

NATIONAL Assessment Centre Services. Print 1 Jan 2003 **NA/20045754**

Date In:	Job description	Date & Time Completed	Done by
06/05/2020 17:19	SAS e-filing		
Ref No: NA/GA/20005606/Y	E-mail (8 days then, AIC 2hrs)		
Veh No: GBD 5668X	I-Motor Claims Form		
D.O.A: 30/04/2020 18:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vkwn		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **FBR 1660U** 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 repolar.

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

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

Repair: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

()

()

()

()

NA2002848

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditors Comments: ()

Sal. 1: ()

2 / 3

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$75	
6) TR: Re-inspection	\$160	
7) NI: Idea DA + SMRT Survey		
8) NTUC Additional Services		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$3	
*NG: Repair Coordination	\$10	
*NT: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$3	
*ND: DV / Collect Excess Coordination	\$30	
TP (NI): TP Fee INC against INC	\$0	
9) NI: Idea Mobile		
Invoice dated		
Invoice dated		

Fee Charged

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	06/05/2020 17:19
Date Of Accident	30/04/2020 18:15
Exact Location Of Accident	ALONG CHOA CHU KANG CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5668X
Insured/Policyholder	
Name Of Registered Owner	ARTIZEN PTE LTD
Co Reg No	2XXXXX611W
Email Address	ZHANGFWI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87816158
Alternative Phone No	OFFICE-87816158

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000008163-00-000
Cover Note Number	

Driver

Name of Driver	ZHANG FEI
NRIC No	SXXXX651J
Date Of Birth	26/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87816158
Fax Number	
Contact Number	OTHERS-87816158
Email Address	ZHANGFWI@GMAIL.COM

Address	BLK 686B CHOA CHU KANG CRESCENT #11-228
Postcode	682686
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	COLLIDED INTO MOTORCYCLIST
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PEASE REFER TO POLICE REPORT J/20200502/7010

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	FBR1660U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
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 RIDER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBR1660U
Were seat belts worn?	
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:

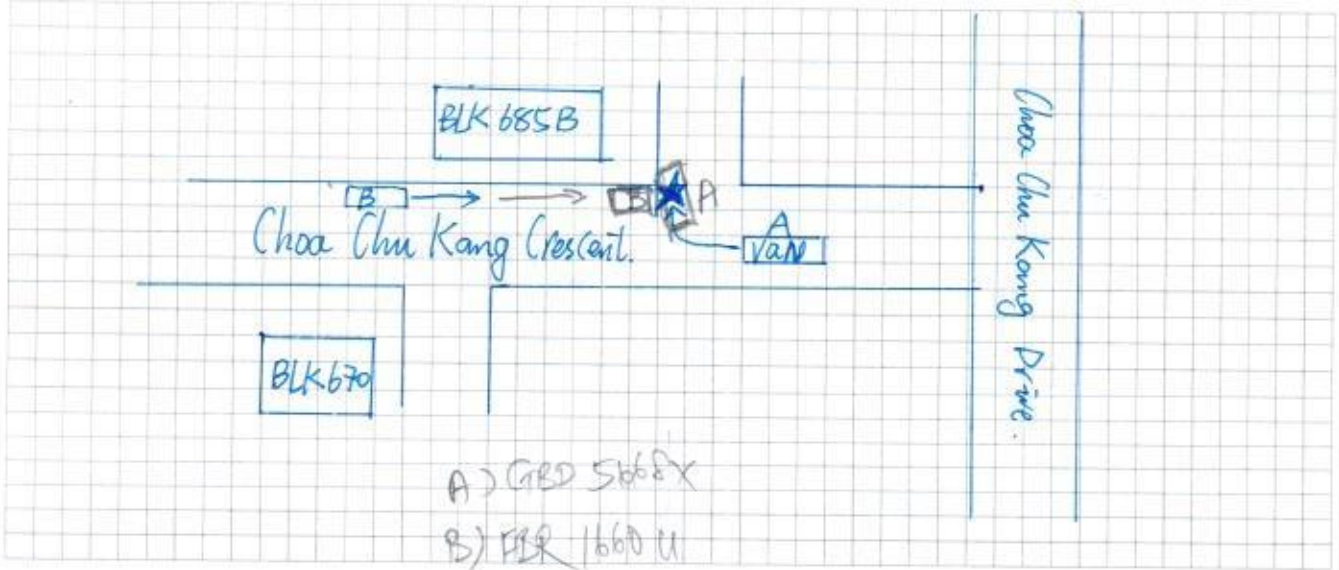
Driver's Signature
(If driver is not the policyholder)
Date & Time:

