

NATIONAL Assessment Centre Services

Date In: 03/09/19	Job description	Date & Time Completed	Done by
Ref No NA/CTI/19016700/13	SAS e-filing		
Veh No GZ 3575T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 20/09/19 1445	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: (N-51 Tel: Fax:)

TP Particulars: Veh No: SMH 4082R 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 1907249	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	23/09/2019 09:13
Date Of Accident	20/09/2019 14:45
Exact Location Of Accident	ALONG NORTH BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ3575T
Insured/Policyholder	
Name Of Registered Owner	M/S NET LINK LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1905041900
Cover Note Number	
Driver	
Name of Driver	MOHAMADNOR BIN MOHAMED
NRIC No	S6929067A
Date Of Birth	30/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93727295
Fax Number	
Contact Number	
EEmail Address	MOHDNOR69.MN15@GMAIL.COM

Address	BLK 288 YISHUN AVE 6 #02-62
Postcode	760288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : NOOR RASHIDAH 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

PLS REFER TO THE ATTACHED 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	SMH4082R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZULHAIRI BIN ABDUL RASHID
NRIC/Passport Number	
Contact Number	87928171
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMADNOR BIN MOHAMED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GZ3575T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	NOOR RASHIDAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GZ3575T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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



Vehicle A : GZ3575T

Vehicle B : SMH4082R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GZ3575T) traveling along North Bridge Road. The traffic light was red, I was stationary at lane 2 suddenly vehicle B (SMH4082R) didn't stop his vehicle and collided onto my vehicle rear portion causing my vehicle rear portion badly damaged.

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.:

Vehicle No.	GZ3575T	Model / Make	Nissan NV350
Date of Accident	20/09/2019		
Time of Accident	1445	HRS	
Location of Accident	Along North Bridge Road		
Exact purpose use during accident	Work		
Name of Owner	Net Link Leasing Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC			
Address			
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Taiping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSN1905041900		
Name of Driver	As Above If No, Mohamadnor Bin Mohamed		
NRIC	S6929067A	Any Passengers :	1 Noor Rashidah
Date of birth	30/08/1969		(Female)
Occupation	Outdoor / Indoor		
Driving License Pass Date	22/12/1989		
Gender	Male / Female		
Contact No.	H/P : 93727295	Home :	Office :
Address	BK 288 Yishun Avenue 6 #02-62 S (760288)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	Hirer
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	M
Name And Contact No.	Mohamadnor Bin Mohamed	93727295	
Name And Contact No.	Noor Rashidah	90196303	
Police Report	No	If Yes, Where?	
Vehicle B No.	SMH4082R	Any Passengers :	1 (F)
Name of Driver	Zuhairi Bin Abdul Rahman	Contact No. :	87928171
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	mohdnor69.mn15@gmail.com		
PARTICULAR WORKSHOP	N51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



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

MZ407/C
E SN
AN0646A
Cov. Type: T

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. DMCVSN1905041900 Engine No : ZD30019439K
ChaNo: JN1MG4E25Z0713877

1. Index Mark and Registration Number of Vehicle GZ3575T

2. Name of Policy Holder M/S NET LINK LEASING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29 January 2020 Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance 16 March 2020

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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:
Authorised Officer

.....
Authorised Signatory