

NATIONAL Assessment Centre Services. [part 1 Jan 03]

Date In: 20/02/21	Job description	Date & Time Completed	Done by
Ref No NA/CRI21002402/13	SAS e-filing		
Veh No SMK 3570 P	E-mail (within 2hrs, AIC 2hrs)		
D.O.A 19/02/21 1120	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		

Profund Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SLT3245T 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 (Ref No: 67084616)	Date Claim 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

Claimant's Particulars: NA201672	Invoice Itemization	Amount	Added to bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claimant against INC Only (w/c 10 Jan 2005)		
Est. 2:	6) TR: Re-Inspection \$75		
Est. 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N+1 INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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 Submission .....	20/02/2021 09:34 (SGT)
Date of Accident .....	19/02/2021 11:20 (SGT)
Exact Location of Accident .....	Bedok Reservoir, Singapore
Additional Location Information .....	T-JUNC BETWEEN
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK3570P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No .....	2XXXXX882D
Email Address .....	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No .....	(Phone) +65-91998131
Alternative Phone No .....	+65-91998131

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
Variation .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	DMHCSNA00001962000
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NORMAN BIN ABU BAKAR
NRIC No .....	SXXXX159H
Date Of Birth .....	09/04/1959
Occupation .....	Outdoor

Date Of Driving Pass .....	25/01/1979
Driving experience .....	42 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88934568
Alt. Phone Number .....	-
Email Address .....	PEIJIE@EXPRESSCAR.COM.SG
Address .....	BLK 265 TAMPINES ST 4
Address complement .....	#03-52
Postcode .....	520265
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT3245T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	NORMAN BIN ABU BAKAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMK3570P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

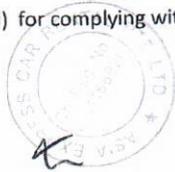
## SKETCH PLAN

### 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 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: 19/12/21  
12:45PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/12/21  
12:45PM

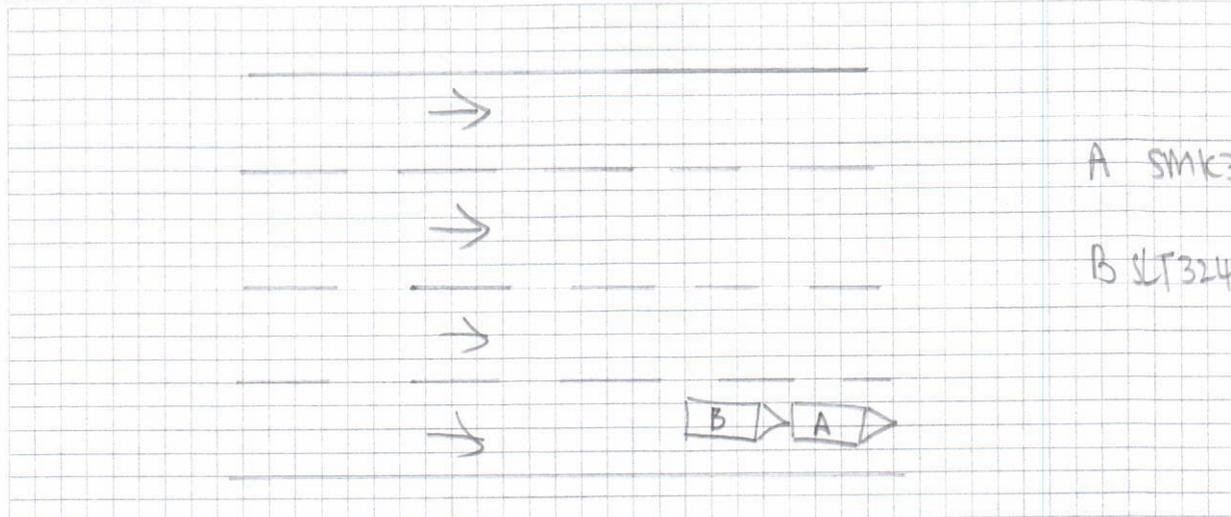
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