06/05/2020

16:55

06/05/2020
Reporting Centre Personnel's Signature
Name: Resi
NRIC/FIN No.: UA 1113

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. J/2020 0502/7010

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.:

06/05/2020
16:55

ACCIDENT STATEMENT

ACCIDENT DATE: 30/04/2020 (DD/MM/YYYY), TIME: 18:15 (HH:MM)

LOCATION: Along Choa Chu Canal Choa Chu

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 5668 X
 b) INSURANCE COMPANY: GREAT AMERICAN
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NV 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way home
 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: PRITI ZHAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200506611 W CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zhang Fei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8563651 J CONTACT: 87816158
 c) ADDRESS: BLK 686B #11-228 Choa Chu Kang Crescent

* d) DATE OF BIRTH: 26/03/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS: Class 3

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: Shady)

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: FBR 1660 U MODEL: Motor Cycle

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 = Zhangfei@gmail.com

VIDEO



POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20200502/7010

Date/Time Report Made 02/05/2020 09:49		Vide Report No.		Station Diary No.	
Name Of Informant ZHANG FEI		Address APT BLK 686B CHOA CHU KANG CRESCENT #11-228 SINGAPORE 682686			
ID Type / ID No. NRIC NO / S8563651J		Contact No. Home/Office: Mobile: 87816158			
Nationality CHINESE		Email Address ZHANGFWI@GMAIL.COM			
Occupation Mechanical engineering technician (general)		Sex Male	Age 35	Date of Birth 26/03/1985	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/04/2020 18:15 - 30/04/2020 18:20		Location Of Incident CHOA CHU KANG CRESCENT			
Brief details.					

I was on my way home driving the company van. the incident happened when I attempted to turn right into the HDB Car park 686 from Choa Chu Kang Crescent. Before I turned right, I was concentrated on the vehicles approaching from the opposite in the distance. After observing a motorcycle with a headlight on in the distance turned right into HDB 670, I then made a right turn to the car park 686. When I almost left Choa Chu Kang Crescent and entered the HDB area, I suddenly heard a big bang and realised something hit my van on the left side. I was shocked and immediately stopped turning on the warning light before getting off to check the situation. I saw a motorcycle rider lying in the middle of the road.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2020 09:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200502/7010

Some plastic parts of his motorcycle were damaged. Both the front door and sliding door on the left side of my van were badly dented. I quickly approached the motorcycle rider and check whether he was okay. I noticed that his face were injured and swollen, so I immediately called 995 for an ambulance. I was then waiting at the scene for the traffic police officer.

I would like to explain that I got a cut on my right hand that afternoon during work and lost a lot of blood. I felt a bit dizzy on my way driving home. After the collision I realised that I missed this motorcycle approaching from the opposite following the one mentioned above.

Subjects Involved				
Victim				
Person Name	ZHANG FEI			
ID Type	NRIC NO	ID No	S8563651J	
Gender	Male	Age	35	
Race	Chinese	Language	English	
Occupation	Mechanical engineering technician (general)	Address Type		
Address	APT BLK 686B CHOA CHU KANG CRESCENT #11-228 SINGAPORE 682686		Mobile No	87816158
Is Informant A Victim?	Yes			
Person Name	ZHANG FEI (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2020 09:49
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000008163-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Artizen Pte Ltd	Chassis Number	: VSKYBAM20Z0090458
NCD Entitlement	: Nil	Engine Number	: K9KC400D054061
Hire Purchase	: Maybank Singapore Limited	Registration Number	: GBD5668X
Period of Insurance	: From 29/11/2019 (00:00) To 28/11/2020 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

Limitations as to Use

a) Use in connection with Policyholder's business
 b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
 This Policy does not cover:

a) Use for Hire and Reward
 b) Use for racing, pace making, reliability trial or speed testing

* 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

Excess (Section 1)	: SGD 700.00
Excess (Section 2)	: N/A
Windscreen Excess	: SGD 100.00
Additional Excess	: Please refer overleaf

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : NLE Insurance Agencies Pte Ltd

Date of Issue : 19/11/2019

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

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