

# NATIONAL ASSOCIATION OF CRIME SCENES, Inc. SN:0821B0000

Date In: 7/5/2021 12:21  
 Ref No: 12345678901234567890  
 Date: 7/5/2021 14:10  
 S.O.A. 28/07/2021 14:10

Job description	Units & Units Completed	Done by
SAS Billing		
Trainer (yours, etc.)		
Motor Claim Form		
Motor W/O (yours, etc.)		
Photo Uploaded		
Assessment/Report		
Report by New/Hand to Owner/Agent		

(1) TP Reporting Only

TP Insured

Preferred Wksp/180 Aftw/11 Wksp/1 QW/1

TP Insured/Agent Val No: SLV 7066.G, MO: / Non-NO

Owner/Driver

Policy No

Period

Cover Type

Confirmed by

Date

Time

Insured/Driver License (%) New-est 50% (WO) 10-20% 10-20% 10-20% 10-20%

Year of Registration (%) Warrant YES (%) NO (%)

License (\$) Loading \$1,000 (\$) \$2,000 (\$)

( ) Walk-in Customer Information Policy Confidential & Policy NO for of report

( ) Total Loss Case ( ) e-mail Insurer URGENTLY

Driver-In ( ) / Loved-In ( ) / Loved-In VNS ( ) / NO ( ) / Towage Cost

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

2) QO Check/Post Repair Inspection ( )

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

Injury

NA2104508

Driver/Owner

Continous No

Continued Portion

QO Checked by (English-Chinese)

1) QO Check/Post Repair Inspection ( )	NO ( )
2) QO Check/Post Repair Inspection ( )	NO ( )
3) QO Check/Post Repair Inspection ( )	NO ( )
4) QO Check/Post Repair Inspection ( )	NO ( )
5) QO Check/Post Repair Inspection ( )	NO ( )
6) QO Check/Post Repair Inspection ( )	NO ( )
7) QO Check/Post Repair Inspection ( )	NO ( )
8) QO Check/Post Repair Inspection ( )	NO ( )
9) QO Check/Post Repair Inspection ( )	NO ( )
10) QO Check/Post Repair Inspection ( )	NO ( )
11) QO Check/Post Repair Inspection ( )	NO ( )
12) QO Check/Post Repair Inspection ( )	NO ( )
13) QO Check/Post Repair Inspection ( )	NO ( )
14) QO Check/Post Repair Inspection ( )	NO ( )
15) QO Check/Post Repair Inspection ( )	NO ( )
16) QO Check/Post Repair Inspection ( )	NO ( )
17) QO Check/Post Repair Inspection ( )	NO ( )
18) QO Check/Post Repair Inspection ( )	NO ( )
19) QO Check/Post Repair Inspection ( )	NO ( )
20) QO Check/Post Repair Inspection ( )	NO ( )



# 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	25/11/2021 12:21 (SGT)
Date of Accident	24/11/2021 14:10 (SGT)
Exact Location of Accident	Tras Link, Singapore
Additional Location Information	JUNCTION WITH WALLICH STREET
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1922H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PENGUIN SHIPYARD INTERNATIONAL PTE LTD
Company Reg No	2XXXXX554N
Email Address	zamri@penguin.com.sg
Mobile Phone No	(Phone) +65-97847503
Alternative Phone No	+65-87421014

## 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	DMCVSNW00096832103
Cover Note Number	-

## DRIVER

Name of Driver	NOORAZMAN BIN MAHMOOD
NRIC No	SXXXX098H

Date Of Birth	25/03/1977
Occupation	Outdoor
Date Of Driving Pass	17/12/1999
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87421014
Alt. Phone Number	-
Email Address	snoopdoggydog_77@yahoo.com.sg
Address	BLK 504C YISHUN STREET 51 #05-124
Address complement	-
Postcode	763504
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	Side Swipe
Weather Conditions	Clear
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?	No
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV7066G
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO SOO THIAM
NRIC No	SXXXX766H
Contact Number	(Phone) +65-96643013
Address	-



