

# NATIONAL Assessment Centre Services.

Part 1 Jan 2021 SN 092110000

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 21/01/2021 17:09 | Job description                          | Date & Time Completed | Done by          |
| Ref No NA/INC 21001032/h4 | SAS e-filing                             |                       |                  |
| Veh No G8G 69045          | E-mail (within 3hrs, AIC 2hrs)           |                       |                  |
| DOA: 20/01/2021 12:40     | I-Motor Claim Form                       | MT/1118241-001        | 21/01/2021 17:31 |
| OLD: 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 |                       |                  |

Printed Wksp / INC Assign Wksp / OW: (

Tel: \*

Fax: \*

TP Particulars: Vch No: XD 8487X. 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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rep/rep.

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

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

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \*

|                                 |  |
|---------------------------------|--|
| Driver/Owner:                   |  |
| Contact No:                     |  |
| Damaged Portion:                |  |
| QC Checked by (Engr-In-Charge): |  |
| Auditors' Comments:             |  |
| Sub 1:                          |  |
| Sub 2:                          |  |

NA2101020

Invoice Information Checked by: \* Add Bill

|  |     |    |
|--|-----|----|
| 1) AR: Accident Reporting (\$30);              |     | 30 |
| 2) DA: Damage Assessment (\$100); INC (\$80)   |     |    |
| 3) TP: Towing Fee \$40/\$45                    |     |    |
| 4) FT: Follow-Through Survey \$120             |     |    |
| 5) PT: Follow-Through Survey (Resurvey) \$30   |     |    |
| For claiming against INC Only (wa 10 Jan 2021) |     |    |
| 6) TR: Re-inspection \$75                      |     |    |
| 7) NI: Idao DA + SMRT Survey \$160             |     |    |
| 8) NTUC Additional Services:-                  |     |    |
| ON:  |     |    |
| *NS: Courtesy Car / Tpt Allowance              | 33  |    |
| *NG: Repair Co-ordination                      | 510 |    |
| *NI: Post Repair Inspection                    | 525 |    |
| *NB: DV / Collect Excess Coordination          | 33  |    |
| TP (Nil): TP (Non INC) against INC             | 520 |    |
| 9) NI2: Idao Mobile                            | 30  |    |

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 Submission              | 21/01/2021 17:09 (SGT)      |
| Date of Accident                | 20/01/2021 12:40 (SGT)      |
| Exact Location of Accident      | Ang Mo Kio Ave 8, Singapore |
| Additional Location Information | -                           |
| Country/State of Loss           | Singapore                   |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG6904S |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                          |
|--------------------------|--------------------------|
| Is company?              | Yes                      |
| Name Of Registered Owner | CO-TOP MARKETING PTE LTD |
| Company Reg No           | 2XXXXX414K               |
| Email Address            | J-ENN@LIVE.COM           |
| Mobile Phone No          | (Phone) +65-63629476     |
| Alternative Phone No     | (Office) +65-63629476    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Cabstar                   |
| 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 - Claiming third party |
| Vehicle Category   | Commercial vehicle        |

#### INSURANCE COMPANY

|                           |               |
|---------------------------|---------------|
| Name of Insurance Company | NTUC          |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 5094465732-03 |
| Cover Note Number         | -             |

#### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | NAZMUL     |
| Work Permit No | GXXXX430Q  |
| Date Of Birth  | 01/02/1991 |
| Occupation     | Outdoor    |



|  |                      |
|--|----------------------|
| Date Of Driving Pass .....   | 18/09/2017           |
| Driving experience .....   | 3 YEARS AND 4 MONTHS |
| Gender .....   | Male                 |
| Mobile Number .....  | (Phone) +65-83419650 |
| Alt. Phone Number .....  | -                    |
| Email Address .....  | J-ENN@LIVE.COM       |
| Address .....  | 39 KRANJI LANE       |
| Address complement .....   | -                    |
| Postcode .....   | 728649               |
| 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 - Change/cross lane |
| Weather Conditions ..... | Clear                         |
| Road Surface .....       | Dry                           |

#### 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |       |
|--------------|-------|
| Name .....   | ASHIK |
| Gender ..... | Male  |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | FAREHRD |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Choa Chu Kang Neighbourhood Police Centre             |
| Police Station Phone No .....                   | (Phone) +65-18007659999                               |
| Alt. Police Station Phone No .....              | (Fax) +65-67644104                                    |
| Police Station Address .....                    | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20210121/2028