T-JUNC BETWEEN BEDOK RESERVOIR

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic light when the vehicle B hit me from the back

DECLARATION

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

  
Policyholder's Signature

Date & Time: 19/2/21  
12:45pm

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 19/2/21  
12:45pm

 20/02/21  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

**SKETCH PLAN**

**IMPORTANT NOTICE**

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  - (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: 19/12/21  
12:45pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 19/12/21  
12:45pm

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210219/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2021 14:28	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: NORMAN BIN ABUBAKAR		Address: APT BLK 265 TAMPINES STREET 21 #03-52 SINGAPORE 520265	
ID Type / ID No.: NRIC NO / S1359159H		Contact No.:	Mobile: 88934568
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 09/04/1959	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2021 11:20	Type of Location: T-Junction
Location: UBI AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT3245T	Car					0
SMK3570P	Car				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

Driver			
Name	Wang Jianzhong	ID No.	G7684303T
Related Vehicle	SLT3245T (Car)	Contact No.	97770058
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NORMAN BIN ABUBAKAR	ID No.	S1359159H
Related Vehicle	SMK3570P (Car)	Contact No.	88934568
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 19/2/2021 at about 1120hrs, I was driving my rented car (V1: SMK3570P) and I was working as Grab driver. I had a passenger seated on the front passenger seat. I was driving along T-junction of Jln Eunus heading towards Eunus Link.

As I approached the T-junction, it was red light thus I came to a stop. I was the second car on the first lane. When the traffic light turned green, the car in front of me drove off and I noticed that there is a jam ahead. Thus, I did not move my car further and stopped before the yellow box.

Suddenly, I felt an impact from the rear of my car. The car (V2: SLT3245T) behind me collided onto the rear of my car. Thus, there was damages on the rear of my car. I wish to state that there is in-car camera. However, it is facing the front view.

Afterwhich, we exchanged our particular and V2 driver told me that he is driving his friend's vehicle (V2 owner contact number 97770058).

After the accident, I went to clinic for checkup and I was given 5 days of MC too. My passenger informed that she is fine and there was no visible injuries seen on her.



**SINGAPORE  
POLICE FORCE**



T/20210219/2055

3 of 3

Report No. T/20210219/2055

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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 /  
Sgt 2 LIM YA HUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/02/2021 14:28

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
  
SIGNATURE

Date of Accident : 19/12/24 Accident Time: 11:20 (24-HR-FORMAT)

Accident Place : T-JUNCTION BETWEEN BEDOH RESERVOIR

Vehicle Reg. No (Car plate No.) : SMK3570P Vehicle Make/Model: Toyota Noah

Insurance Company : China Taiping Policy No. DMHCSNAD000P162000

Name of Registered Owner : Company / Individual Asia Express Car Rental

ID of Registered Owner : Co Reg No: 201162820 Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 91998131 Owner's Contact No: \_\_\_\_\_

**DRIVER'S Name** : Norman Bin Abubakar **DRIVER'S NRIC No:** S13591594

**DRIVER'S Date of Birth** : 09/04/1959 **DRIVER'S License Pass Date** 25/01/1979

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

**DRIVER'S Address** : Bix 265 Tampines St 21 #03-52 (S) 520265

**DRIVER'S Contact No./ Alt No.** : 1) 88934568 2) \_\_\_\_\_

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

Email Address : pejje@expresscar.com.sg

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): 1 Male 1 Female

Was the accident reported to the police? YES   NO

Was there any video Captured by car camera. YES   NO

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: _____ <u>SLT 3245T</u>	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: _____

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

**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. DMHCSNA00001962000

Engine No.: 2ZR0D08155

Cha. No.: ZWR800367966

1. Index Mark and Registration Number of Vehicle SMK3570P

2. Name of Policy Holder ASIA EXPRESS CAR RENTAL PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 25/03/2020

4. Date of Expiry of Insurance 24/03/2021

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 drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : THONG LEE TRADING PTE 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: \_\_\_\_\_  
Gan Li Jia Jesca  
Authorised Officer

  
\_\_\_\_\_  
Authorised Signatory