

NATIONAL Assessment Centre Services

Unit 1 Jan 2021

54082180001

Date In: 16/08/2021 14:24
Ref No: N381172210085554
Veh No: GBK 9761X
D.O.A: 13/08/2021 22:05

Job description
SAS e-Milling
E-mail (by date time, A/G 2 hrs)
I-Motor Claim Form
I-Motor W/O (Within 00 hrs, TP 4 hrs)
I-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax/Hand to Owner/VLISZ

Date & Time Completed Done by

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW:

TP Printout/Type Vch No: SGP 2007D

INC () / Non-INC ()

Owner / Driver:

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 ()

Process: () Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Refor of reputation
() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

XIA7103588

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (300)	INC (310)
2) DA Survey Assessment (3100)	\$104.43
3) Towing Fee	\$120
4) PT Follow-Through Survey	\$30
5) PT Follow-Through Survey (Resurvey)	\$30
6) Vehicle Inspection (incl INC Only) (over 10 min 2100)	\$75
7) TIR Inspection	\$160
8) NUC Additional Services	
9) NUC	
10) NUC Courtesy Car / Tol Allowance	\$5
11) NUC Repair Coordination	\$10
12) NUC Post Repair Inspection	\$25
13) NUC DV / Collect License Coordination	\$35
14) TP (NLI) TP (NLI) TP (NLI) TP (NLI) TP (NLI)	\$25
15) NUC Mobile	\$30
Invoice dated	
Invoice dated	

Fee Charged
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	16/08/2021 14:24 (SGT)
Date of Accident	13/08/2021 22:05 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	BUS STOP (80119)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9761X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LZ FURNITURE & DECORATION PTE. LTD.
Company Reg No	2XXXXX844H
Email Address	lz-furniture@hotmail.com
Mobile Phone No	(Phone) +65-87748340
Alternative Phone No	(Office) +65-65478575

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00015882100
Cover Note Number	-

DRIVER

Name of Driver	RANA MASUD
Passport No/FIN	GXXXX599L

Date Of Birth	15/09/1987
Occupation	Outdoor
Date Of Driving Pass	31/03/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87748340
Alt. Phone Number	-
Email Address	lz-furniture@hotmail.com
Address	3 KALLANG PUDDING ROAD
Address complement	-
Postcode	349308
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAFI MASUD
Gender	Male

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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SGF2007D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIANG SHI CHUAN
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	GBG9751X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RANA MASUD
Gender	Male
Phone No	(Phone) +65-87748340
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9761X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RAFI KAZI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9761X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : alphacarservices@hotmail.com



Signature : _____ X

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.

X

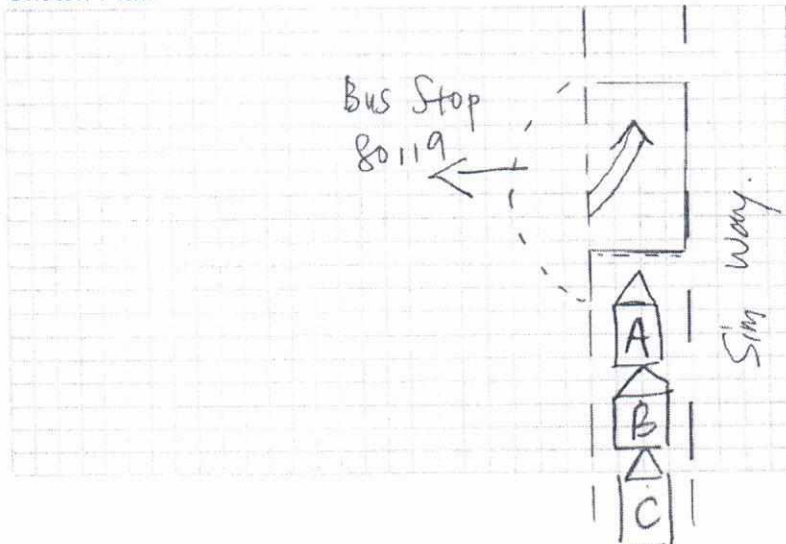
Policyholder's Signature / Date & Time

X

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

16/08/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A = Gbk 9761X.

Vehicle B = SHF 2007D.

Vehicle C = GBG 9751X.

Describe Circumstances of the Accident

Refer to the attached.



[Handwritten signature]

Declaration

We declare the foregoing particulars are true in every respect.

X

[Handwritten signature]



Policyholder's Signature / Date & Time

X

[Handwritten signature]

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

[Handwritten signature] 16/08/2021
Witnessed by Reporting Centre Personnel

On the 13/8/2021 at about 22.05 hrs along Sim Way.

