

NATIONAL Assessment Centre Services. (wef 1 Jan'05) S.M 0921480001

Date In: 8/14/21 09:55	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 21004455/14	SAS e-filing		
Veh No: GBE 2151 J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/3/21 11:30	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: Cyclist.	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%; IP: 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

NA2102563	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 (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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 Submission	08/04/2021 09:55 (SGT)
Date of Accident	20/03/2021 11:30 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2151J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	2XXXXX755G
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-92338260
Alternative Phone No	+65-92338260

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00029102000
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FAIZAL BIN SALAHUDIN
NRIC No	SXXXX995E

Date Of Birth	24/09/1992
Occupation	Outdoor
Date Of Driving Pass	31/08/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86268862
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 592A MONTREAL LINK #04-04
Address complement	-
Postcode	751592
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210406/2001 & T/20210406/2004

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	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



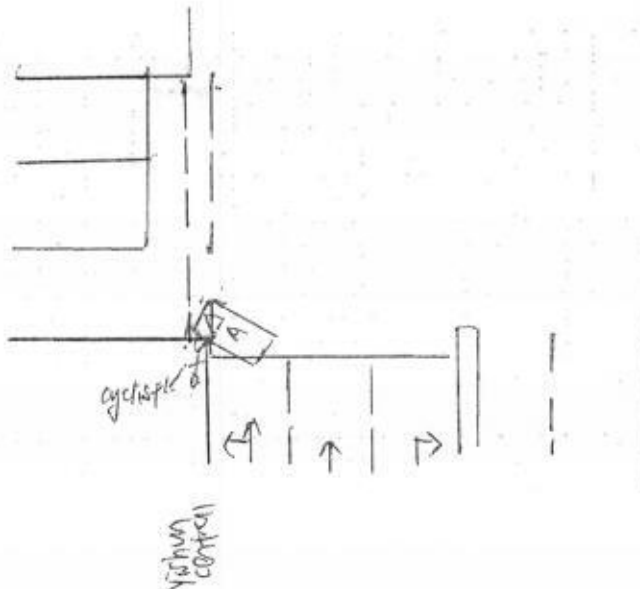
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Yehm SP 61



Describe Circumstances of the Accident

Refer to attached police report T/20210406/2001 & T/20210406/2004

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



**SINGAPORE
POLICE FORCE**



T/20210406/2001

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20210406/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2021 00:03	Vide Report No.: L/20210320/0095	Station Diary No.: 1
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Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN SALAHUDIN	Address: APT BLK 592A MONTREAL LINK #04-04 SINGAPORE 751592		
ID Type / ID No: NRIC NO / S9233995E	Contact No.: Home/Office:		Mobile: 86268862
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 24/09/1992	Type of Informant: Driver
Race: Malay	Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 20/03/2021 11:30	Type of Location: X-Junction
Location: YISHUN CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2151J	Van				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20210406/2001

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20210406/2001

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FAIZAL BIN SALAHUDIN	ID No.	S9233995E
Related Vehicle	GBE2151J (Van)	Contact No.	86268862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/03/2021 at about 1130hrs, I was driving my company van a Silver Nissan, bearing GBE2151J, along Yishun Central turning left towards Yishun St 61.

Prior to turning left I gave way to the pedestrians crossing. I checked left and right and slowly moved forward. I made another check as it was clear, I inched forward and tried to move off. As I was moving off I suddenly felt an impact on my left passenger door, I then exited the vehicle and spotted a cyclist that had fallen. I then made a check on him and enquired if he required any medical assistance, he told me he is fine. I also made a check on him and he does not look like he suffered any injuries. He then picked up his bicycle and moved to the side of the road. We did not exchange particulars or contact information. I later made a check and noticed that my van is slightly dented with scratches.

I am currently lodging this report as informed by IO Farhan, hp: 96632150, to lodge a traffic accident report regarding this accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210406/2001

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Report No. T/20210406/2001

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:

L /

Sgt 2 GERALDINE QUEK JIE YI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No. 65476404

Authentication Stamp
NP158



Signature

Singapore Police Force

Signature Of Informant:

Date/Time:

06/04/2021 00:03

Classification Of Case:

001 086



T/20210406/2004

1 of 3

Report No. T/20210406/2004

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210406/2001
Report Number T/20210406/2004
Vide Report Number
Date/Time of Report Made 06/04/2021 00:15
Place Report Lodged Traffic Police
Type of Informant Driver
Name of Informant Muhammad Faizal Bin Salahuddin
ID Type / ID No. NRIC NO / S9233995E
Home/Office 86268862
Mobile 86268862
Email
Type of Accident Non-Injury / Pedestrian / Cyclist
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 20/03/2021 11:30
Accident Location YISHUN CENTRAL

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2151J	Van				Slightly Damaged	0

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



T/20210406/2004

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Report No. T/20210406/2004

Continuation of CSF For NP168

Driver Name	Muhammad Faizal Bin Salahuddin	ID No.	S9233995E
Related Vehicle	GBE2151J (Van)	Contact No.	86268862
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

Brief Facts.

