

# NATIONAL ASSESSMENT CENTER SAMPLES

SN082133000

Date In: 03/11/2021 18:07  
Ref No: 1138/021210/1264/4  
Veh No: GBC 1812  
D.O.A: 02/11/2021 18:07

Job Description	Date & Time Completed	Done by
SAS e-thing		
E-mail (by date time, location)		
Motor Claim Form		
Motor W/O (Within 60 days, TP 100%)		
Police Uploaded		
Assessment Survey Report		
Still Report by Law/Handle Owner/Police		

(1) (TP) Reporting Only

TP Insurer

Preferred Wksp / NO Ass'n Wksp / DWI

TP Insured/Driver Vch No: SL76330D, INC, / Non-INC

Owner/Driver ( ) Toll

Policy No ( ) Period ( ) Cover Type ( )

Confirmed by ( ) Date ( ) Driver

Insured/Driver Liability ( ) % (Note: Est Slows (WO) N10-20%, P121-79%, P180-100%)

Year of Registration ( ) Warranty YRS ( ) / NO ( )

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

( ) Walker/Chycoomar Customer Information strictly confidential & solely NO report of resolution

( ) Total Loss Case to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Involves VRS ( ) / NO ( ) / Towing Co ( )

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

2) QC Check/Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Costs > \$3,000) ( )

Injury:

NA004233

Driver/Owner

Continued No

Continued Portion

QC Checked by (Bngi-In-Charge)

Sublet

1) All Assessment Work (50%)	
2) All Assessment Work (500%)	NO (20)
3) All Assessment Work	\$100
4) All Assessment Work	\$100
5) All Assessment Work	\$100
6) All Assessment Work	\$100
7) All Assessment Work	\$100
8) All Assessment Work	\$100
9) All Assessment Work	\$100
10) All Assessment Work	\$100
11) All Assessment Work	\$100
12) All Assessment Work	\$100
13) All Assessment Work	\$100
14) All Assessment Work	\$100
15) All Assessment Work	\$100
16) All Assessment Work	\$100
17) All Assessment Work	\$100
18) All Assessment Work	\$100
19) All Assessment Work	\$100
20) All Assessment Work	\$100
21) All Assessment Work	\$100
22) All Assessment Work	\$100
23) All Assessment Work	\$100
24) All Assessment Work	\$100
25) All Assessment Work	\$100
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30) All Assessment Work	\$100
31) All Assessment Work	\$100
32) All Assessment Work	\$100
33) All Assessment Work	\$100
34) All Assessment Work	\$100
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45) All Assessment Work	\$100
46) All Assessment Work	\$100
47) All Assessment Work	\$100
48) All Assessment Work	\$100
49) All Assessment Work	\$100
50) All Assessment Work	\$100



## 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	03/11/2021 18:09 (SGT)
Date of Accident	02/11/2021 18:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL181Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABS LEASING SERVICES PTE. LTD.
Company Reg No	2XXXXX528D
Email Address	john.pjy@hotmail.com
Mobile Phone No	(Phone) +65-92966056
Alternative Phone No	+65-83660663

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2754

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00030902100
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMMED RIDUAN BIN RAMLI
NRIC No	SXXXX041F

Date Of Birth  
 Occupation  
 Date Of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode  
 Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 Vehicle Registration Number of Other Vehicle Owned by Driver  
 Insurance Company of Other Vehicle Owned by Driver

29/03/1990  
 Outdoor  
 23/02/2018  
 3 YEARS AND 9 MONTHS  
 Male  
 (Phone) +65-83660663  
 -  
 riduanramli2903@gmail.com  
 BLK 425 CHOA CHU KANG AVENUE 4 #04-154  
 -  
 680425  
 No  
 Employee  
 No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 Raining  
 Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
 Number of vehicles involved in the accident  
 Was anybody injured in the Accident?  
 Was any injured conveyed to hospital by ambulance?  
 Was any other vehicle or property damaged?  
 Number of Passengers (Including Driver)  
 Has the driver been approached by unknown person(s)  
 soliciting/offering accident claims assistance?

No  
 2  
 Yes  
 No  
 Yes  
 1  
 No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Was notice of intended Prosecution given?  
 If yes, against whom?

No  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?  
 Was there any video captured by Car Camera?  
 Was there any audio recorded?

Yes  
 No  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant  
 Vehicle Colour  
 Vehicle Category  
 Name of Driver  
 Contact Number  
 Address  
 Address complement

SLZ6330D  
 -  
 -  
 -  
 -  
 Private car  
 -  
 -  
 -  
 -

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  
 Gender  
 Phone No  
 Address  
 Address Complement  
 Post Code  
 Approximate Age Years Old  
 Injuries Sustained  
 Injured person in which vehicle?  
 Were seat belts worn?  
 Was this injured conveyed to hospital by ambulance?

MOHAMMED RIDUAN BIN RAMLI  
 Male  
 (Phone) +65-83660663  
 -  
 -  
 -  
 -  
 SLIGHT INJURY  
 GBL181Z  
 Yes  
 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 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

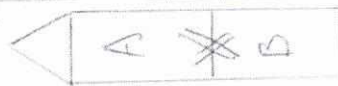
### Sketch Plan

PIE TOAS BEFORE STEVEN ROAD EXIT

VEHICLE:

A: GBL1812

B: 92263300



Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING ON  
my RIGHTFUL WAY, IN FRONT OF my VEHICLE SLOW DOWN AND  
CAME TO A STOP AND I FOLLOW SUIT. AFTER AWHILE THERE  
WAS AN HOPE IMPACT FROM my REAR. I CAME DOWN ~~to~~ FROM  
my VEHICLE AND REALIZE VEHICLE "B" "SL26330D" COLLIDED ONTO  
my VEHICLE REAR.

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

  
03/11/2027  
Witnessed by Reporting Centre  
Personnel

VEHICLE NO: GBL 181 Z

MAKE &amp; MODEL: Toyota Hiace

AUTO / MANUAL

DATE OF ACCIDENT	02 / 11 / 2021	CC
TIME OF ACCIDENT	6:55 AM / PM	
LOCATION OF ACCIDENT	PTE Towards tuas	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.	
EMAIL	JOHN.PYJ@NTMAIL.COM	Office: MOBILE: 9096 6056
NRIC	201819628D	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMCVSNW00030902100	
NAME OF DRIVER	AS ABOVE / IF NO. MOHAMMED RIDUAN BIN RAMLI	
NRIC	S9010041F	
DATE OF BIRTH	29 / 03 / 1980	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO	
NAME OF PASSENGER	- Nil -	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	23 / 02 / 2018	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8366 0663 Office: Home:	
EMAIL	riduanramli2903@gmail.com	
ADDRESS	BLK 425 CHOR CHO KANG AVE 4 #04-154 / S 680425	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / <input checked="" type="checkbox"/> Yes: Who?	
CONTACT NO.	8366 0663	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES: WHO?	
VEHICLE B NO.	SLZ 6330 D Any Passenger: 0	
NAME		
CONTACT NO.		
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 / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
**WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	





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

N SN

AN0597A

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.

DMCVSNW00030902100

Engine No.: 1GD8630292

Cha. No.: GDH2012015158

1. Index Mark and Registration  
Number of Vehicle

GBL181Z

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

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

12/03/2021  
(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

11/03/2022

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.: DBS BANK LTD

\* 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: ABS INSURANCE AGENCY PTE LTD  
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