

# NATIONAL ASSESSMENT Center Services

210821310007

Date In: 01/14/2021 18:41	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/21011557	SAS e-tiling		
Val No: Sam 61357	E-mail (by date time, A/G time)		
UOA: 211018021 19.40	1-Motor Claim X/yrin		
	1-Motor W/O (Wilder 00 sheet, TP 4011)		
	1-Photo Uploaded		
	Assessment Survey Report		
	Assessment Report by Max/Hand to Owner/Willen		

(1) (TP) Reporting Only

TP Insured	Tell	Fax
Preferred Wksp / NO Avail Wksp / QW		
TP Insured/Val No	NO	/ Non-NO
Owner/Driver	Tell	
Policy No	Cover Type	
Continued by	Date	Year
Insured/Driver Liability	% (Note: Not Slows (WO) N10-20% P121-79% P180-100%)	
Year of Registration	Warranty YES	/ NO
License (\$)	Loading \$1,000	/ \$2,000

( ) Walk-In Customer / Customer's information is fully confidential & strictly NO for of reputation	
( ) Total Loss Case / to e-mail Insurer URGENTLY	
Drive-In	/ Towed-In
1) Apply for Transport Allowance	/ Courtesy Car
2) QO Check / Post Repair Inspection	
3) Upload Repair Photo (Repair Cost > \$3000)	

Injured	

NA2104299	1) All Accident Workup (50)	
Driver/Owner	2) QO Check / Post Repair Inspection (\$100)	NO NO
Continued No	3) Towing (\$100)	\$100
Continued Portion	4) P1 Follow-up with Survey	\$30
QC Checked by (Engin-Chiung)	5) P1 Follow-up with Survey (Repair)	\$30
	6) P1 Follow-up with Survey (Repair)	\$30
	7) P1 Follow-up with Survey (Repair)	\$30
	8) P1 Follow-up with Survey (Repair)	\$30
	9) P1 Follow-up with Survey (Repair)	\$30
	10) P1 Follow-up with Survey (Repair)	\$30
	11) P1 Follow-up with Survey (Repair)	\$30
	12) P1 Follow-up with Survey (Repair)	\$30
	13) P1 Follow-up with Survey (Repair)	\$30
	14) P1 Follow-up with Survey (Repair)	\$30
	15) P1 Follow-up with Survey (Repair)	\$30
	16) P1 Follow-up with Survey (Repair)	\$30
	17) P1 Follow-up with Survey (Repair)	\$30
	18) P1 Follow-up with Survey (Repair)	\$30
	19) P1 Follow-up with Survey (Repair)	\$30
	20) P1 Follow-up with Survey (Repair)	\$30

## 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	01/11/2021 18:41 (SGT)
Date of Accident	31/10/2021 19:40 (SGT)
Exact Location of Accident	10 Bayfront Ave, Singapore 018956
Additional Location Information	PICKUP AND DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6135T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(Phone) +65-93824426
Alternative Phone No	+65-93824426

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00004242101
Cover Note Number	-

#### DRIVER

Name of Driver	NORHAN FAREEZ BIN NORHANGINI
NRIC No	SXXXX520Z

Date Of Birth .....	12/02/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	17/09/2014
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93824426
Alt. Phone Number .....	-
Email Address .....	n_fareez@hotmail.com
Address .....	BLK 223 PENDING ROAD #02-109
Address complement .....	-
Postcode .....	670223
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF6804C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver	PARVEZ
Passport No/FIN	GXXXX652K
Contact Number	(Phone) +65-84187084
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	NORHAN FAREEZ BIN NORHANGINI
Gender	Male
Phone No	(Phone) +65-93824426
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJM6135T
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 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.

