

# NATIONAL Assessment Centre Services. (part 1 of 2) **NA190306**

Date In: <b>16/04/2019</b> <b>17:45</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA190306</b>	SAS e-filing		
Veh No: <b>608 850 72</b>	E-mail (Update 3hrs, AIC 2hrs)		
D.O.A: <b>25/04/2019</b> <b>08:00</b>	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SL4 6772</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%; 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Weather: \_\_\_\_\_

Witness: \_\_\_\_\_

Police: \_\_\_\_\_

Insurance: \_\_\_\_\_

NA190306	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/245
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	Enslaving against INC Only (wof 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	9) NS: Courtesy Car / Tpr Allowance \$1
	10) NI: Repair Coordination \$10
	11) NI: Post Repair Inspection \$25
	12) NI: DV / Collect Excess Coordination \$25
	13) NI: TP (Non INC) against INC \$30
	14) NI: Idao Mobile
	Fee Charged
	Invoice dated
	Fee Charged
	Invoice dated



## 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	26/04/2019 17:42
Date Of Accident	25/04/2019 08:00
Exact Location Of Accident	ALONG ALJUNIED ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8507Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VERTICAL ENGINEERING PTE LTD
Co Reg No	-
Email Address	VERTICAL_ENGRG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92401868
Alternative Phone No	OFFICE-68414509

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3009381903
Cover Note Number	

### Driver

Name of Driver	IKBAL ZAFAR
NRIC No	G7943406Q
Date Of Birth	06/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92401868
Fax Number	
Contact Number	OFFICE-68414509
Email Address	VERTICAL_ENGRG@SINGNET.COM.SG

Address	NO 2 YISHUN INDUSTRIAL STREET 1 #05-01 NORTH POINT BIZHUB
Postcode	768159
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 (including own vehicle) 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)	10
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE
Passenger 7	NAME: : WORKER GENDER: : MALE
Passenger 8	NAME: : WORKER GENDER: : MALE
Passenger 9	NAME: : WORKER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
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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	SLU6717Z
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHHVIGUTHS
NRIC/Passport Number	S7987532E
Contact Number	90276443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.



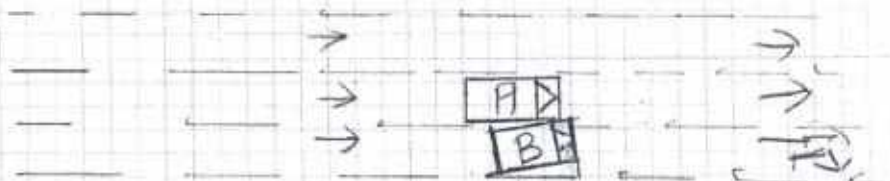
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

ALONG ALJUNIED ROAD



A) GBA 8572

B) SLU 6717Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/04/2019 AT ABOUT 08:00HRS I WAS TRAVELLING  
ALONG ALJUNIED ROAD & WAS AT THE CR CORNER  
OF 3 LANE ROAD. SUDDENLY A CAR SLU 6717Z DROVE  
AT A FAST SPEED & TO CLOSE TO ME & BRUKE AGAINST  
THE FRONT RIGHT SIDE OF MY CAR.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]* 26/04/19 12:50AM

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

*[Signature]* 26/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* RASHI WAHAB



# ACCIDENT STATEMENT

ACCIDENT DATE: (25/04/2019) (DD/MM/YYYY). TIME: (8:00AM) (HH:MM)

LOCATION: Aljunied Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2BA 8507 2  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMCVSN 300938/802  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi  
 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: Vertical Engineering pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 0627 CONTACT: 68914509  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Iktal Zafar (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 062351841 CONTACT: 92401868  
 c) ADDRESS: 2 Yishun Industrial Street 1 05-01 Noddy Bizhub

\*d) DATE OF BIRTH: (06/03/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/12/2017

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: SLV 6717 2 MODEL: Honda Vezel  
 b) DRIVER'S NAME: CHAVIGUTHS  
 c) NRIC/FIN/PASSPORT: S 7987532E CONTACT: 90276443

## 9. THIRD PARTY VEHICLE

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

Email = VERTICAL\_ENGRG@SINGET.COM.SG

VIDEO

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

VERTICAL ENGINEERING PTE. LTD.

**IKBAL ZAFAR**  
0 62351845  
CONSTRUCTION

KD565767



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

**IKBAL ZAFAR**  
G7943406Q

Birth Date: 06 Mar 1982  
Issue Date: 06 Dec 2017  
Valid Till: 07/12/2022

002751990J



**VISIT PASS**  
Immigration Regulations

Name: **IKBAL ZAFAR**

FIN: **G7943406Q**  
Date of Birth: **06-03-1982** Sex: **M**  
Nationality: **BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

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



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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

Effective Date: 06 Dec 2017

NP 428A

License No: G7943406Q







中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200206394E

MOTOR COMMERCIAL VEHICLE

M2300/C  
R SN  
AN0101A  
Cov. Type: F

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No	DMCVSNJ009381903	Engine No : 4M42A52750 Chano: FB708BA10371
1. Index Mark and Registration Number of Vehicle	GBA8507Z	
2. Name of Policy Holder	VERTICAL ENGINEERING PTE. LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 January 2019	
4. Date of Expiry of Insurance	29 January 2020	
5. Powers 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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

ITRUST PTE LTD  
52 FOCH ROAD  
#03-02

SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0395

EMAIL: [itrust@singtel.com.sg](mailto:itrust@singtel.com.sg)

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory