

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA120042408

Date In: 16/04/2020 17:14	Job description	Date & Time Completed	Done by
Ref No: NA/CT120005254/F	SAS e-filing		
Veh No: GBH1948T	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/04/2020 13:14	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: (Tel:	Fax:
TP Particulars:	Veh No: GBK544R	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

NA2002618

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 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	16/04/2020 17:14
Date Of Accident	16/04/2020 13:15
Exact Location Of Accident	ALONG 6 JALAN TUA KONG CRESCENDO PARK BASEMENT CP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1948T
Insured/Policyholder	
Name Of Registered Owner	NET LINK LEASING PTE LTD
Co Reg No	2XXXXX105K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88930535
Alternative Phone No	OFFICE-88930535

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00015292002
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RABBANI BIN ZAINI
NRIC No	SXXXX536B
Date Of Birth	23/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88930535
Fax Number	
Contact Number	
EMail Address	RABBANI_1991@HOTMAIL.COM

Address	BLK 334A ANCHORVALE CRESCENT #04-118 SINGAPORE
Postcode	541334
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 - MAJOR/MINOR RD
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: MUHAMMAD HIDAYAT BIN MOHAMMED HANAIF GENDER: MALE

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 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	GBK544R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOIR HONG CHEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RABBANI BIN ZAINI
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	GBH1948T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD HIDAYAT BIN MOHAMMED HANIFF
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBH1948T
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.

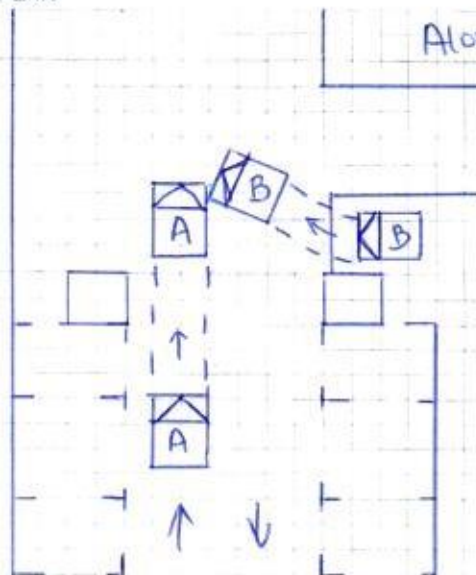


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Along 6 Jalan Tua Kong Crescendo Park
Basement Car Park

Veh A: GBH 1948T

Veh B: GBK 544R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBH 1948T) traveling along 6 Jalan Tua Kong Crescendo Park basement car park towards the exit on single lane, two way road. Somewhere near the entrance of the car park, vehicle B (GBK 544R) suddenly drove out his vehicle without check any blind spot, failed to stop before stop line. As a result, the front left of vehicle B collided onto the right portion of my vehicle.

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.:

Motor Commercial

MZ407/C

R SN

AN0646A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.	DMCVSNW00015292002	Engine No.:	1KD2694590
		Cha. No.:	KDH2010218559
1. Index Mark and Registration Number of Vehicle	GBH1948T	AUTOSAFE	=====
2. Name of Policy Holder	NET LINK LEASING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/03/2020	Excess Sect. I.	S\$1,500.00
		Excess Sect. II	S\$1,500.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	14/03/2021		
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.			
HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE 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.

Issued By: NET LINK COMMERCIAL PTE LTD
Authorised Officer
Authorised Signatory

Vehicle No.	GBH 1748T		Model / Make	Toyota Hiace
Date of Accident	16/4/2020			
Time of Accident	1315	HRS		
Location of Accident	Along 6 Jalan Tua Kong Crescendo Park Basement car park			
Exact purpose use during accident	Work			
Name of Owner	Net Link Leasing Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	201601105K			
Address	71 Woodlands Industrial Park E9 #08-08 S(757048)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	China Taiping			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DMCVSNW00015292002			
Name of Driver	As Above If No, Muhammad Rabbani Bin Zaini			
NRIC	S9115536B		Any Passengers : 1 (m)	
Date of birth	23/4/1991			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	19/03/2011			
Gender	Male	/	Female	
Contact No.	H/P : 88930535	Home :	Office :	
Address	BLK 334A Anchorvale Crescent #04-118 S(341334)			
Driver have any own vehicle	No	If yes, Reg No. FBN 6258L		
Relationship	Employee,	If no, state Hire		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Muhammad Rabbani Bin Zaini 88930535			
Name And Contact No.	Muhammad Hidayat Bin Mohammed Haniff 92264841			
Police Report	No	If Yes, Where?		
Vehicle B No.	GBK 544R		Any Passengers : 2	
Name of Driver	Sior Hong Chee		Contact No. :	
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	Right portion			
Camera Recorder	Yes / No			
Email Address	Rabbani_1991@hotmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			