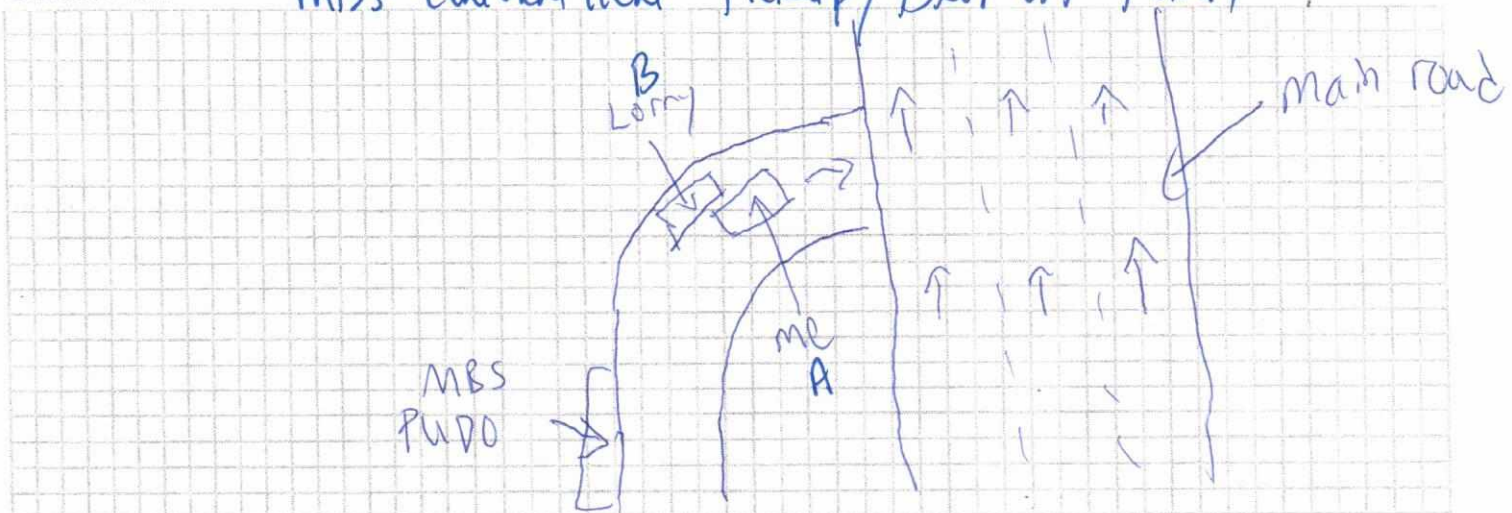
Policyholder's Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

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

Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan

MBS CONVENTION PICKUP/DROP OFF POINT



A) SIM 61351

B) GBF 6804C

### Describe Circumstances of the Accident

- ① I had dropped off my passenger
- ② Signal right to move off
- ③ Saw a stationary lorry ahead with hazard light on.
- ④ I tapped the horn and overtake lorry as it was wide enough for me to pass through.
- ⑤ 3/4 way pass the lorry, I felt a bang on my car. I then immediately stopped my car. However realizing I was blocking the ~~traffic~~ exit, I moved forward and parked my car at the side.
- ⑥ The other driver claimed many things, but my in-car camera proves otherwise.
- ⑦ He also mentioned that he was unloading workers from his lorry when I passed by him. But I remember that his lorry was empty and video shows the same.
- ⑧ In-car camera shows that driver off his hazard light and moved off at the 17 second mark of the video. (second video)
- ⑨ Lorry "owner" who wasn't there, told me on the phone that he has many of his workers there who saw the whole incident. Also to add, he was shouting and blaming me.

