

# NATIONAL Assessment Centre Services

Date In <b>04/08/21</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CT21008241/13</b>	SAS e-filing		
Veh No <b>QBR 5449A</b>	E-mail (within 2hrs. Aft. 2hrs)		
DOA <b>27/03/21 0730</b>	i-Motor Claim Form		
OD <b>TP (Reporting Only)</b>	i-Motor W/O (Within OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SLG 113P</b>	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. ( )

<b>Remarks:-</b> (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

<b>Claimant's Particulars :-</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	<b>OH*</b>		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments :-</b>	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice date: 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	04/08/2021 17:47 (SGT)
Date of Accident	27/03/2021 07:30 (SGT)
Exact Location of Accident	Woodlands Drive 40, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5449A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLUX MOTOR RENTAL PTE. LTD.
Company Reg No	2XXXXX858C
Email Address	yongleeong78@yahoo.com
Mobile Phone No	(Phone) +65-88581520
Alternative Phone No	+65-88581520

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2494

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00087012000
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD SUFYAN BIN SAPIEE
NRIC No	SXXXX747J

Date Of Birth	11/05/1995
Occupation	Outdoor
Date Of Driving Pass	10/07/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92477415
Alt. Phone Number	-
Email Address	almanyusman2015@gmail.com
Address	BLK 737 WOODLANDS CIRCLE
Address complement	#11-475
Postcode	730737
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG113P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	SXXXX475D
Contact Number	(Phone) +65-92476563
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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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.

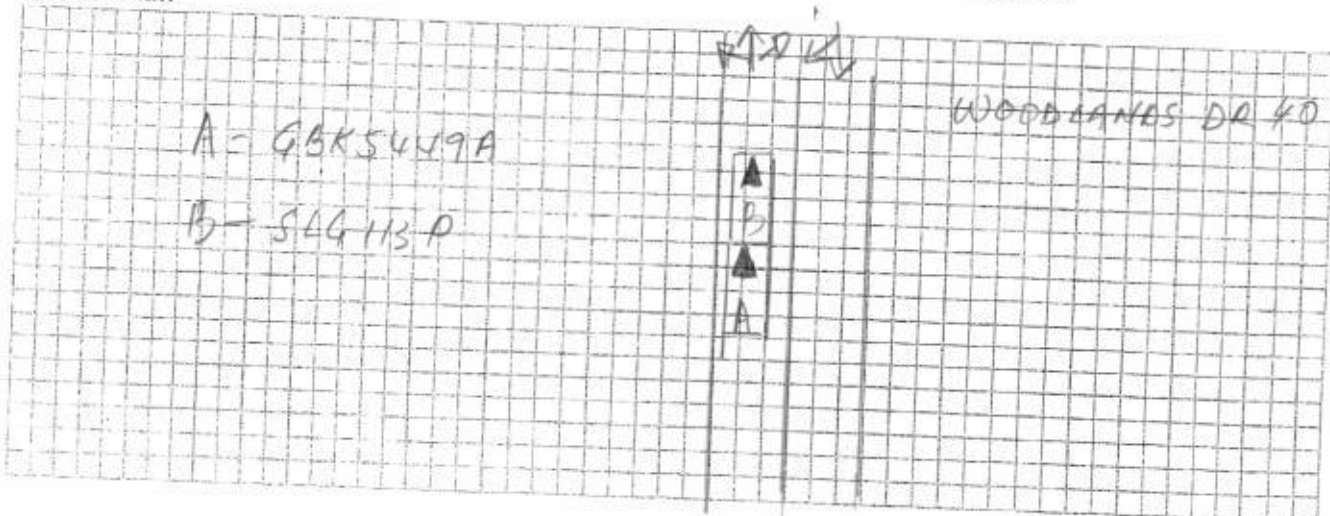


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**


I was travelling straight along Woodlands Drive Ho.  
I move forward to avoid <sup>my veh</sup> inside the yellow box and  
my veh touch the rear portion of veh B.


**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

 1/4/21  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 04/08/21  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/21 (DD/MM/YYYY), TIME: 07:30 (HH:MM)

LOCATION: WOODLANDS DR # 40

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Q6K5449A  
 b) INSURANCE COMPANY: CHINA MARINE  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA HIACE (M)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: FLUX MOTOR RENTAL PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88581520  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MUHAMMAD SUFYAN BIN SAPIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S95167473 CONTACT: 72477415  
 c) ADDRESS: BCK 737 WOODLANDS CIRCLE  
#11-475 (730737)

\* d) DATE OF BIRTH: 11/05/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/07/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG113P MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: NUOR HANIS BIN MOHAMED YUNOS  
 c) NRIC/FIN/PASSPORT: S93484750 CONTACT: 92476563

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

01/04/21

waiting for  
 company stamp  
 and CI

Email = aimanyusman2015@gmail.com

fax =

VIDEO = yes, no memory card



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

E SN

AN0650A

Gov. Type: C

CERTIFICATE No.	DMCVSNA00087012000	Engine No.: 1KDB043883
		Cha. No.: JTFHT02P009990204
1. Index Mark and Registration Number of Vehicle	GBK5449A	AUTOSAFE =====
2. Name of Policy Holder	FLUX MOTOR RENTAL PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/09/2020 (00:00:00)	Excess Sect. I. S\$2,000.00 Excess Sect. II S\$1,500.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	26/08/2021	

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 in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.
- (3) Use for social, domestic or pleasure purpose.

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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: THINK ONE CREDIT PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3-Arson Road #15-00 Springleaf Tower Singapore 079909  
Tel: 6362 6111 Fax: 6222 1033  
Website: www.ag.chinataping.com  
Co. Reg. No. 202200384E

## MOTOR COVER NOTE

ORIGINAL

COVER NOTE NO. : 60204515  
AGENT CODE : AN0650A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

INSURED	FLUX MOTOR RENTAL PTE LTD
MAKE/MODEL OF VEH./VEH. NO.	TOYOTA HIACE / GBK5449A
YEAR OF MANUFACTURE	2020
YEAR OF REGISTRATION	2020
ENGINE NO.	1KDB043883
CHASSIS NO.	JTFHT02P009990204
ENGINE CAPACITY/TONNAGE	1.08 TON
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
* PERIOD OF INSURANCE FROM :	11 September 2020
TO :	11 September 2021
SECTION I & SECTION II EXCESS	\$2000.00 / \$1500.00
AUTOSAFE	YES
HIRE PURCHASE CO.	THINK ONE CREDIT PTE LTD

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)

Not valid unless counter signed by Authorised Agent

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Agent Name & Date

Authorised Signature

## PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

\* IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30 DAYS FROM 11-09-20