

# NATION 11 Assessment Centre Services

SN0921B50005

Date In: 19/11/21 17:48	Job description	Date & Time Completed:	Done by:
Ref No: NA/CTI21018701V	SAS e-filing		
Veh No: GBE 3844L	E-mail (w/obn, SAs, AP, 2hrs)		
D.O.A: 18/11/21 08:15	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OI: 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:	Veh No: SLN 5716u	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

NA 2200233

## Invoice Preparation Checklist

Am't (\$)  
1st Bill

Am't (\$)  
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) iT: 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) NI: 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 (N-11 INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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	19/11/2021 17:48 (SGT)
Date of Accident	18/11/2021 08:15 (SGT)
Exact Location of Accident	Ubi Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3844L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UIE INDUSTRIAL EQUIPMENT PTE LTD
Company Reg No	-
Email Address	TIFFANY@UIEINDUSTRIAL.COM
Mobile Phone No	(Phone) +65-82466964
Alternative Phone No	+65-82466964

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00133552106
Cover Note Number	-

### DRIVER

Name of Driver	MUSTAKIM BIN AFANDI
NRIC No	SXXXX923B



Date Of Birth	21/10/1961
Occupation	Outdoor
Date Of Driving Pass	16/01/1982
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82466964
Alt. Phone Number	-
Email Address	TIFFANY@UIEINDUSTRIAL.COM
Address	BLK 412 EUNOS ROAD 5 #03-110
Address complement	-
Postcode	400412
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	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

REFER TO POLICE REPORT T/20211118/2003

#### 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	SLN5716U
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MAEDA YOSHIHITO
NRIC No	SXXXX783D
Contact Number	(Phone) +65-97367071
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SN0921350005 Vehicle Registration No: GBE3844L  
Name (as shown in NRIC): Mustafim Bin Afandi NRIC/FIN/Passport No: SXXXX923B  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Accident: 18/11/21 Time of Accident: 08:15  
Place of Accident: ubi ave 3  
Insurance Company: CTI

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend driver birth date and add 3rd party details

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## 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

ubi Avenue 3

A: GBE38442

B: SCN57164



refer to police report T/2021118/2003

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

Alan Brown

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



Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20211118/2003

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

1 of 3

Report No. T/20211118/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2021 10:12	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: MUSTAKIM BIN AFANDI		Address: APT BLK 412 EUNOS ROAD 5 #03-110 SINGAPORE 400412	
ID Type / ID No.: NRIC NO / S1494923B		Contact No.: Home/Office: Mobile: 82466964	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 21/10/1961	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/11/2021 08:15	Type of Location: T-Junction
Location:  UBI AVENUE 3				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3844L	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0
SLN5716U	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Black		0





# SINGAPORE POLICE FORCE



T/20211118/2003

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

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Report No. T/20211118/2003

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUSTAKIM BIN AFANDI	ID No.	S1494923B
Related Vehicle	GBE3844L (Lorry)	Contact No.	82466964
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MAEDA YOSHIHITO	ID No.	S2695783D
Related Vehicle	SLN5716U (Car)	Contact No.	97367071
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE STATED DATE, TIME AND LOCATION

ON THE 18/11/2021 AT ABOUT 0815 HRS, I BEARING PLATE NUMBER GBE3844L AND THE OTHER PARTY PLATE NUMBER SLN5716U. I WAS DRIVING ALONG UBI AVE 3, AT A T-JUNCTION I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. WHEN THE TRAFFIC LIGHT TURNS GREEN I ACCELERATED SLOWLY SUDDENLY MY SPECTACLE FALLS DOWN. AS I WAS TAKING MY SPECTACLE, I SAW THE OTHER PARTY CAR INFRONT OF ME I TRIED TO BRAKE ACCIDENTLY COLLIDED INTO THE OTHER PARTY REAR. I STOPPED MY VEHICLE AT A SIDE ROAD AND WENT OUT OF MY VEHICLE TO CHECKED IF HE IS OKAY. HE AND I HAVE NO INJURY. NO POLICE AND AMBULANCE CAME TO SCENE. I WANTED TO MAKE A POLICE REPORT HENCE IM MAKING A POLICE REPORT AT TPHQ. THAT'S ALL



**SINGAPORE  
POLICE FORCE**



T/20211118/2003

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

3 of 3

Report No. T/20211118/2003

**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  
TP /  
SC2 ABU HURAIRAH BIN  
ABDUL TALIB

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/11/2021 10:12

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 11 / 21 (DD/MM/YYYY), TIME: 08 : 15 (HH:MM)

LOCATION: Ubi ave 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G7E3844L  
 b) INSURANCE COMPANY: CTI  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volvo V40 Star  
 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: UIE INDUSTRIAL EQUIPMENT PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 82466964  
 c) ADDRESS: \_\_\_\_\_

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

\* No of passenger  
 (including driver)  
(0)

## DRIVER

- a) NAME: MUSTAKIM BIN AFANDI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S14949238 CONTACT: 82466964  
 c) ADDRESS: Bik 412 Eunus Road 5 #03-110 (S) 400412

\* d) DATE OF BIRTH: (21 / 10 / 1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/01/1982

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

\* No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: SLN5716u MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (including driver)  
( )

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

Email = tiffany@uielindustrial.com

Fax = \_\_\_\_\_

VIDEO = \_\_\_\_\_

Motor Commercial

MZ300/C

R SN

AN0421A

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)

Engine No.: ZD30346580K

Cha. No.: JN1SC2F24Z0857918

CERTIFICATE No.:

DMCVSNW00133552106

1. Index Mark and Registration  
Number of Vehicle:

GBE3844L

2. Name of Policy Holder:

UIE INDUSTRIAL EQUIPMENT PTE LTD

3. Effective date of the Commencement of  
Insurance for the purpose of the Regulations,  
Ordinance or Enactment:16/11/2021  
(00:00:00)Excess Sect I : \$5500.00  
EX ON WINDSCREEN : \$100.00

4. Date of Expiry of Insurance:

15/11/2022

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.: TAN CHONG CREDIT PTE LTD AS HP OWNER

\* 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:

VITESSE SOLUTIONS

Authorised Officer



Authorised Signatory