## 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

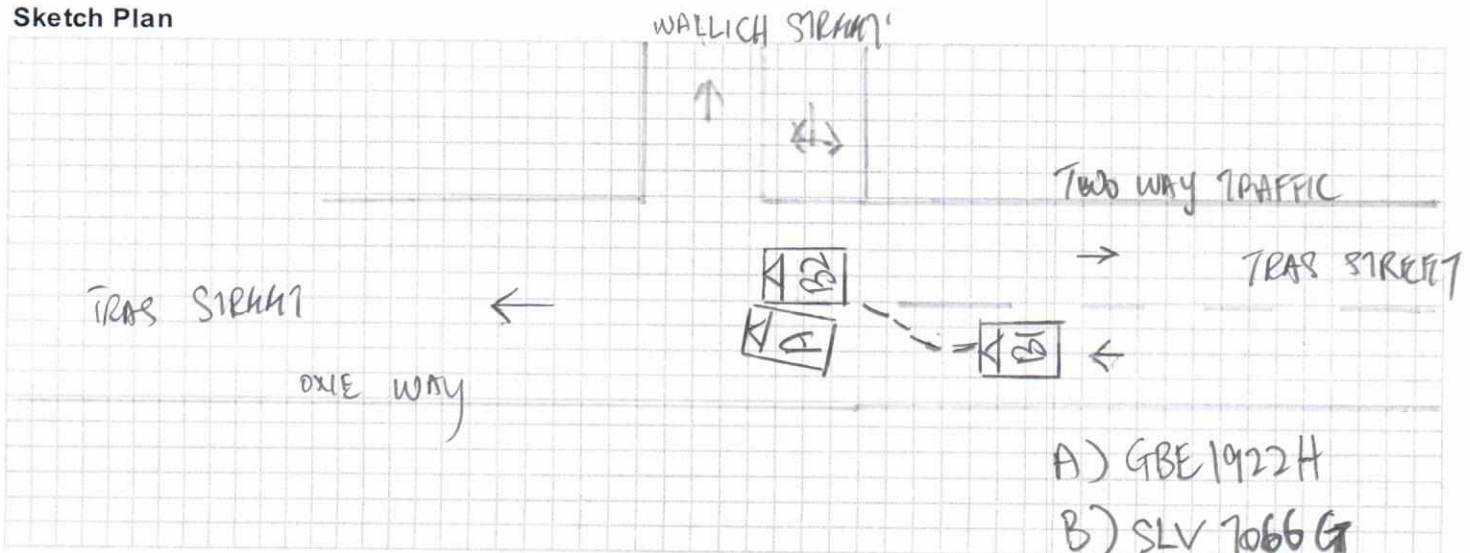
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



## Describe Circumstances of the Accident

At around 1410 hrs. I, Noorezman Bin Mahmood IC no: 87708098H, was involved in an accident with a silver colour car (Mazda) SLV 7066 G. I was travelling along Tras St and upon reaching Wallich St which is on my right hand side, I slow down and was about to make a right turn to Wallich St, my lorry, GBS 1923 H, was hit by the silver colour car travelling behind me which I suspect wanted to overtake me. My lorry was hit at the side of right side. Both me and the car driver did not suffer any injury and there was no passenger involved in the accident.

## Declaration

I/We declare the foregoing particulars are true in every respect.



25/11/21

Policyholder's Signature / Date & Time

25/11/21  
1125

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

25/11/21

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 11 / 2021) (DD/MM/YYYY), TIME: (14 : 10) (HH:MM)

LOCATION: Tras St.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G82 1922 H  
b) INSURANCE COMPANY: China Taiping Insurance (Singapore) Pte Ltd  
c) POLICY NUMBER: 2 DMCVSNW00096832103  
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: Working  
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: Penguin Shipyard International P/L (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200102554N CONTACT: 97847503  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: NOORAZMAN BIN MAHMOOD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7708098H CONTACT: 87421014  
c) ADDRESS: BK 504C Yishun St. 51 # 05-124  
S(763504)

\* d) DATE OF BIRTH: (25 / 03 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/12/1999

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: SLV 7066 G MODEL: Mazda  
b) DRIVER'S NAME: 240300 Thiam  
c) NRIC/FIN/PASSPORT: S1379766H CONTACT: 96643013

### 9. THIRD PARTY VEHICLE

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

email = Snoopdoggydog-77e yahoo.com.sg  
VIDEO

email :: zamri @ penguin . com . sg



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

MZ300/C

R SN

BR0101A

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.

DMCVSNW00096832103

Engine No.: 1KD2555875

Cha. No.: JTFAT35YX0K205011

1. Index Mark and Registration  
Number of Vehicle

GBE1922H

AUTOSAFE  
=====

2. Name of Policy Holder

PENGUIN SHIPYARD INTERNATIONAL PTE LTD

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

25/09/2021  
(00:00:00)

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

4. Date of Expiry of Insurance

24/09/2022

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.

\* 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: LCH LOCKTON PTE LTD  
Authorised Officer

Authorised Signatory