

# NATIONAL Assessment Centre Services

Date In: 26/10/2005	Job description	Date & Time Completed	Done by
Ref No. NA/CTI20013067/13	SAS e-filing		
Veh No. 98012472	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 24/11/2005 1700	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: SM116032T	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:

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

2) QC Check / Post Repair Inspection ( )

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

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

Date/Time/Action:

Client Particulars:	NA2006289	Invoice Preparation Checklist	Amount (\$)	Add (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)		
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:		3) TF: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$130	
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey)	\$30	
Cal. 1:		For claiming against INC Only (ref 10 Jan 2005)		
Cal. 2/3:		6) TR: Re-inspection	\$75	
		7) N1: Idao DA + SMRT Survey	\$160	
		8) NTUC Additional Services:-		
		ON:		
		*N5: Courtesy Car / Tp Allowance	\$5	
		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV / Collect Excess Coordination	\$5	
		TE (N11): TP (Non INC) against INC	\$20	
		9) N12: Idao 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	26/11/2020 15:10
Date Of Accident	24/11/2020 17:00
Exact Location Of Accident	MINDEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1247Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LE FONG BUILDING SERVICES PTE LTD
Co Reg No	2XXXXX062E
Email Address	LEFONG.BS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83337667
Alternative Phone No	OFFICE-83337667

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00078512004
Cover Note Number	

### Driver

Name of Driver	SHAIKH JUBAER
NRIC No	GXXXX953T
Date Of Birth	31/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91958406
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	50 SERANGOON NORTH AVE #05-03
Postcode	555856
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?	NO
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: : COLLEAGUE 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

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	SMM6033T
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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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.

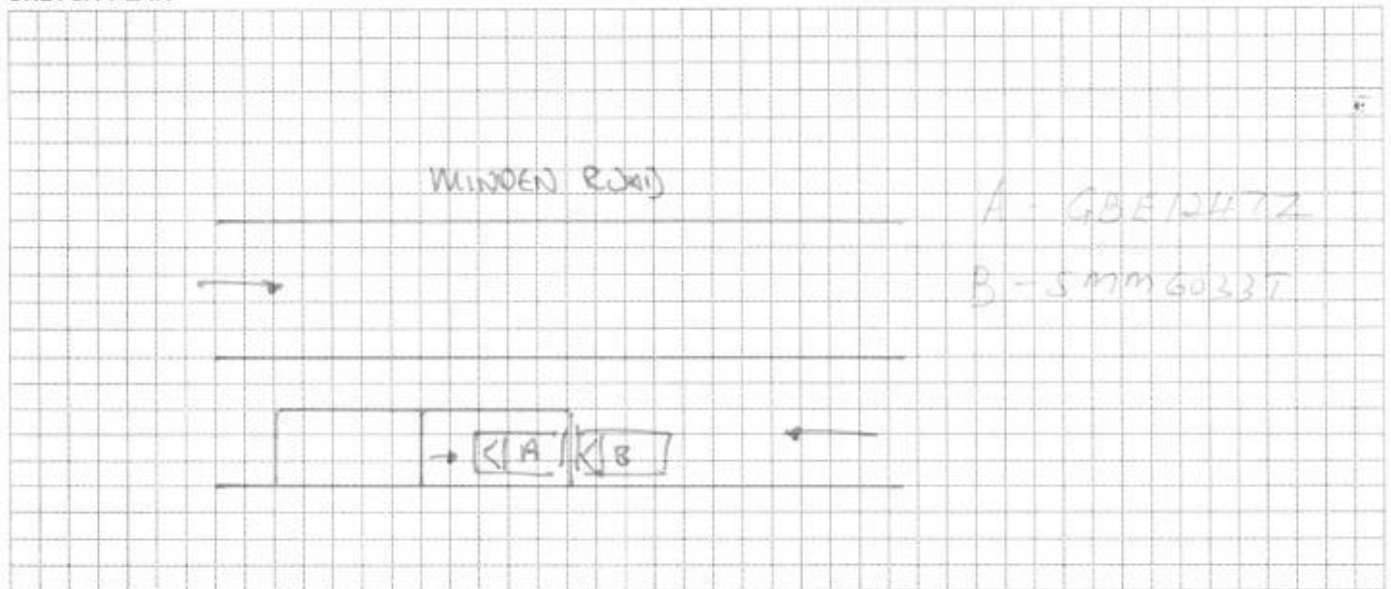


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26.11.2020 8:1300am

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reversed my lorry and accidentally hit the front of a vehicle (B).

Vehicle (B) had only very minor damage.

## 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: 26.11.2020 @ 1300hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**PROFI AUTOMOTIVE**

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE. SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 24.11.2020 Accident Time: 1700hrs (24 HR Format)

Accident Place : Minden Road

Vehicle Number : GBE 1247Z Make/Model: Nissan Cabstar

Insurance Co. : CW Taiping Policy No. : DMCVSNW00078512004

Owner/Company Name & IC No. : Le Fong Building Services P/L

Owner/Company Tel No. : 83337667 (William)

Driver Name and IC No. : Shaikh Jubaer

Driver Date of Birth : 31.12.1989 License Pass Date: 04.11.2020

Driver Address : 50 Serangoon North Ave #05-03 S555856

Driver Contact No : 91958406 Driver Occupation: Indoor | Outdoor

Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: \_\_\_\_\_

Email Address : lefong.bs@gmail.com

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

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

Number of Passenger (Including Driver) : 02 Vehicle Usage Purpose : Private Use | Work Purpose  
(colleague m)

Was there any Video Capture by Car Camera : Yes | No

Any Injury (State, if Yes) : \_\_\_\_\_

**Details of Other Vehicle**

Vehicle No. : <u>SMM 6033T</u>	Vehicle No. : _____
Make/Model : _____	Make/Model : _____
Driver Name : _____	Driver Name : _____
Driver Contact No. : _____	Driver Contact No. : _____

\* NEW - Passenger Name &amp; Gender :



Motor Commercial

MZ300/C

R SN

AN0589A

Cov. Type: 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)

CERTIFICATE No.

DMCVSNW00078512004

Engine No.: ZD30348580K

Cha. No.: JN1SC2F24Z0857306

1. Index Mark and Registration  
Number of Vehicle

GBE1247Z

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

LE FONG BUILDING SERVICES PTE LTD

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

09/09/2020

Excess Sect. I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

08/09/2021

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

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 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 in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

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

HIRE PURCHASE CO.: HONG LEONG 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



Issued By: JZ ASSURE PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory