

NATIONAL Assessment Centre Services.

[Part 1 Jan 02]

SN0921120005-01

Date In: 21/01/2021 11:19	Job description	Date & Time Completed	Done by
Ref No NA/CTI 2100099H/WH	SAS e-filing		
Veh No GBB 7965 K	E-mail (within 3hrs, AIC 2hrs)		
DTA 12/12/2020 15:00	I-Motor Claim Form		
(U) 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		

Produced Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: STP 1903K	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 2100099H/WH)	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	Action

NA210022	Invoice Registration Charge	30
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bgr-In-Charge):	4) FT: Follow-Through Survey \$120	
Wardens' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
Ref:	For e-filing status: INC Only (waC 19 Jan 2025)	
DTA:	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI2: Ideal Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

CE - Expired

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 Submission	21/01/2021 11:19 (SGT)
Date of Accident	17/12/2020 15:00 (SGT)
Exact Location of Accident	20 Changi N Cres, Singapore 499613
Additional Location Information	VICOM VEHICLE INSPECTION CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7965K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAST CLASS SERVICES PTE LTD
Company Reg No	2XXXXX390W
Email Address	KBK@FASTCLASSSERVICES.COM
Mobile Phone No	(Phone) +65-97590004
Alternative Phone No	+65-97590004

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FB70BB1SRDEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00001821900
Cover Note Number	-

DRIVER

Name of Driver	ZAHARA BINTE SAMAD
NRIC No	SXXXX932D
Date Of Birth	17/03/1979
Occupation	Outdoor

Date Of Driving Pass	08/02/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97590004
Alt. Phone Number	-
Email Address	KBK@FASTCLASSSERVICES.COM
Address	BLK 774 BEDOK RESERVOIR VIEW #14-113
Address complement	-
Postcode	470774
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/20201218/2126

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	SJP1903K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GRACE LIM
Contact Number	(Phone) +65-91002204

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.

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.

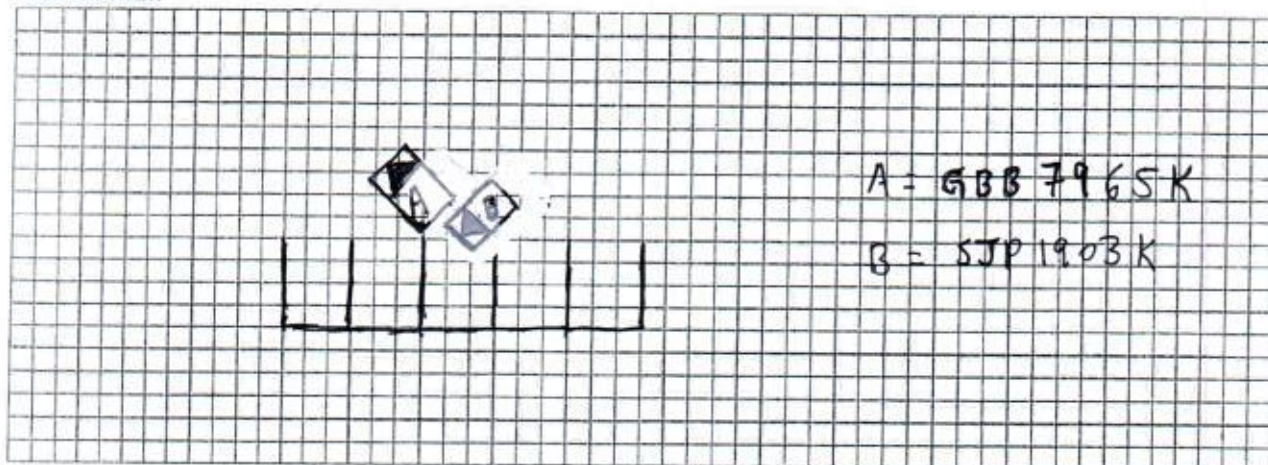


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer to police report.

Declaration

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


Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SM0921120005 Vehicle Registration No: GBB7965X
Name (as shown in NRIC) : Fast class Services pte Ltd NRIC/FIN/Passport No : 2XXXXX390W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 9759 0004
Email Address : KBK@FastclassServices.com
Date of Accident : 17/12/20 Time of Accident: 15:00
Place of Accident : 20 Changi M Cres
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Policy Number to DMGV5NA00001821900

Policyholder / Driver's Signature
Date:


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



**SINGAPORE
POLICE FORCE**



G/20201218/2126

1 of 2

POLICE REPORT (NP299)

Report No. G/20201218/2126

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Date/Time Report Made 18/12/2020 18:58		Vide Report No.		Station Diary No. 55	
Name Of Informant ZAHARA BINTE SAMAD		Address APT BLK 774 BEDOK RESERVOIR VIEW #14-113 SINGAPORE 470774			
ID Type / ID No. NRIC NO / S7907932D		Contact No. Home/Office		Mobile 97590004	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF EMPLOYED		Sex Female	Age 41	Date of Birth 17/03/1979	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 17/12/2020 15:00		Location Of Incident 20 CHANGI NORTH CRESCENT VICOM VEHICLE INSPECTION CENTRE SINGAPORE 499613			

Brief details.

On 17/12/2020 at about 1500hrs, I was at VICOM for my company (Fast Class Services Pte Ltd) lorry (GBB 7965K) inspection for the intended renewal of road tax. I was at the sentry area seeking direction advice from the staff to join the queue for the inspection. Thus, I was directed to leave the compound to join back the correct queue. While in the midst of leaving the compound, I was supposed to reverse into one of the lot in order to make a change of direction to exit. As I was reversing, my lorry collided with one of a local car (SJP 1903K) which is going head front to the lot that I was reversing into.

Signature Of Officer Recording The Report:

G / Sgt 3 MEGGY TOR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt MAZLAN BIN MIAT
Contact No.: 62447200

Signature Of Informant:

Date/Time:
18/12/2020 18:58

Classification Of Case:

Authentication Stamp



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SIGNATURE



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G/20201218/2126

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201218/2126

Therefore, a collision took place in which the rear of my lorry collided into the local car rear right side area. No one was injured. Additionally I would like to add that it was raining heavily hence visibility was the road was affected. Moreover, the local car was heading front, in that case, the driver could have seen me reversing to the same intended lot. Also, rightfully under my understanding of the road traffic regulation, the said driver should have reversed or wait for me to do a complete reverse, instead of proceeding head front with the intended lot.

I am lodging this report for insurance claim purposes.

Particulars of the driver is as such:

Grace Lim

* 9100 2204

Signature Of Officer Recording The Report:

G / Sgt 3 MEGGY TOR

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /

Sr Staff Sgt MAZLAN BIN MIAT

Contact No.: 62447200

Signature Of Informant:

Date/Time:

18/12/2020 18:58

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE



中国太平
CHINA TAIPING

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

Motor Commercial

MZ301/C

N SN

AN0650A

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.

DMCVSNA00001821900

Engine No.: 4M42A75758

Cha. No.: FB70BBA20167

1. Index Mark and Registration
Number of Vehicle

GBB7965K

AUTOSAFE

=====

2. Name of Policy Holder

FAST CLASS SERVICES PTE LTD

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

19/12/2019

Excess Sect I. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

18/12/2020

5. Persons or Classes of Persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP

* 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: Gan Li Jia Jesca
Authorised Officer

Authorised Signatory

6745 7076

ACCIDENT STATEMENT

ACCIDENT DATE: 17/11/12 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Kom - Chiang North Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB7965K
 b) INSURANCE COMPANY: China Ping
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97590004
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

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: Redoks South MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP1903K * MODEL: _____
 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: _____

* chp.

* Driver - driver IC/PL.

* vehicle - ✓

* police report ✓

* car ✓

email =

fax =

video =

KBK @ Fast

class services. com

No.

rspur11@comfo.com.