I was travelling on my own lane. Upon reaching bus stop 80119, there was a bus coming out from bus lane. I slowed down and give way to the upcoming bus and I come to a complete stop before the YELLOW BOX [giving way] I had come to a complete stopped. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward My couleage – Mr. Rafi Kazi was on board with me during accident happen.

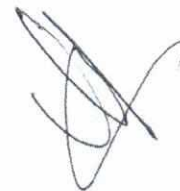
When I alight, I spotted I was involved in a 3 Car chain collision. Vehicle B had hit onto my rear portion of vehicle. Due to the impact, Vehicle C had hit onto Vehicle B causing Vehicle B to move forward and knocked onto me.

The Driver of Vehicle B called Police Officer and Police Enforcement came to assistance. They give all of us a file ref: G/20210813/0250 [GEYLANG NPC]

VEHICLE A: GBK 9761X

VEHICLE B: SGF 2007D

VEHICLE C: GBG 9751X



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 13/08/2021 (dd/mm/yy) Time of Accident: 22:05 (24-HR-FORMAT)

Vehicle No.: G8K 9761X Vehicle Make & Model / Engine (cc): TOYOTA DYNA 1.5 Private Hire: (Y/N) (N)

Exact location of Accident: Sim Way (Bus Stop 80119)

Policyholder's Name / IC No.: L2 - FURNITURE & DECORATION PTE LTD. ROC/UEN (Company) 201131844M.

Driver's Name / IC No.: RANA MASUD. (G8362599L) (As Above) ☐

Driver's Contact No.: 87748340. Company Contact No / Owner Contact No: 65478575.

Driver's Address: 3 Kallang Pudding Road Singapore 349308.

Owner Email address: l2-furniture@hotmail.com Insurance Company: China Taiping

Driver Email address: As Above.

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)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 2.

*Passenger Name: RAFI KAZI. (G8875895T)

Gender: Male / Female x ()
Gender: Male / Female x ()

*Passenger Name: _____

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 Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: RANA MASUD & RAFI KAZI

Injuries Sustain: _____ Injured Person in Which Vehicle: G8K 9761X.

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Geylang PC (G/2021/813/0250)

The Other Party(s) Details:

1. Driver's Name / IC No: Liang Shichuan Vehicle No: B SGF 2007 D.

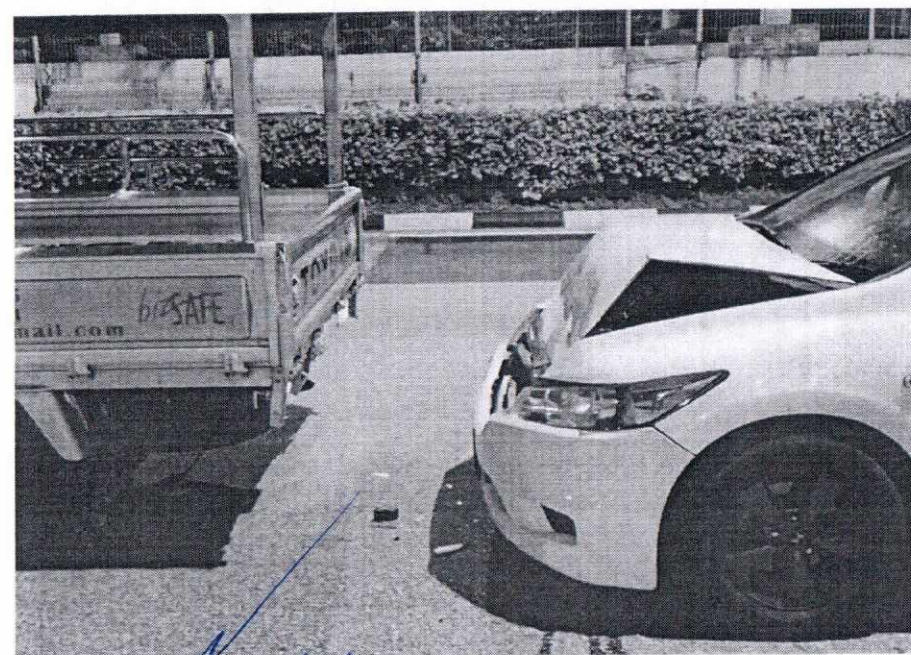
Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: C. GBA 9751X

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



16/08/2021





Motor Commercial

MZ300/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)

N SN

AN0676A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00015882100

Engine No.: 1KDB071261

Cha. No.: JTFAT35Y60K216412

1. Index Mark and Registration
Number of Vehicle

GBK9761X

2. Name of Policy Holder

LZ FURNITURE & DECORATION PTE. LTD.

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

05/02/2021
(00:00:00)

Excess Sect I. S\$350.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

04/02/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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: EZY-1 SERVICES PTE LTD
Authorised Officer

Authorised Signatory