

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) SN 09213M000E

Date In: 22/3/21 16:29	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 2100 3678/h4	SAS e-filing		
Veh No: GBJ 351K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/3/21 15:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SPT 718 L	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 hotline: 6788 6616)	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	Actions

MA2102362	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 2/3:			

## 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	22/03/2021 16:29 (SGT)
Date of Accident	20/03/2021 15:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ351K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABS LEASING SERVICES PTE LTD
Company Reg No	-
Email Address	JOHN.PYJ@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92966056
Alternative Phone No	+65-92966056

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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
Transmission	Manual
CC	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00024572000
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD AZHAR BIN SUPENGI
NRIC No	SXXXX774D

Date Of Birth	08/10/1974
Occupation	Outdoor
Date Of Driving Pass	25/08/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97263740
Alt. Phone Number	-
Email Address	JOHN.PYJ@HOTMAIL.COM
Address	BLK 815 TAMPINES AVE 4 #12-233
Address complement	-
Postcode	520815
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210322/7016

#### 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	SFT718L
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3601E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMT9993R
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	MOHAMAD AZHAR BIN SUPENGI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBJ351K
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

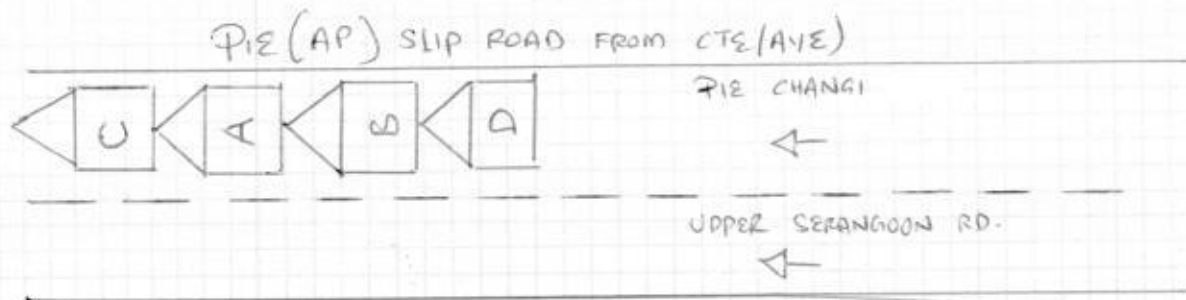
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

#### VEHICLE

A: GRJ351K  
B: SFT718L  
C: SHD3601E  
D: SMT9993R





### Describe Circumstances of the Accident

MENTION DATE, TIME AND LOCATION. I VEHICLE "A" WAS CRUISING  
ON THE MOST RIGHT LANE ENTERING A2 CHANGE EXIT. IN FRONT OF  
MY VEHICLE SLOW DOWN AND CAME TO A STOP, I FOLLOW SUIT.  
WHILE WAITING TO MOVE OFF. OUT OF A SUDDEN THERE WAS A HUGE  
IMPACT CAME FROM MY REAR. AND FORCED MY VEHICLE TO PUSH TO THE FRONT  
AND COLLIDED ONTO VEHICLE "C". AFTER AWHILE I CAME DOWN FROM MY  
VEHICLE AND REALISE I WAS INVOLVED IN A FOUR CAR CHAIN  
COLLISION. AMBULANCE AND TRAFFIC POLICE CAME AFTER 20MINS.

