

NATIONAL Assessment Centre Services

Date In: 29/6/21	Job description	Date & Time Completed	Done by
Ref No: NA/C1121007147/T1	SAS e-filing	<input checked="" type="checkbox"/>	
Veh No: GBA5128D	E-mail (w. Dam. Status, Alt. 2hrs)		
D.O.A: 28/6/21	i-Motor Claim Form		
OD: (P) 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		

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

TP Particulars: Vch No: () 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%; F: 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: 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	
	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:-	
	Q1)*	
	*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	29/06/2021 16:23 (SGT)
Date of Accident	28/06/2021 13:50 (SGT)
Exact Location of Accident	Somerset, Singapore
Additional Location Information	SOMERSET ROAD, TRIPLE 1 BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5128D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	AKIDWAHAB97@GMAIL.COM
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	(Office) +65-84211426

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	DMCVSNA00072732003
Cover Note Number	-

DRIVER

Name of Driver	AKID BIN ABDUL WAHAB
NRIC No	SXXXX569D

Date Of Birth	24/12/1997
Occupation	Outdoor
Date Of Driving Pass	11/08/2020
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83566719
Alt. Phone Number	-
Email Address	AKIDWAHAB97@GMAIL.COM
Address	BLK 117 JALAN BUKIT MERAH
Address complement	#07-1667
Postcode	160117
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 vehicle 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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210628/2104

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	YP1097J
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	FRONT PORTION
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AKID BIN ABDUL WAHAB
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT INDEX FINGER
Injured person in which vehicle?	GBA5128D
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.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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



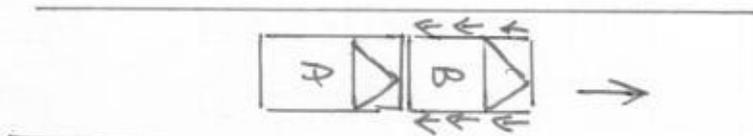
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GBA 5128D.
(B) YP 1097J



Somerset Road (Triple 1 basement Carpark)

Describe Circumstances of the Accident

Pls refer to Police Report
No : T/2021.0628 / 2104.

Declaration

I/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:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2021 18:46		Vide Report No.:		Station Diary No.: 38
Informant's Particulars				
Name of Informant: AKID BIN ABDUL WAHAB		Address: APT BLK 117 JALAN BUKIT MERAH #07-1667 SINGAPORE 160117		
ID Type / ID No.: NRIC NO / S9745569D		Contact No.:		Mobile: 83566719
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 24/12/1997	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2021 13:50	Type of Location: Car Park
Location: SOMERSET ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
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
GBA5128D	Van				Slightly Damaged	0
YP1097J	Lorry				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210628/2104

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20210628/2104

CONTINUATION OF REPORT

Driver			
Name	AKID BIN ABDUL WAHAB	ID No.	S9745569D
Related Vehicle	GBA5128D (Van)	Contact No.	83566719
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MAO JINGWEI	ID No.	G2601481L
Related Vehicle	YP1097J (Lorry)	Contact No.	82819261
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 Details.

On 28/06/2021 at about 1350hrs, I met with an accident at the carpark of 111 Somerset with another lorry. I was driving a rental van (registration plate: GBA5128D) in the carpark behind another lorry (registration plate: YP1097J). As the said lorry was tall and almost hit a signboard, the lorry stopped, reversed itself and hit onto me. I tried to warn the driver by honking prior to that accident but to no avail.

My rental van did not have any in-car camera. The security guard did not approach us. I wish to state that I suffered pain on my left index finger due to the impact. However, I have yet to seek medical treatment as of lodging this traffic accident report now. The said driver was not injured from what I know.



