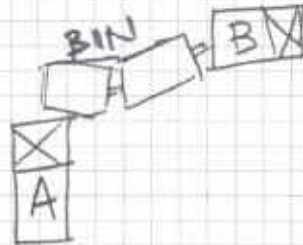
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SATC (Canton Cargo Complex)

A) YP 7469E

B) SATC Forklift



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st December 2018, around 1240pm the incident happen when I'm driving to the vehicle slope to go to level 1 from level 2. But I stop when I saw forklift driver was arranging cargo bin. There's one forklift pulling the bin driving towards me and then turn to my right (to his left). As his forklift drive pass me, his rear bin hit my front-right vehicle. The party will get back to me on 3 December 2018 (Monday) as 1st december is on Saturday.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 12 / 2018) (DD/MM/YYYY). TIME: (12 : 40) (HH:MM)

LOCATION: Sats (Changi Cargo Complex)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: VP 7469 E
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMCVEN 767601801
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HISSORISHI FUSO FM65FM2RDEB
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: MOHAMMAD DZULAFIFI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 91529215A CONTACT: 96234397
c) ADDRESS: 403 PANDAN GARDEN #03-17 SC00403

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shahira freight forwarders (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 30965100W CONTACT: 6265 7338
c) ADDRESS: 7 TAN YONG ROAD

*d) DATE OF BIRTH: (23 / 08 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/03/2016

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: Sats forklift 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:

email = shahira.freight@singnet.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9529215A



Name

MOHAMAD DZULAFIFI BIN
MOHAMAD AMIN

Race

MALAY

Date of birth

23-08-1995

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9529215A

Name

MOHAMAD DZULAFIFI BIN
MOHAMAD AMIN

Birth Date: 23 Aug 1995

Issue Date: 24 Mar 2016



NRIC No. S9529215A



Date of issue

23-03-2010

APT BLK 403 PANDAN GARDENS #03-17
SINGAPORE 600403

NRIC No. S9529215A Date

30/11/2016

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

EFFECTIVE DATE

Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF
WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS
Class 4 HEAVY MOTOR CARS AND MOTOR TRACTORS THE
WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS

24 Mar 2016

26 Sep 2016

16

S / No. 9000252084

S9529215A



NP 428A



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ301/C
R SN
AN0633A
Cov. Type: C

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. DMCVSN1767601801 Engine No : 6M60230264
Chano: FM65FMA30293

1. Index Mark and Registration Number of Vehicle YP7469E

2. Name of Policy Holder: M/S SHAHIRA FREIGHT FORWARDERS

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12 October 2018 Excess Sect I S\$600.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 11 October 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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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: SKYLINK INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

YP7469E

AAA

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	YP7469E	Vehicle Scheme:	Normal
Vehicle Type:	B30 - Goods (Open) Lorry (Wooden Body)		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	mitsubishi	Vehicle Model:	FUSO FM65FM2RDEB
Chassis No.:	FM65FMA30293	Engine No.:	6M60230264
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	7545 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	6360 kg	Maximum Laden Weight:	16000 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	12 Oct 2017	Original Registration Date:	12 Oct 2017 ✓
Manufacturing Year:	2017	Open Market Value:	\$63,805.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$3,191.00		

loading
\$8640 kg

Owner Particulars

Owner Name: SHAHIRA FREIGHT FORWARDERS
 Owner ID Type: Business
 Owner ID: 30965100W
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 8
 Registered Street Name: BURN ROAD
 Registered Unit No.: # 08 - 02/03
 Registered Building Name: TRIVEX
 Registered Postal Code: 369977
 COE No. / Expiry Date: 2017080105000763H / 11 Oct 2027
 COE Bid Category: C - Goods Vehicle & Bus
 QP Paid: \$40,212.00

INS - NOV 2017

UPC -

ROAD -

(INS - B312-11)

Transaction Details

Business Transaction Ref. No.: 20171012152541843159
 Business Transaction Date: 12 Oct 2017
 Business Transaction Time: 15:25:41

Message

The above vehicle has been successfully registered.

Please note that \$33,543.00 will be deducted from your GIRO account.