### 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



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210322/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2021 12:36	Vide Report No.: F/20210320/0173	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMAD AZHAR BIN SUPENGI			Address: 815 TAMPINES AVENUE 4 #12-233 SINGAPORE 520815		
ID Type / ID No.: NRIC NO / S7430774D			Contact No.: Home/Office: Mobile: 97263740		
Nationality: SINGAPORE CITIZEN			Email: billi25azr@gmail.com		
Sex: Male	Age: 46	Date of Birth: 08/10/1974	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Self employed			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2021 15:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ351K	Van	NISSAN	URVAN	Silver	Seriously Damaged	1
SFT718L	Car	NISSAN	QASHQAI		Seriously Damaged	1
SHD3601E	Car				Slightly Damaged	2



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT9993R	Car	RANGE ROVER			Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD AZHAR BIN SUPENGI		ID No. S7430774D
Related Vehicle	GBJ351K (Van)		Contact No. 97263740
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	22/03/2021		Date 22/03/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON THE MENTION DATE, TIME AND LOCATION. I MOHAMAD AZHAR BIN SUPENGI DRIVER OF VEHICLE " GBJ351K " WAS TRAVELING ON THE MOST RIGHT LANE OF CTE TOWARDS CITY SLIP ROAD TO PIE CHANGI EXIT. WHILE I WAS CRUISING, IN FRONT OF MY VEHICLE SLOWED DOWN AND CAME TO A STOP AND I FOLLOW SUIT. WHILE WAITING TO MOVE OFF. OUT OF ALL SUDDEN THERE WAS A HUGE IMPACT CAME FROM MY REAR VEHICLE AND FORCE MY VEHICLE GBJ351K TO MOVE FORWARD AND COLLIDED ONTO THE FRONT VEHICLE OF " SHD3601E ". AFTER AWHILE I CAME DOWN FROM MY VEHICLE AND REALIZE I WAS INVOLVED IN A FOUR CAR CHAIN COLLISION. AMBULANCE AND TRAFFIC POLICE CAME AFTER. SHD3601E TAXI DRIVER CONVEY TO THE HOSPITAL, I WAS BEING CHECK BY THE MEDIC. AFTER THE NEXT DAY I FELT PAIN ON MY BACK BODY AND WENT TO CONSULT INTEMEDICAL KOVAN CLINIC, MY FAMILY DOCTOR AND WAS GIVEN 4 DAYS MC.

VEHICLE INVOLVED

GBJ351K  
SFT718L  
SHD3601E  
SMT9993R





SINGAPORE  
POLICE FORCE



T/20210322/7016

3 of 3

Report No. T/20210322/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FEROZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/03/2021 12:36

Classification Of Case:



Motor Commercial

MZ407/C

N SN

AN0597A

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.	DMCVSNW00024572000	Engine No.: ZD30208747K	
		Cha. No.: JN1MG2E25Z0760020	
1. Index Mark and Registration Number of Vehicle	GBJ351K	AUTOSAFE	*****
2. Name of Policy Holder	ABS LEASING SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/04/2020	Excess Sect. I.	S\$1,500.00
		Excess Sect. II	S\$1,500.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	05/04/2021		
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.		
6. Limitations as to use:*	(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. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.		

HIRE PURCHASE CO. : DBS BANK 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: SG MOTOR TRADER PTE LTD  
Authorised Officer

杨亚美  
Authorised Signatory

Date of Accident : 20/05/2021 Accident Time: 1500HRS (24-HR-Format)  
 Accident Place : CTE CITY ENTER P12 CHANGI SLIP ROAD.  
 Vehicle No. (Car Plate No.) : GBJ551K Make/Model: NISSAN URVAN.  
 Insurance Company : CHINA TAIPING Policy No: DMCV3NW0701991201  
 Owner or Company Name /IC No. : ABS LEASING SERVICES PTE LTD.  
 Owner or Company Contact No. : 92966056 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : MOHAMAD AZHAR BIN SUPENGI.  
 DRIVER'S Date Of Birth : 08/10/1974 DRIVER'S License Pass Date 26/08/1997  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: HRER.  
 DRIVER'S Address : 815 TAMPINES AVENUE 4 #12-233 520815  
 DRIVER'S Contact No./ Alt No. : 1) 9726 3740 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : JOHN.PYJ@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

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): MOHAMAD AZHAR BIN SUPENGI.

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

Vehicle. No: <u>SPT718L</u> <u>(B)</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:

✓  
 \* CZ not cover