

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 120055596

Date In: 30/6/20 10:29	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 2000 6800/h4	SAS e-filing		
Veh No: G0H 2483K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/6/20 08:40	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: GW 8383 M. 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
NA2003459	1) AR: Accident Reporting (\$30);	30.00	
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments :-	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:-		
	Q1:		
	*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 willful 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	30/06/2020 10:29
Date Of Accident	28/06/2020 08:40
Exact Location Of Accident	ALONG SEMBAWANG RD / YISHUN AVE 7
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2483K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NET LINK LEASING PTE LTD
Co Reg No	2XXXXX105K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85777002

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00015312002
Cover Note Number	

#### Driver

Name of Driver	MOHAMED ZAZERI BIN SULAIMAN
NRIC No	SXXXX382Z
Date Of Birth	10/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85777002
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 353C ADMIRALTY DR #04-266
Postcode	753353
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	GW8383M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMED ZAZERI BIN SULAIMAN
------	-----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBH2483K

YES

NO

## SKETCH PLAN

### IMPORTANT NOTICE

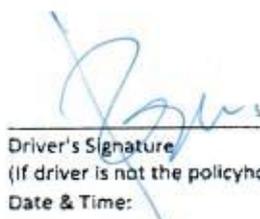
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

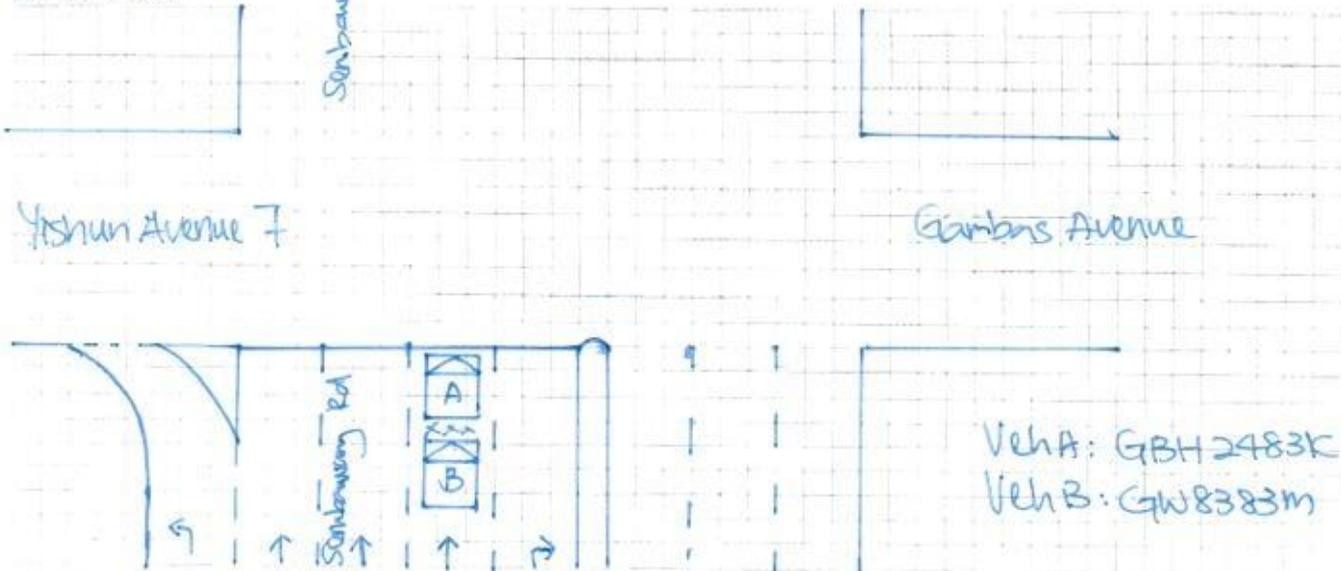


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

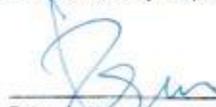
On above date & time, I was driving my vehicle A (GBH2483K) traveling along Sembawang Road towards Upper Thomson Rd on second lane of a 5-lanes, road. Somewhere at the junction of Yishun Avenue 7, my vehicle was stationary due to the traffic light was red. All of sudden, vehicle B (GW8383M) came from rear and collided onto the rear 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.:

<b>Vehicle No.</b>	GBH 2483K	Model / Make	Toyota Dyna
Date of Accident	28/6/2020		
Time of Accident	0840	HRS	
Location of Accident	Along Sembawang Road / Yishun Avenue 7		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	Net Link Leasing Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC	2016 01105K		
Address	71 Woodlands Industrial Park E9 #08-08 s(757098)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Taiping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSNW00015312002		
<b>Name of Driver</b>	As Above If No, Mohamed Zazeri Bin Sulaiman		
NRIC	576033822	Any Passengers :	-
Date of birth	10/2/1976		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	27/5/2009		
Gender	Male	/	Female
Contact No.	H/P : 85777002	Home :	Office :
Address	BLK 353 C Admiralty Drive #04-266 s(753353)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Mohamed Zazeri Bin Sulaiman 85777002		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	GW 8383M	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Rear portion		
Camera Recorder	Yes / No		
Email Address			
<b>PARTICULAR WORKSHOP</b>	N-SI Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

Motor Commercial

MZ407/C

**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)

R SN

AN0646A

Cov. Type:C

CERTIFICATE No.	DMCVSNW00015312002	Engine No.: 1KD2672730	
		Cha. No.:KDH2010212495	
1. Index Mark and Registration Number of Vehicle	GBH2483K	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	20/03/2020	Excess Sect. I	S\$1,500.00
		Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	19/03/2021	EX ON WINDSCREEN	S\$100.00

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

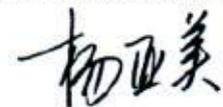
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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

## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	GBH2483K	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	HIACE DX 3.0 MANUAL
Vehicle Attachment 2:	-	Engine No.:	1KD2672730
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	KDH2010212495	Passenger Capacity:	2
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	3225 kg
Engine Capacity:	2982 cc	Secondary Colour:	-
Maximum Power Output:	-	Original Registration Date:	20 Mar 2018
Unladen Weight:	1760 kg	Open Market Value:	\$31,638.00
Primary Colour:	White	Minimum PARF Benefit:	\$0.00
First Registration Date:	20 Mar 2018	Additional Registration Fee Rate:	5.00%
Manufacturing Year:	2016		
PARF Eligibility:	No		
No. of Transfers:	0		
Actual ARF Paid:	\$1,582.00		

### Owner Particulars

Owner Name:	NET LINK LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201601105K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	71
Registered Street Name:	WOODLANDS INDUSTRIAL PARK E9
Registered Unit No.:	# 08 - 08
Registered Building Name:	WAVE9
Registered Postal Code:	757048
COE No. / Expiry Date:	2018032005000852D / 19 Mar 2028
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$30,572.00

### Transaction Details

Business Transaction Ref. No.:	20180320120610511315
Business Transaction Date:	20 Mar 2018
Business Transaction Time:	12:06:10

### Message

The above vehicle has been successfully registered.  
Please note that \$18,712.00 will be deducted from your GIRO account.

OK      Save as PDF