

# NATIONAL Assessment Centre Services. [ver 1 Jan 03] MNA 120103732

Date In: 23/11/20 11:45	Job description	Date & Time Completed	Done by
Ref No: NAI C72 20012845/64	SAS e-filing		
Veh No: SGX 4780X	E-mail (within 3hrs, A/C 2hrs)		
DTA: 18/11/20 15:40	I-Motor Claim Form		
(J) 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 / GW: (	Tel: /	Fax: /
TP Particulars:	Veh No: SMV 9381X	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 repolier.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( /

Remarks: (INC Non-Inc 6708/6610)	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: /
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Date/Time	Actions

NA 200 6304		Invoice Preparation Checklist		Amended	Added
Customer's Particulars:	1) AR: Accident Reporting (\$30);	30.00			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
	5) FT: Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2003)				
	6) TR: Re-inspection \$75				
	7) N1: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:				
	ON:				
	*N5: Courtesy Car / Tpt Allowance \$3				
	*N6: Repair Co-ordination \$10				
	*N7: Post Repair Inspection \$25				
	*N8: DV / Collect Excess Coordination \$3				
	TP (N11): TP (N5-n INC) against INC \$20				
	9) N12: Idao Mobile \$0				
Auditors Comments:	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	23/11/2020 11:45
Date Of Accident	18/11/2020 15:40
Exact Location Of Accident	UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX4780X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	5XXXX615L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82003050

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNW00000172000
Cover Note Number	-

### Driver

Name of Driver	FARIS BIN ABU BAKAR
NRIC No	SXXXX211B
Date Of Birth	10/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88504457
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 52 MARINE TERRACE #02-185
Postcode	440052
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20201118/2149

#### 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	SMV9381X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

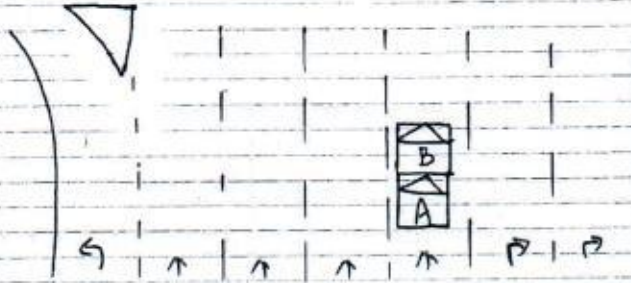
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Upper Paya Lebar Road

Vehicle A: SGX 4780X

Vehicle B: SMV9361X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/26201118/2149

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:



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

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





# SINGAPORE POLICE FORCE

Police Station Of Origin  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449295  
Tel No: 1800-4428099



T20201118/2149

1 of 4

Report No: T20201118/2149

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made  
18/11/2020 21:43

Vide Report No.

Station Diary No.  
64

### Informant's Particulars

Name of Informant:  
FARIS BIN ABU BAKAR

Address:  
APT BLK 52 MARINE TERRACE #02-185 SINGAPORE  
440052

ID Type / ID No.  
NRIC NO / S9033211B

Contact No.  
Home/Office: Mobile: 88504457

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 30 Date of Birth: 10/09/1990

Type of Informant:  
Driver

Race:  
Malay

Language:

Institution / School Name:

Occupation:  
Other car and light goods vehicle  
drivers nec

Driving Licence Information:  
Class: Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2020 15:40	Type of Location: Straight Road
Location:  UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Plate No.	Vehicle	Condition	No of Passenger
SGX4780X	Car	Seriously Damaged	0
SMV9381X	Car	Slightly Damaged	1

Any Pedestrian Involved: No

No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Marine Parade N.P.C  
80 Marine Parade Road SINGAPORE  
49296  
Tel No: 1800-4428999



T/20201118/2149

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Report No. T/20201118/2149

## CONTINUATION OF REPORT

Driver		ID No.		S9033211B
Name	FARIS BIN ABU BAKAR		Contact No.	88504457
Related Vehicle	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Ho Ji Xin		ID No.	S8228408G
Related Vehicle	NIL		Contact No.	98594785
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge		
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

### Brief Details.

On Wednesday 18 November 2020 at about 1540pm, location of Upper Paya Lebar beside Upp Serangoon Substation, near junction of upper serangoon viaduct. I was driving SGX4780X Grey Honda Stream and I was driving on the third lane. There was a car in front of me suddenly change left lane and I just drove forward and collided with with vehicle Honda Civic Black SMV9381X. There was a road work in front of the accident. Both of us stepped out from our car and make a checked and he called for Traffic Police. I made a checked and discovered that my was dent at the front center of my car, while there was a dent on the center rear of his bumper.

Shortly after traffic police and ambulance arrived attended the scene. The paramedic made a checked on all of us and there is nobody injured and there is nobody conveyed via ambulance. In his car, I believe that there was one passenger with him. He informed that him and his passenger did not bear any injuries during the incident. As such, we have decided to settle the matter privately. He drove off while my car was towed away due to the gear box issued.

