

NATIONAL Assessment Centre Services

Date In: 22/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT121010863/13	SAS e-filing		
Veh No: GBF57385	E-mail (within 3hrs. A/C 2hrs)		
D.O.A: 21/10/21 0755	i-Motor Claim Form		
OD (TP) 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: SMC55455	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	Amt (\$)	Amt (\$)
		1st Bill	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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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	22/10/2021 17:55 (SGT)
Date of Accident	21/10/2021 07:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE(PIE)NEAR KPE(ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5738S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN GUAN & CO
Company Reg No	0XXXX600J
Email Address	zoomautowerks@gmail.com
Mobile Phone No	(Phone) +65-87511816
Alternative Phone No	+65-87511816

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	DMCVSNW00123072000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD ZURAINY BIN ROTHLY
NRIC No	SXXXX402F

Date Of Birth	15/01/1982
Occupation	Indoor
Date Of Driving Pass	23/03/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87511816
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	BLK 338C ANCHORVALE CRESCENT
Address complement	#02-47
Postcode	543338
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?	Yes
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	MUHAMMAD ASRI BIN DOLAH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211022/7018

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	SMC5545S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGU302K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	MUHAMMAD ASRI BIN DOLAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBF5738S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MOHAMMAD ZURAINY BIN ROTHLY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBF5738S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

NATIONAL Assessment Centre Services

Page 1 of 3

Date In:	Job description	Date & Time Completed	Done by
Ref No:	SAS e-filing		
Veh No:	E-mail (within 8hrs. Aft. 2hrs)		
D.O.A.:	i-Motor Claim Form		
OD / TP / Reporting Only	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:	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.
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2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
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 / 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 dated: Fee Charged: 

Invoice dated: Fee Charged: 

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

BAN GUAN & CO

Policyholder's Signature / Date & Time

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

22/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GBE573BS

Vehicle B: SMC5545S

Vehicle C: SGU302K

(Exit to KPE (ELP))



(Exit to KPE)

Describe Circumstances of the Accident

- refer to Police Report -
T/2021/022/7018

[The remainder of the form is crossed out with a diagonal line.]

Declaration

We declare the foregoing particulars are true in every respect.

BAV GUAN & CO

[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 22/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211022/7018

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211022/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2021 15:35	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: MOHAMMAD ZURAINY BIN ROTHLY	Address: 338C ANCHORVALE CRESCENT #02-47 SINGAPORE 543338	
ID Type / ID No.: NRIC NO / S8202402F	Contact No.: Home/Office:	Mobile: 87511816
Nationality: SINGAPORE CITIZEN	Email: ZULZAKIRA@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 15/01/1982
Type of Informant: Driver		
Race: Malay	Language: English	Institution / School Name:
Occupation: SITE SUPERVISOR	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2021 07:55	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF5738S	Lorry	TOYOTA	DYNA	Blue	Seriously Damaged	1
SGU302K	Car	MERCEDES BENZ	GLA180	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211022/7018

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211022/7018

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC5545S	Car	HONDA			Seriously Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	MUHAMMAD ASRI BIN DOLAH		ID No.	S8710602J	
Related Vehicle	GBF5738S (Lorry)		Contact No.	88340051	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	21/10/2021		Date	21/10/2021	
No. of Days granted Medical Leave	03		Degree of	Serious	
Driver					
Name	MOHAMMAD ZURAINY BIN ROTHLY		ID No.	S8202402F	
Related Vehicle	GBF5738S (Lorry)		Contact No.	87511816	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	21/10/2021		Date	21/10/2021	
No. of Days granted Medical Leave	04		Degree of	Serious	

Brief Details.

ON 21/10/2021 AT ABOUT 07:55HR, I WAS DRIVING MY VEHICLE - GBF5738S, WITH MY COLLEAGUE IN MY VEHICLE HEADING TO WORK. NEAR TO THE EXIT KPE(ECP), FRONT VEHICLE MADE AN EMERGENCY BRAKE AND I BRAKED AS WELL. ALMOST IMMEDIATELY, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT VEHICLE. THE IMPACT CAUSED MY FRONT WINDSCREEN TO CRACK AS WELL.

1ST VEHICLE - SGU302K
2ND VEHICLE - GBF5738S
3RD VEHICLE - SMC5545S

SUBSEQUENTLY, MY PASSENGER AND I WERE CONVEYED TO SENGKANG GENERAL HOSPITAL FROM THE ACCIDENT SCENE.



**SINGAPORE
POLICE FORCE**



T/20211022/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211022/7018

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211022/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20211022/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LIM ENG KUAN, CLARENCE
Contact No.: 65476256

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

Date/Time:
22/10/2021 15:35

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (21/10/2021) (DD/MM/YYYY), TIME: (07:55) (HH:MM)

LOCATION: TPELPIE near KPELELP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF5738S
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMCVSNW0012307200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Dyna
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ban Guan & Co (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 04253600J CONTACT:
 c) ADDRESS: 29 Dety Lane 4, Dety Industrial Estate, S(539425)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohammad Zurainy Bin A (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SB202403F CONTACT:
 c) ADDRESS: 338C Anchorvale Crescent #02-47 S(543338)

*d) DATE OF BIRTH: (15/01/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMC 5545S MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SHU302K MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (02) male

passenger:
 Muhammad Asri
 Bin Dolah
 SB710602J

No of passenger
 (including driver)
 (01) male driver

No of passenger
 (including driver)
 (01) female driver

Email = zoomautoworks@gmail.com

fax =



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

MZ300VC

N SN

AN0655A

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.

DMCVSNW00123072000

Engine No.: 1KD2663297

Cha. No.: JTFAT35Y00K207155

1. Index Mark and Registration
Number of Vehicle

GBF57385

AUTOSAFE

2. Name of Policy Holder

BAN GUAN & CO

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

14/12/2020
(00:00:00)

Excess Sect. I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/12/2021

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 towing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK 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

ACER INSURANCE AGENCY

21 Woodlands Close

#08-44 Primz Bizhub

Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACER INSURANCE AGENCY

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



**SINGAPORE
POLICE FORCE**



F/20211022/7047

1 of 2

POLICE REPORT (NP322)

Report No. F/20211022/7047

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 22/10/2021 15:19	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD ZURAINY BIN ROTHLY	Address 338C ANCHORVALE CRESCENT #02-47 SINGAPORE 543338	
ID Type / ID No. NRIC NO / S8202402F	Contact No. Home/Office: Mobile: 87511816	
Nationality SINGAPORE CITIZEN	Email Address ZULZAKIRA@GMAIL.COM	
Occupation	Sex Male	Age 39
	Date of Birth 15/01/1982	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 21/10/2021 00:00 - 21/10/2021 00:00	Location Of Incident 338C ANCHORVALE CRESCENT #02-47 SINGAPORE 543338	

Brief details.

WHEN I WAS ABOUT TO FILE MY TRAFFIC ACCIDENT REPORT ON 22/10/2021, I THEN REALISED THAT MY DRIVING LICENSE IS MISSING.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

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: 22/10/2021 15:19
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch LING CHEE KEONG, FREDDIE Contact No.: 64880999	Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20211022/7047

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20211022/7047

1	Licence	Lost	Qualified Driving Licence			1		
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Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional
Investigation Branch
LING CHEE KEONG, FREDDIE
Contact No.: 64880999

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

Date/Time:
22/10/2021 15:19

Classification Of Case:

FUPO hotline number: 68429645