

# NATIONAL Assessment Centre Services

Date In: 20/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/0721009806/13	SAS e-filing		
Veh No: 9Q3880X	E-mail (w/det, Mar, AP, 2hrs)		
D.O.A: 17/09/21 1500	i-Motor Claim Form		
OD: TP 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: 4N3261Z 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

NA103999	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1	6) TR: Re-inspection \$75		
Cat. 2 / 3	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 (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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 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. 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	20/09/2021 18:36 (SGT)
Date of Accident	17/09/2021 15:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3880X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DELIVER ON TIME SINGAPORE
Company Reg No	5XXXX867M
Email Address	fahilashraff@gmail.com
Mobile Phone No	(Phone) +65-86614142
Alternative Phone No	+65-86614142

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	MCV202101061CN

#### DRIVER

Name of Driver	FAHIL ASHRAFF BIN MOHAMED
NRIC No	SXXXX302Z



Date Of Birth	30/09/1989
Occupation	Outdoor
Date Of Driving Pass	21/12/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86614142
Alt. Phone Number	-
Email Address	fahilashraff@gmail.com
Address	BLK 297B COMPASSVALE STREET
Address complement	#04-16
Postcode	542297
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	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
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	YN3261Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JALIL BIN JAFFAR

NRIC No	SXXXX921C
Contact Number	(Phone) +65-97544441
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	FAHIL ASHRAFF BIN MOHAMED
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YQ3880X
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.
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 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= YQ 3880X  
B= YN 32612

**Describe Circumstances of the Accident**

I was driving along SLE twds BKE on 17-09-2021 @ 1500 hours.  
Traffic was heavy. Vehicle in front of me stop and I follow suit.  
Out of sudden, I felt an impact from my rear. Vehicle B hit  
onto rear portion of my vehicle.

**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

*sfym* 20/09/21





**SINGAPORE  
POLICE FORCE**



L/20210920/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210920/7022

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 20/09/2021 13:32	Vide Report No.	Station Diary No.
Name Of Informant FAHIL ASHRAFF BIN MOHAMED TAFEL	Address 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	
ID Type / ID No. NRIC NO / S8934302Z	Contact No. Home/Office: Mobile: 86614142	
Nationality SINGAPORE CITIZEN	Email Address FAHILASHRAFF@GMAIL.COM	
Occupation Lorry driver	Sex Male	Age 31
Institution/School Name	Date of Birth 30/09/1989	Race Pakistani
Date/Time Of Incident 17/09/2021 15:00 - 18/09/2021 15:00	Location Of Incident WOODLANDS AVENUE 12	

**Brief details.**

On 170921 at around 3pm i was travelling along SLE towards BKE...Traffic was heavy and dry..A vehicle in front of me braked and i too braked to slow down..Out of sudden there was an impact..a vehicle bearing plate no YN3261z had collided onto the rear of my vehicle..we both exchanged particular and left the scene..A few hrs later i felt pain at my neck,back and knee..so i went Changi General Hospital for a check up..i was given some medication and was awarded with 3 days of medical leave

**Subjects Involved**

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2021 13:32
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20210920/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210920/7022

Suspect			
Person Name	Jalil bin jaffar		
ID Type	NRIC NO	ID No	S1672921C
Gender	Male	Race	Malay
Language	Malay	Occupation	Lorry driver
Victim			
Person Name	FAHIL ASHRAFF BIN MOHAMED TAFEL		
ID Type	NRIC NO	ID No	S8934302Z
Gender	Male	Age	31
Race	Pakistani	Language	English
Occupation	Lorry driver	Address	297B COMPASSVALE STREET #04-16 SINGAPORE 542297
Mobile No	86614142	Is Informant A Victim?	Yes
Person Name	FAHIL ASHRAFF BIN MOHAMED TAFEL (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
20/09/2021 13:32

Classification Of Case:



VEHICLE NO: YQ 3880X

MAKE &amp; MODEL: Hino XZU710R

AUTO / MANUAL

\*C.C. 2.46

DATE OF ACCIDENT

17 / 09 / 2021

TIME OF ACCIDENT

1500 AM / PM

LOCATION OF ACCIDENT

SLE twds BKE

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Deliver on Time Singapore Email: fahilashraff@gmail.com

TELP NO

Mobile: 86614142 Office: Home:

NRIC

53362867M

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

China Taiping

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire &amp; Theft

POLICY NO.

Cover note no = MCV202101061CN

NAME OF DRIVER

AS ABOVE / IF NO: Fahil Ashraff Bin Mohamed Tafei

NRIC

58934302Z

DATE OF BIRTH

30 / 09 / 1989

ANY PASSENGER

YES / NO :

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

17 / 12 / 2010

GENDER

Male / Female

CONTACT NO.

Mobile: 86614142 Office: Home:

EMAIL:

fahilashraff@gmail.com

ADDRESS

Blk 297B Compassvale Street #04-16 S(542297)

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes, Reg No. INSURER.

RELATIONSHIP

Employee / If No.

WEATHER CONDITION

Clear / Raining / Other.

ROAD SURFACE

Dry / Wet / Other.

ANY INJURIES

No / If yes, Who? ① Fahil Ashraff Bin Mohamed Tafei

CONTACT NO.

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

YN 32618 (Fuso) Any Passenger: -

NAME

Jalil Bin Jaffar (S1672921C)

CONTACT NO.

97544441

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

HUA MENG

ORIGINAL

**MOTOR COVER NOTE**

COVER NOTE NO.: MCV202101061CN

AGENT CODE: AN0655B

- 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 30 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	DELIVER ON TIME SINGAPORE
MAKE/MODEL OF VEHICLE	Hino XZU710R-WKMMV3
YEAR OF MANUFACTURE	2021
YEAR OF REGISTRATION	2021
ENGINE NO.	N04CWN14245
CHASSIS NO.	JHHUCV3F60K038775
ENGINE CAPACITY/TONNAGE	2.46
TYPE OF COVER	Comprehensive
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM:28/06/2021 TO:27/06/2022
EXCESS	Excess Sect I : S\$550.00
AUTHORISED WORKSHOPS	YES
HIRE PURCHASE CO.	TOYOTA FINANCIAL SERVICES SINGAPORE 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.

  
ACEPRO INSURANCE AGENCY PTE LTD  
21 Woodlands Close  
#08-44 Primz Bizhub  
Singapore 737854  
Tel: 6777 8323 Fax: 6776 8323

ACEPRO INSURANCE AGENCY PTE LTD

Agent Name &amp; 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 60days, the premium in full should be paid within 60days 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 30DAYS FROM 25-06-2021