As I was claiming the accident with my car company, my company informed that the other driver had informed his car company (Island Car Leasing) that he had sustained injuries during the incident.

I would like to state that I have an inbuilt car camera but it is not working. we have provided the traffic police officer with all the detail and also our particulars.





**SINGAPORE  
POLICE FORCE**



T20201118/2149

4 of 4

Police Station Of Origin  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449295  
Tel No. 1800-4428999

Report No. T20201118/2149

**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

G/

Sr Staff Sgt SALINA BINTE ISMAIL

Signature Of Informant:

*Ali*

Signature Of Interpreter:

Not applicable

Date/Time:

18/11/2020 21:43

Officer in Charge Of Case

TP / GAV

Sr Staff Sgt WONG SENG LEE

Case No. T20201118/2149

Arrested On: 18/11/2020

Arrested At: 300 Marine Parade Road

SP18

Classification Of Case:





中国太平  
CHINA TAIPIING

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

Motor Hire Car

MZ406UB

E SN

AN043DA

Cov. Type:T

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 186)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1962  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. CMHCSNW00000172000

Engine No.: R18A1742609

Chassis No.: TN61037651

1. Index Mark and Registration Number of Vehicle: SOX4780X

2. Name of Policy Holder: CAR CONCEPT LEASING

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 06/01/2020

4. Date of Expiry of Insurance: 23/02/2021

**5. Persons or Classes of Persons entitled to drive\***

As per Named Driver(s) stated below.  
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.

**6. Limitations as to use\***

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 186) and Section 93 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 186) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: \_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springtree Tower Singapore 079909

☎ 6399 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Scanned with CamScanner



Date of Accident : 18/11/2020 Accident Time: 1540 (24-HR-FORMAT)  
Accident Place : Upper Paya Lebar Road  
Vehicle Reg. No (Car plate No.) : SGX 4780X Vehicle Make/Model: Honda Stream  
Insurance Company : China Taiping Policy No. DMHCSNW00000172000  
Name of Registered Owner : Company / Individual Car Concept Leasing  
ID of Registered Owner : Co Reg No: 5336165L Owner's NRIC No: \_\_\_\_\_  
Co Contact No: 82003650 Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : Fan's Bin Abu Bakar DRIVER'S NRIC No: S9033211B

DRIVER'S Date of Birth : 10-09-1990 DRIVER'S License Pass Date 31 Jun 2016

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hirer

DRIVER'S Address : Blk 52 Marine Terrace #02-105 Singapore 440052

DRIVER'S Contact No./ Alt No. : 1) 8850 4457 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Blitzer\_9@hotmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
Injured Name: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: SMV 9381X

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_





21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609  
TEL: 82003050 ROC: 53361615L

Date: 26/09/2020

S/N: \_\_\_\_\_

## Car Rental Agreement

### HIRER / COMPANY PARTICULARS

Name (as per NRIC): 247 EXPRESS ENTERPRISE PTE LTD License Pass Date: \_\_\_\_\_  
NRIC No.: 201736626Z DOB: \_\_\_\_\_  
Address: 30 KALLANG PLACE #06-19 (S) 339159  
Contact No. (1) 90585820 Contact No. (2) \_\_\_\_\_

### RELIEF / GUARANTOR PARTICULARS

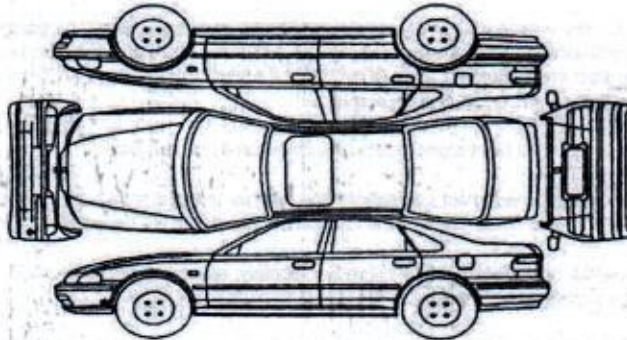
Name (as per NRIC): \_\_\_\_\_ License Pass Date: \_\_\_\_\_  
NRIC No.: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No. (1) \_\_\_\_\_ Contact No. (2) \_\_\_\_\_

### VEHICLE DETAILS

Make & Model : HONDA STREAM 1.8A  
Vehicle Registration Number: SGX4780X Contract Period : \_\_\_\_\_  
Date/Time Collection : 26/09/2020 @ 5PM  
Date/Time Return : \_\_\_\_\_  
Mileage Out (KM) : \_\_\_\_\_ Mileage In (KM) : \_\_\_\_\_  
Fuel Level Out : \_\_\_\_\_ Fuel Level In : \_\_\_\_\_

### PRE RENTAL CHECKLIST

Identify areas of damage on the diagram and include comments within the remarks below.



### REMARKS:

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT

Rental Amount: \$1250 (Day/Week ☒ /Month) Deposit Amount: \$-  
Refund Deposit: \_\_\_\_\_ (Signature/Date)

Authorized Staff Signature & Date

Hirer Signature & Date