#### 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 .....             | XD8487X            |
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| Name of Driver .....                          | -                  |
| Contact Number .....                          | -                  |
| Address .....                                 | -                  |
| Address complement .....                      | -                  |
| Postcode .....                                | -                  |
| Insurance Company Name .....                  | -                  |
| Nature Of Damage .....                        | -                  |
| Details of property damaged in accident ..... | -                  |
| No. Of Passenger (Including Driver) .....     | -                  |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |           |
|---|-----------|
| Name of injured person .....                              | NAZMUL    |
| Address .....   | -         |
| Address Complement .....                                  | -         |
| Post Code .....   | -         |
| Approximate Age Years Old .....                           | -         |
| Injuries Sustained .....                                  | NECK PAIN |
| Injured person in which vehicle? .....                    | GBG6904S  |
| Were seat belts worn? .....                               | Yes       |
| Was this injured conveyed to hospital by ambulance? ..... | 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 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.

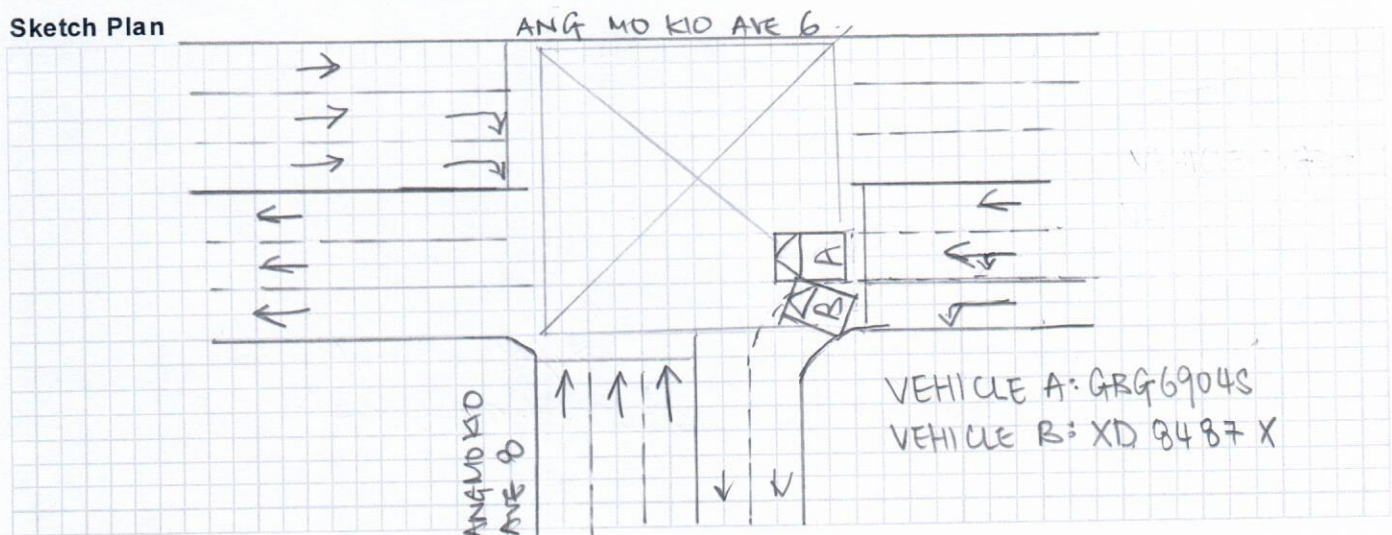


Policyholder's Signature / Date & Time

*N72muf*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*47*  
Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

— REFER TO POLICE REPORT —

I WOULD LIKE TO ADD ON THAT I FELT PAIN AND WENT TO  
SEE A DOCTOR.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

NARMI

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

H7

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210121/2028

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210121/2028

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |   |                            |  |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made:<br>21/01/2021 11:40 |            | Vide Report No.:   |   | Station Diary No.:<br>47   |  |
| <b>Informant's Particulars</b>             |            |  |   |                            |  |
| Name of Informant:<br>NAZMUL               |            |  | Address:                                      |                            |  |
| ID Type / ID No.:<br>FIN NO / G2137430Q    |            |  | Contact No.:<br>Home/Office: Mobile: 83419650 |                            |  |
| Nationality:<br>BANGLADESHI                |            |  | Email:  |                            |  |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>01/02/1991                             | Type of Informant:<br>Driver                  |                            |  |
| Race:<br>Indian                            |            | Language:  |   | Institution / School Name: |  |
| Occupation:<br>DRIVER                      |            | Driving Licence Information:<br>Class: 3 Date of Expiry: |   |                            |  |

