

NATIONAL Assessment Centre Services

Ref: 123/009

Date In: 01/07/19	Job description	Date & Time Completed	Done by
Ref No: NAKFI19011634/13	SAS e-filing		
Veh No: QBJ50305	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/06/19 0310	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FB65240E	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. ()

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

NA/1904976

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	01/07/2019 17:09
Date Of Accident	29/06/2019 03:10
Exact Location Of Accident	PIE TWDS KALLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5030D
Insured/Policyholder	
Name Of Registered Owner	ACAB SERVICES PTE LTD
Co Reg No	-
Email Address	ZITHENG@ACABSERVICES.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98489815

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN1919921900
Cover Note Number	

Driver

Name of Driver	DZAKHIR BIN HUSSAIN
NRIC No	S7440167H
Date Of Birth	23/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87841589
Fax Number	
Contact Number	
Email Address	AKIAKIRA186@GMAIL.COM

Address	BLK 43 BENDEMEER ROAD
	#03-1030
Postcode	330043
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190701/2123

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG5240E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG5240E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

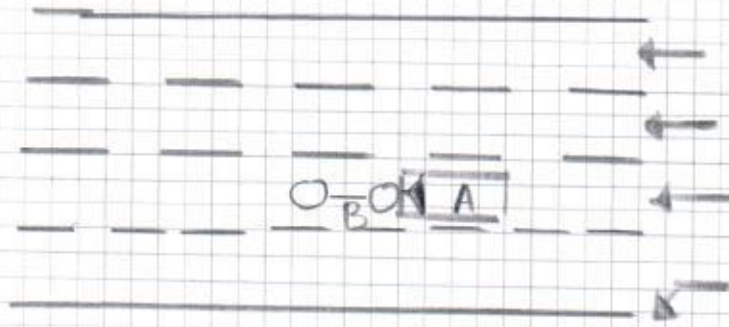
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DIE SWAS KALLANG BAHRU

A- GBJ5030D

B- FB65240E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190701/2123

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 POLICE FORCE



T/20190701/2123

1 of 3

Report No. T/20190701/2123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/07/2019 15:47

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
DZAKHIR BIN HUSSAIN

Address:
APT BLK 43 BENDEMEER ROAD #03-1030 SINGAPORE
330043

ID Type / ID No.:
NRIC NO / S7440167H

Contact No.:
Home/Office: Mobile: 87841589

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 44
Date of Birth: 23/12/1974

Type of Informant:
Driver

Race:

Language:

Institution / School Name:

Occupation:
OTHERS

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2019 03:10	Type of Location:
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Location:
Along Road 1
PAN ISLAND EXPRESSWAY

TOWARDS KALLANG BAHRU

Weather:
Clear

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:
Light

Type of Collision:

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5240E	Motorcycle				No Damage	0
GBJ5030D	Van				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190701/2123

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190701/2123

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	FBG5240E (Motorcycle)		Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		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	Slight
Driver				
Name	DZAKHIR BIN HUSSAIN		ID No.	S7440167H
Related Vehicle	GBJ5030D (Van)		Contact No.	87841589
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS SENDING MY FRIEND BACK FROM TAMPINES, I WAS DRIVING IN THE THIRD LAND AND BIKE IN WAS ABOUT 1-2 CAR LENGTH AHEAD OF ME. THE MOTORCYCLE SUDDENLY SLOWED DOWN AND I HAD TO PULL ON MY EMERGENCY BRAKES BUT WAS UNABLE TO STOP IN TIME, AND ENDED UP HITTING THE BACK OF THE MOTORCYCLE, THE DRIVER FELL OFF AND THE MOTORCYCLE SKIDDED FORWARD. I CALLED FOR AN AMBULANCE. I THEN ALIGHTED FROM MY VAN AND QUESTIONED THE RIDER WHY HE HAD SUDDENLY SLOWED DOWN. WE WAITED FOR THE ARRIVAL OF THE AMBULANCE AND TRAFFIC POLICE. I ONLY LEFT THE SCENE AFTER THEY HAD TAKEN DOWN MY STATEMENT.

THAT IS ALL



**SINGAPORE
POLICE FORCE**



T/20190701/2123

3 of 3

Report No. T/20190701/2123

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/07/2019 15:47

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7440167H



Name
 DZAKIR BIN HUSSAIN

Race
 MALAY

Date of birth
 23-12-1974

Sex
 M

Country of birth
 SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
 S7440167H

Name
 DZAKHIR BIN HUSSAIN

Birth Date
 23 Dec 1974

Issue Date
 08 Oct 2009



0017922670

3804359



S7440167H

Date of issue
 14-11-2005

43 BENDEMEER ROAD #03-1030
 SINGAPORE 330043


No. S7440167H Date: 19/11/2012 No: 7139617

For LKK/NAC Use Only

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Vehicle, including sidecar of the driver, and other motor vehicle

PASS LINE



Licence No: S7440167H



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

MOBILE: 9749 8111
AN0671A
Fax: 6749 8111
40705493

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)

DMCVSN1919921900

CERTIFICATE No.	DMCVSN1919921900	English No. ITD05049268
1. Index Mark and Registration Number of Vehicle	ORANGE	Chinese No. 2018010502
2. Name of Policy Holder	ACAP SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	4 MAY 2019	EXPRESS DECT 1 28100.00 EX ON WINDSCREEN 28100.00
4. Date of Expiry of Insurance	6 MAY 2020	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILE 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.</p> <p>(2) WHILE 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.</p> <p>PROVIDED THAT THE PERSON DRIVING IS REQUESTED 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.</p>	
6. Limitations as to use *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>(4) PRIVATE ROAD NOT COVERED.</p> <p>(5) USE FOR RACING, JACK-HAVING, RELIABILITY TRIAL OR TEST-TESTING.</p> <p>(6) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(7) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	

REPL. PACKAGE CO. 4 LIMITED OVERSEAS BANK LIMITED AS AN ORDER

* 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

Counter-signed By



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com