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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 MUHAMMAD MUJAHID BIN SAMSUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2021 18:46
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE SIGNATURE	

VEHICLE NO:	G8A 5128D	MAKE & MODEL:	Toyota HiAce	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT:	28/06/2021	CC:	3.00	
TIME OF ACCIDENT:	1350HRS			
LOCATION OF ACCIDENT:	Somerset Road, Triple 1 basement carpark.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE <u>PRIVATE HIRE</u>			
NAME OF OWNER:	SG Leasing Pte Ltd			
TEL NO:	H/P: 8421 1426	OFFICE:	HOME:	
NRIC:	201317520E			
ADDRESS:	55 Serangoon North Ave 4 #04-11 (SS5 859)			
EMAIL:				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:	<u>YES</u> / NO ?			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>			
POLICY NO:	DMCVSNA00072732003			
NAME OF DRIVER:	AS ABOVE / IF NO: Aked Ben Abdul Wahab.			
NRIC:	S 9745569D	ANY PASSENGER:	N-A.	
DATE OF BIRTH:	24/12/1997.	LICENCE PASSED DATE:	11/08/2020.	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR			
GENDER:	<u>MALE</u> / FEMALE			
CONTACT NO:	H/P: 8356 6719	OFFICE:	HOME:	
ADDRESS:	BLK 117 Jalan Bukit Merah #07-1667 (S) 160117.			
EMAIL:	akedwahab97@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER: China Taiping.	
RELATIONSHIP:	Hiree			
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:		No passenger	
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:		in board.	
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Aked Ben Abdul Wahab (H/P: 83566719)			
NAME & CONTACT:				
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?		Hong Kah North NPP.	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?			
VEHICLE B REG NO:	YP 1097J	ANY PASSENGERS:	N-A.	
NAME OF DRIVER:				
CONTACT NO:				
VEHICLE C REG NO:				
ANY PASSENGERS:				
VEHICLE D REG NO:				
ANY PASSENGERS:				
VEHICLE E REG NO:				
ANY PASSENGERS:				
VEHICLE F REG NO:				
ANY PASSENGERS:				
VEHICLE G REG NO:				
ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	N-A.		WITNESS CONTACT: N-A.	
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>			
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO			
ACCIDENT PORTION:	Front Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			<u>YES</u> / NO	
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Commercial

MZ407/C

R SN

AN0663A

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. DMCVSN00072732003

Engine No.: 1KD1679328

Cha. No.:JTFHT02P200005180

1. Index Mark and Registration Number of Vehicle GBA5128D

2. Name of Policy Holder SG LEASING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15/08/2020 Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance 14/08/2021

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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

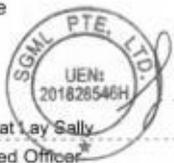
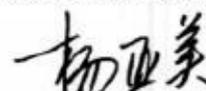
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

Text size + -

0% 25% 50% 75% 100%

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	GBA5128D		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE MANUAL
Chassis No.:	JTFHT02P200005180	Engine No.:	1KD1679328
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2982 cc	Power Rating:	-
Unladen Weight:	1820 kg	Maximum Laden Weight:	2800 kg
Primary Colour:	Silver	Secondary Colour:	-
IU Label No.:	1042248848	Maximum Power Output:	-
First Registration Date:	15 Aug 2007	Original Registration Date:	15 Aug 2007
Manufacturing Year:	2007	Open Market Value:	\$24,590.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfer:	2	Actual ARF Paid:	\$0.00

Owner Particulars

Owner Name: SG LEASING PTE. LTD.
 Owner ID Type: Company
 Owner ID: 201317520E
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 55
 Registered Street Name: SERANGOON NORTH AVENUE 4
 Registered Unit No.: # 04 - 11
 Registered Building Name: S9
 Registered Postal Code: 555859
 COE No./Expiry Date: 2007070105000626G / 31 Jul 2022
 COE Bid Category: C - Goods Vehicle & Bus
 PQP Paid: \$17,035.00

Transaction Details

Business Transaction Ref. No.: 20170728183737098350
 Business Transaction Date: 28 Jul 2017
 Business Transaction Time: 18:37:37

Message

Vehicle has been successfully transferred to SG LEASING PTE. LTD. (201317520E).

OK

Save as PDF