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |   |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>20/01/2021 12:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>ANG MO KIO AVENUE 8                         |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |   |  | Anyone conveyed by ambulance:<br>No |

|                                    |       |      |       |       |                  |                 |
|------------------------------------|-------|------|-------|-------|------------------|-----------------|
| <b>Details of Vehicle Involved</b> |       |      |       |       |                  |                 |
| Vehicle No.                        | Type  | Make | Model | Color | Condition        | No of Passenger |
| GBG6904S                           | Lorry |      |       |       | Slightly Damaged | 2               |
| XD8487X                            | Lorry |      |       |       | Slightly Damaged | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |





Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210121/2028

**CONTINUATION OF REPORT**

|                                   |                    |  |                                   |
|-----------------------------------|--------------------|--|-----------------------------------|
| <b>Driver</b>                     |                    |  |                                   |
| Name                              | NAZMUL             | ID No.                                 | G2137430Q                         |
| Related Vehicle                   | GBG6904S (Lorry)   | Contact No.                            | 83419650                          |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                    |  |                                   |
| Name                              | MURUGAN MANIKANDAN | ID No.                                 | G5460427R                         |
| Related Vehicle                   | XD8487X (Lorry)    | Contact No.                            | 84014534                          |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                | Degree of Injury                       | NIL                               |

**Brief Details.**

On 20/01/2021 at about 1240hrs, I was driving my company (CO-TOP Marketing PTE LTD) lorry at the junction of Ang Mo Kio Ave 8 (located opposite Block 638 AMK). I was driving on the 2nd lane wanting to make a left turn, and the lorry (Vehicle no. XD 8487X) that was on the lane next to me that was also turning left, made a wide turn and had hit the left side of my company's lorry. Due to the hit, my company's lorry had suffered from a few damages such as the left rear tyre being punctured, left front side is damaged and the left door is faulty. After the accident occurred, the both of us exchanged particulars.

I am lodging this report for my company's insurance claim. I wish to state that on 21/01/2021, I realized I have suffered slight injury on my neck. My neck feels strain due to the accident.





**SINGAPORE  
POLICE FORCE**



T/20210121/2028

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Report No. T/20210121/2028

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:

J /

Sgt 2 NURUL ADNEEN BINTE AFANDI

Signature Of Interpreter:

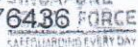
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436



Authentication Stamp

Signature Of Informant:

*NAD2.mv1*

Date/Time:

21/01/2021 11:40

Classification Of Case:



## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5094465732-03

**Cover :** Comprehensive

- |  |   |                          |
|--|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle   | : | GBG6904S                 |
| Chassis Number   | : | JN1SC2F24Z0860140        |
| 2. Name of Policyholder  | : | CO-TOP MARKETING PTE LTD |
| 3. Effective Date of Insurance   | : | 29 Sep 2020              |
| 4. Expiry Date of Insurance  | : | 28 Sep 2021              |
| 5. Persons or Classes of Persons entitled to drive#  |   |                          |
| (a) The Policyholder.  |   |                          |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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#  |   |                          |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |   |                          |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |   |                          |

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)    | : S\$600   |
| EXCESS (SECTION 2)    | : N/A  |
| WINDSCREEN EXCESS     | : S\$100   |
| INSURE WITH COE       | : YES  |
| HIRE PURCHASE COMPANY | : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD |
| SUM INSURED           | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS      |

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)

Agency : JUN SHI INSURANCE AGENCY (00000572596)  
Date of Issue : 24 Sep 2020 14:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Date of Accident : 20/01/21 Accident Time: 12:40 (24-HR-Format)  
Accident Place : ANG MO KIO AVENUE 8/200107414K  
Vehicle No. (Car Plate No.) : GRG 6904S Make/Model: \_\_\_\_\_  
Insurance Company : NTUC Policy No: 5094465732-03  
Owner or Company Name /IC No. : CO-TOP MARKETING PTE LTD  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 63629476 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NAZMUL  
DRIVER'S Date Of Birth : 01/02/1991 DRIVER'S License Pass Date 18/09/2017  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 39 KRANJI LANE SINGAPORE 728649  
DRIVER'S Contact No./ Alt No. : 1) 83419650 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : J-ENN@LIVE.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): 03  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): NGCK

**Other Party Driver's Particular (if any)**

|                               |                              |
|-------------------------------|------------------------------|
| Vehicle. No: <u>XD 8487 X</u> | Vehicle. No: _____           |
| Vehicle Make \ Model: _____   | Vehicle Make \ Model: _____  |
| Name Driver: _____            | Name Driver: _____           |
| IC No. Driver/Contact: _____  | IC No. Driver/Contact: _____ |

\* **NEW – Passenger's name & gender:**

- ① ASHIK , MALE
- ② FAREHRD , MALE