

# NATIONAL Assessment Centre Services

Date In: 13/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21008527/13	SAS e-filing		
Veh No: GBE4062U	E-mail (within 8hrs. Aft. 2hrs)		
D.O.A: 11/08/21 1030	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD: 2hrs. TP: 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: GBH5021R	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

NA2103678

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		
	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:-		
	OD:		
	*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-a INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice date:	Fee Charged	
Cat. 2/3:	Invoice date:	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	13/08/2021 16:50 (SGT)
Date of Accident	11/08/2021 10:30 (SGT)
Exact Location of Accident	5 Changi S Ln, Singapore 486045
Additional Location Information	JNT WAREHOUSE LOADING/UNLOADING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4062U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	nizamfai@hotmail.com
Mobile Phone No	(Phone) +65-90015395
Alternative Phone No	+65-90015395

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00055232102
Cover Note Number	-

### DRIVER

Name of Driver	NIZAM FAIRUZ BIN HASSAN
NRIC No	SXXXX936Z

Date Of Birth	26/04/1987
Occupation	Outdoor
Date Of Driving Pass	22/09/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83183324
Alt. Phone Number	-
Email Address	nizamfai@hotmail.com
Address	89 PASIR RIS HEIGHT
Address complement	@01-13
Postcode	519286
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	Collided into Parked Vehicle
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)	0
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	GBH5021R
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	-
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' 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

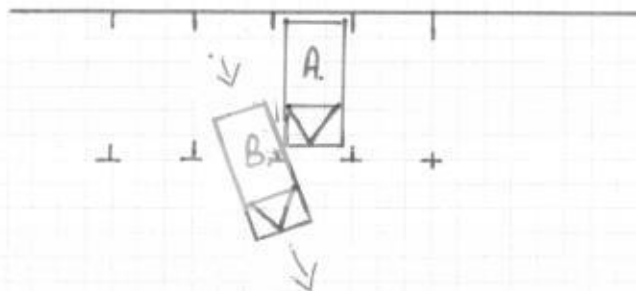
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*13/08/21*

### Sketch Plan

*No. 5 Changi South lane (JNT Warehouse Loading/Unloading Bay).*



*(A) GBE 4062 U.*

*(B) GBH 5021 R.*

Describe Circumstances of the Accident

On 11/08/2021 at @ 0645 hrs, I parked my vehicle (GBE40624) at the loading / unloading bay of no. 5 Changi South lane, JNT Warehouse. I was doing my loading and ~~the~~ sorting of goods at the warehouse. At around 1030 hrs, a van (GBH5021R) which parked on my right, came out from the parking lot and collided onto the right front portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink, likely belonging to the driver.

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

shym 15/08/21

Witnessed by Reporting Centre Personnel



VEHICLE NO:	GBE 4062 U.		MAKE & MODEL:	Nissan NV200 · AUTO / MANUAL	
DATE OF ACCIDENT:	11 08 / 2021		CC:	146 / 1	
TIME OF ACCIDENT:	11 1030 HRS				
LOCATION OF ACCIDENT:	No. 5 Changi South lane. (JNT Warehouse loading / Unloading Bay)				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	SG Leasing Pte Ltd.				
TEL NO:	H/P:	90015395	OFFICE:	HOME:	
NRIC:	201317520E.				
ADDRESS:	15 Yehun Industrial St 1 #01-08, Wen 5 (S) 768091.				
EMAIL:	admin@auto 51. biz.				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	<input checked="" type="checkbox"/> YES / NO ?				
INSURANCE COMPANY:	China Taiping.				
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMCVSNW00055232102				
NAME OF DRIVER:	AS ABOVE / IF NO: Nizam Fairuz Bin Hassan.				
NRIC:	587119362		ANY PASSENGER:	NA	
DATE OF BIRTH:	26 / 04 / 1987. LICENCE PASSED DATE: 22 / 09 / 2009				
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / INDOOR				
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE				
CONTACT NO:	H/P:	83183324	OFFICE:	HOME:	
ADDRESS:	89 Paser Res Height #01-13 (S) 519286				
EMAIL:	nizamfai@hotmail.com.				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Hirer				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:				
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	GBH 5021 R.		ANY PASSENGERS:	Not sure.	
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:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO				
ACCIDENT PORTION:	Front right portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="checkbox"/> NO					
WORKSHOP PARTICULAR:	N-51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



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

R SN

AN0663A

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.

DMCVSNW00055232102

Engine No.: K9KC400D054923

Chs. No.: VSKYBAM2020115582

1. Index Mark and Registration  
Number of Vehicle

GBE4062U

AUTOSAFE  
=====

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

30/05/2021  
(00:00:00)

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

29/05/2022

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.: LAKE VIEW CREDIT 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



Issued By:

SGML PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.: 201317520E

Owner ID Type: Company

Owner Name: SG LEASING PTE. LTD.

Registered Address: 15 YISHUN INDUSTRIAL STREET 1 #01-08 WIN 5 SINGAPORE 768091

Mailing Address: -

Birth Date: -

### Vehicle Particulars

Vehicle No.: GBE4062U

Previous Vehicle No.: -

Effective Date of Ownership: 04 Apr 2019

Original Regn Date: 30 Nov 2015

Registration Date: 30 Nov 2015

Year of Manufacture: 2015

Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: NISSAN

Vehicle Model: NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC

Primary Colour: Black

Secondary Colour: -

Passenger Capacity: 1

Chassis No.: VSKYBAM20Z0115582

Engine No.: K9KC400D054923

Engine Capacity /Power Rating: 1461 cc / -

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight:	1260 kg
Maximum Laden Weight:	2000 kg
Open Market Value:	\$19,737.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	1
IU Label No.:	1042745993
COE No.:	2015110105000079G
COE Expiry Date:	29 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$44,890.00 / -
Actual QP Paid:	\$44,890.00
QP (Regn Cat):	\$44,890.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$44,890.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$987.00
Vehicle Lifespan Expiry Date:	29 Nov 2035
CO2 Emission:	138.00 (g/km)
CEV/VES Rebate Utilised Amount:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	-