POLICE REPORT 1/2021/101/2018

### Declaration

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



## ACCIDENT STATEMENT

ACCIDENT DATE: 31/10/2021 (DD/MM/YYYY), TIME: 19:40 (HH:MM)

LOCATION: MBS Convention Pickup/Dropoff Point

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 6135T  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Vios  
f) TYPE: (SEDAN / 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: Norhan Fariez Bin Norhangini (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9204520Z CONTACT: 9382 4426  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Norhan Fariez Bin Norhangini (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9204520Z CONTACT: 9382 4426  
c) ADDRESS: 223 Pandan Road, #02-109, Singapore 670223

- \* d) DATE OF BIRTH: 12/02/1992 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 17/09/2014  
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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 6804 C MODEL: Toyota Dyna  
b) DRIVER'S NAME: Parvez  
c) NRIC/FIN/PASSPORT: G2174652 K CONTACT: 8415 7084 / 9899 6915

### 9. THIRD PARTY VEHICLE

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

email: \_\_\_\_\_  
VIDEO



# SINGAPORE POLICE FORCE



T/20211101/2078

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20211101/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/11/2021 16:36	Vide Report No.:	Station Diary No.: 81
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<b>Informant's Particulars</b>		
Name of Informant: NORHAN FAREEZ BIN NORHANGINI		Address: APT BLK 223 PENDING ROAD #02-109 SINGAPORE 670223
ID Type / ID No.: NRIC NO / S9204520Z		Contact No.: Home/Office: Mobile: 93824426
Nationality: SINGAPORE CITIZEN		Email: n_fareez@hotmail.com
Sex: Male	Age: 29	Date of Birth: 12/02/1992
Type of Informant: Driver		
Race: Malay		Language: English
Institution / School Name:		
Occupation: SMRT Assistant Engineer		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2021 19:40	Type of Location: Sheltered Pick up point
Location:  BAYFRONT AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6804C	Lorry			Silver	Slightly Damaged	0
SJM6135T	Car			Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211101/2078

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20211101/2078

**CONTINUATION OF REPORT**

Driver		ID No.	G2174652K
Name	Parvez	Contact No.	84157084, 98996915
Related Vehicle	GBF6804C (Lorry)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S9204520Z
Name	NORHAN FAREEZ BIN NORHANGINI	Contact No.	93824426
Related Vehicle	SJM6135T (Car)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Hospital/Clinic	A LIFE CLINIC PTE LTD	Date Discharge	NIL
Date Treatment	01/11/2021	Degree of Injury	Slight
No. of Days granted Medical Leave	07		

**Brief Details.**

On 31/10/2021 at about 1940hrs, I was driving my rented black car (SJM6135T from Todds Partners Pte Ltd) along the Marina Bay Sands (Near Convention Centre) pick up point, towards the exit. I saw a silver lorry (GBF6804C) stationary in front, on the left side of the road.

As there was enough space, I decided to overtake the lorry. About 3/4 past the lorry, I felt a bang on my car and I immediately stopped. However, as I realised that I was blocking the exit, I drove forward to park my car at the left side of the road.

I made a check on my car and discovered that the left rear passenger door had huge dents with scratches, and the bumpers had scratches too. I saw the lorry had dents at the front right signal area, and its bumper became loose. I was alone in the car during the accident. The lorry driver also did not have any passenger. I exchanged particulars with the lorry driver and left the scene.

Subsequently, I felt back pain and discomfort on my shoulder so I sought treatment on 1/11/2021 at A Life Clinic Pte Ltd (10 Sinaran Drive #09-21, Novena Medical Centre) and received 7 days of mc.



SINGAPORE  
POLICE FORCE



T/20211101/2078

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20211101/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
E /  
Sgt 2 KAN YI LING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/11/2021 16:36

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

SN 061

Classification Of Case:

SIGNATURE

Authentication Stamp  
NP168

Motor Hire Car

MZ406L/B

R SN

AN0478A

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.

DMHCSNA00004242101

Engine No.: 1NZX855969

Cha. No.: MR053HY9305097003

1. Index Mark and Registration  
Number of Vehicle

SJM8135T

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

01/05/2021  
(00:00:00)

Excess Sect. I . S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

Excess Sect. II (Outside Singapore) S\$4,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

30/04/2022

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6. Limitations as to use:

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

\* 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: Lim Lee Choo  
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