CSF for report T/20210406/2001

On 20/03/2021 at about 1130hrs, I was driving my company van a Silver Nissan, bearing GBE2151J, along Yishun Central turning left towards Yishun St 61.

Prior to turning left I gave way to the pedestrians crossing, I checked left and right and slowly moved forward, I made another check as it was clear, I inched forward and tried to move off. As I was moving off I suddenly felt an impact on my left passenger door, I then made took a look from my vehicle and spotted a cyclist that had fallen. I then enquired with him from my vehicle if he required any medical assistance, he told me he is fine, I also made a check on him and he does not look like he suffered any injuries. He then picked up his bicycle and moved to the side of the road. We did not exchange particulars or contact information.

I later made a check and noticed that my van is slightly dented with scratches.

I am currently lodging this report as informed by IO Farhan, hp: 96632150, to lodge a traffic accident report regarding this accident.



T/20210406/2004

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Report No. T/20210406/2004

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / AEIT /
SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN

Classification of Case 1) NON-INJURY / PEDESTRIAN / CYCLIST



Signature

Singapore Police Force

Motor Commercial

MZ407/C

E SN

AN0478A

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.

DMCVSNA00029102000

Engine No.: YD25379299A

Cha. No.: JN1MC2E26Z0005011

1. Index Mark and Registration
Number of Vehicle

GBE2151J

AUTOSAFE

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

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

03/08/2020

Excess Sect. I. \$52,000.00

Excess Sect. II \$52,000.00

EX ON WINDSCREEN. \$5100.00

4. Date of Expiry of Insurance

22/04/2021

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

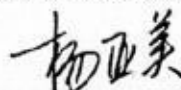
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 sign


Issued By: Chuan Selly
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	755G
Vehicle Details	
Vehicle No.:	GBE2151J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Apr 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	YD25379299A
Chassis No.:	JN1MC2E26Z0005011
Maximum Power Output:	-
Open Market Value:	\$22,481.00
Original Registration Date:	29 Sep 2015
First Registration Date:	29 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$1,125.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Sep 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$39,838.00
COE Rebate Amount:	\$17,838.00
Total Rebate Amount:	\$17,838.00

The information contained herein is correct as at 06 Apr 2021

OK

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / 03 / 2020 (dd/mm/yy) Time of Accident: 11:30 (24-HR-FORMAT)
 Vehicle No.: GBE2151J Vehicle Make & Model: Nissan Nv 350
 *Transmission: ☒ Manual ☐ Auto *C.c.: 2488
 Exact location of Accident: Yishun Central twds Yishun St 61
 Policyholder's Name: Skylink Vehicle Rental Pte Ltd NRIC/FIN/REG No.: 201710755G
 *Policyholder's email address: reporting@mycar.sg
 Driver's Name: Muhammad Faizal Bin Salahudin NRIC/FIN/REG No.: S9233995E
 *Driver's email address: reporting@mycar.sg
 Driver's Contact No.: 86268862 Company Contact No (If any): 92338260
 Date of birth: 24 Sep 1992 Driving Pass Date: 31 Aug 2017
 Driver's Address: Blk 592A Montreal Link #04-04 Singapore (751592)
 Insurance Company: china Taiping
 Policy No.: DMCVSNA00029102000 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
 Relationship between Owner & Driver: (Please CIRCLE one only)
 Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
 What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other against cyclist
 Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver: 1
 *Passenger Name: _____ Gender: Male / Female
 *Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
 Was there any video captured by your car Car camera? ☐ Yes ☒ No
 Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____
 Injuries Sustain: _____ Injured Person in Which Vehicle: _____
 Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Sembawang NPC

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: Cyclist
 Driver's Contact No: _____ Insurance Company: _____
 2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
 Driver's Contact No: _____ Insurance Company: _____
 *Independent Witness (If Any): _____ Contact No: _____
 Preferred Workshop Name: My Car Consultant Pte Ltd Contact No: 83447681