

NATIONAL Assessment Centre Services

Date In: 24/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTIS1013099/13	SAS e-filing		
Veh No: GBR2426K	E-mail (within 2hrs. AP: 2hrs)		
D.O.A: 24/12/21 0735	i-Motor Claim Form		
OD: (IP) 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: **SMMS665B** 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

NA2104831	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat 2/3:	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	

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 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. 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	24/12/2021 13:11 (SGT)
Date of Accident	24/12/2021 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWDS BKE(KJE/PIE)AFT WOODLANDS AVE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2426K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ATREX ENGINEERING PTE LTD
Company Reg No	2XXXXX483G
Email Address	andre@atrex.com.sg
Mobile Phone No	(Phone) +65-93872659
Alternative Phone No	+65-93872659

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	DMCVSNW00018012100
Cover Note Number	-

DRIVER

Name of Driver	NG HWEЕ CHUAH
NRIC No	SXXXX736D

Date Of Birth	30/01/1969
Occupation	Outdoor
Date Of Driving Pass	20/10/1987
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93872659
Alt. Phone Number	-
Email Address	andre@atrex.com.sg
Address	BLK 83 LORONG 2 TOA PAYOH
Address complement	#05-449
Postcode	310083
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	4
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JAGANATHAN MANIMARAN
Gender	Male

PASSENGER 2

Name	MIJAN
Gender	Male

PASSENGER 3

Name	ISLAM SAIFUL
Gender	Male

PASSENGER 4

Name	MIAH SHOHEL
Gender	Male

PASSENGER 5

Name	ISLAM RAFIKUL
Gender	Male

PASSENGER 6

Name	FARID SHEIKH
Gender	Male

PASSENGER 7

Name	RAHMAN SHOHIDUR
Gender	Male

PASSENGER 8

Name	DURAI VIVEKANANDAN
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Gender Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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 SMM5665B
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 SMQ5876M
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 3

Vehicle Registration Number SLK467L
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 NG HWEE CHUAH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK2426K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ISLAM RAFIKUL
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK2426K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person FARID SHEIKH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK2426K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person RAHMAN SHOHIDUR
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK2426K
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person	DURAI VIVEKANANDAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK2426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	JAGANATHAN MANIMARAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK2426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	MIJAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK2426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 8

Name of injured person	ISLAM SAIFUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK2426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 9

Name of injured person	MIAH SHOHEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK2426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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**.
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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.



[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature] 24/12/21

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

I was driving straight along SLE towards BKE(KJE/PIE) after Woodlands Ave 2 exit at the center lane of 3 lanes.

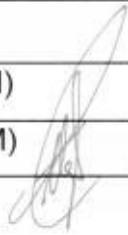
As vehicles in front of me slowed down and stopped, I followed suit.

Suddenly, I felt a huge Impact from behind. Vehicle "b" collided into the rear portion of my vehicle and caused damage.

I alighted and realized that there were a total of 4 vehicles involved.

Passenger name as following:-

- 1. ISLAM RAFIKUL (M)
- 2. FARID SHEIKH (M)
- 3. RAHMAN SHOHIDUR (M)
- 4. DURAI VIVEKANANDAN (M)
- 5. JAGANATHAN MANIMARAN (M)
- 6. MIJAN (M)
- 7. ISLAM SAIFUL (M)
- 8. MIAH SHOHEL (M)



DECLARATION

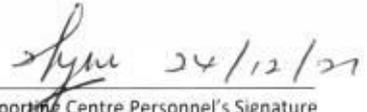
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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



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

VEHICLE NO: 9BK2426K

MAKE & MODEL: Toyota Dyna

AUTO / MANUAL

DATE OF ACCIDENT	<u>24 / 12 / 2021</u>	*C.C: <u>2982</u>
TIME OF ACCIDENT	<u>0735</u> AM / PM	
LOCATION OF ACCIDENT	<u>SLE towards BKE (KSE/PIE) after woodlands Ave 2 exit</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	<u>Atrex Engineering Pte Ltd</u> Email: <u>ANDRE@ATREX.COM.SG</u>	
TELP NO	Mobile: <u>9387-2659</u>	Office: Home:
NRIC	<u>2003044839</u>	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY:	YES / NO / ?	
INSURANCE CO.	<u>china taiping</u>	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	<u>DMCVSNW 00018012100</u>	
NAME OF DRIVER	AS ABOVE / IF NO. <u>Ng Hwee Chuah</u>	
NRIC	<u>S64037360</u>	
DATE OF BIRTH	<u>30 / 01 / 1969</u>	
ANY PASSENGER	YES / NO: <u>08</u> <u>Refer sketch plan</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE <u>08 pax all is male</u>	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	<u>20 / 10 / 1987</u>	
GENDER	Male / Female	
CONTACT NO.	Mobile: <u>9387-2659</u>	Office: Home:
EMAIL	<u>ANDRE@ATREX.COM.SG</u>	
ADDRESS	<u>Blk B3 Lorong 2 Toa Payoh #05-449 S (310683)</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No: <u>SKE492G</u> INSURER: <u>AXA</u>	
RELATIONSHIP	Employee / If No. Director	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes: Who? <u>09</u> <u>8 pax + 1 driver</u>	
CONTACT NO.	<u>driver Ng Hwee Chuah, pax name pls refer to sketch plan</u>	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	<u>SMM5665B</u>	Any Passenger: <u>NIL</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>SMQ5876M</u>	Any Passenger: <u>NIL</u>
VEHICLE D NO.	<u>SLK467L</u>	Any Passenger: <u>01</u>
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	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241



Motor Commercial

MZ300/C

N SN

BR0069A

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, 1997 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00018012100	Engine No.: 1KD2860532	
		Cha. No.:KDY2318039453	
1. Index Mark and Registration Number of Vehicle	GBK2426K	AUTOSAFE	=====
2. Name of Policy Holder	ATREX ENGINEERING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/03/2021 (00:00:00)	Excess Sect I	SS\$500.00
		EX ON WINDSCREEN	SS\$100.00
4. Date of Expiry of Insurance	01/03/2022		
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission.		
	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. : 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TIMES INSURANCE BROKERS PTE LTD
Authorised Officer

Authorised Signatory