

SMC81C80005

28/12/2021 No. 47  
NABO/CT724013245  
QBE 1739X  
27/12/2021 18:05  
**REPORTER**

Vehicle description: \_\_\_\_\_  
SAS e-filing \_\_\_\_\_  
E-mail: \_\_\_\_\_  
E-Motor Claim Form \_\_\_\_\_  
E-Motor W/O (onion) of \_\_\_\_\_  
E-Photo Uploaded \_\_\_\_\_  
Assessment/Survey Report \_\_\_\_\_  
Ass't Report by ESN Hand to Owner (W/S) \_\_\_\_\_

Preferred Wksp / INC Assign Wksp / QW: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

TP Particulars: \_\_\_\_\_ Veh No: **SLT 8811B** INC ( ) / Non-INC ( )  
Owner / Driver: \_\_\_\_\_ Tel: \_\_\_\_\_  
Policy No: \_\_\_\_\_ Period: \_\_\_\_\_ Cover Type: \_\_\_\_\_  
Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Insured/Driver Liability: \_\_\_\_\_ (Note: Est Status (W/O) N: 0-20%, P: 21-70%, 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 later or 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: \_\_\_\_\_

**Claimant's Particulars :-**  
Driver/Owner: \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Damaged Portion: \_\_\_\_\_  
QC Checked by (Engg-In-Charge): \_\_\_\_\_  
Auditors' Comments: \_\_\_\_\_  
Cat 1: \_\_\_\_\_  
Cat 2: \_\_\_\_\_

**Invoice Preparation Checklist**

	Am (\$)	Am (\$)
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$100)	INC (\$100)	
3) TF: Towing Fee	\$40, \$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$120	
For claimant agreed (N) Date: _____ (to Jan 2021)		
6) FR: Re-inspection		
7) N1: Inc DA + SMRT Survey	\$140	
8) N1: Additional Services		
• N5: Courtesy Car / Trip Allowance • N6: Repairer's Station • N7: Post Repair Inspection • N8: DV / Collect Excess Coordination • N9: DV / Collect Excess Coordination		
9) N12: Admin Fee		
10) N13: Admin Fee		

## 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	28/12/2021 16:47 (SGT)
Date of Accident	27/12/2021 18:05 (SGT)
Exact Location of Accident	51 Soon Lee Rd, Singapore 628088
Additional Location Information	RECREATION CLUB CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1739X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	L & C CONSTRUCTION & ENGINEERING PTE. LTD.
Company Reg No	2XXXX9634
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-93417938
Alternative Phone No	(Office) +65-68585038

### 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	2953

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00111222101
Cover Note Number	-

### DRIVER

Name of Driver	ARIFUZZAMAN MOHAMAD
Passport No/FIN	GXXXX797N



Date Of Birth	27/12/1991
Occupation	Outdoor
Date Of Driving Pass	13/12/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-93417938
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	1 BUKIT BATOK CRESCENT #09-50
Address complement	WCEGA PLAZA
Postcode	658064
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### 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	SLT8811B
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)	.....	-

## SKETCH PLAN

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#### 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.



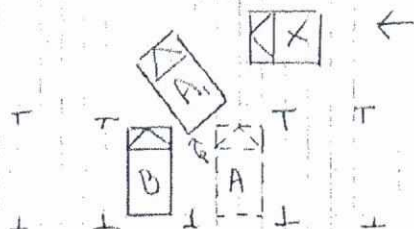
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CAR PARK OF MWC RECREATION CLUB



A: GBE 1739 X  
B: SLT8811B  
X: Unknown



Describe Circumstances of the Accident

On 27/12/2021, at about 18:05hrs, I was about to leave the parking lot when an on-coming lorry driving at high speed coming towards me. Noticing that, I swerved my vehicle slightly to my left to avoid the lorry. Thus, my vehicle collided onto vehicle B which was parked in the lot on my left. No one was in vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

AB

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

28/12/2021  
Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 27 <sup>th</sup> December 2021	TIME: 18.05	(hh:mm) 24 hrs Format
LOCATION CAR PARK of MWC Recreation Club		
VEHICLE NUMBER GIBE 1739X		
INSURED NAME L & C CONSTRUCTION & ENGINEERING PTE. LTD.		
NRIC / FIN 201329634G	CONTACT: 68585038	
MAKE NISSAN	MODEL CABSTAR	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting Only		
INSURANCE COMPANY CHINA TAIPING		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMCVSNW00111222101		
NAME DRIVER: ARIFUZZAMAN MOHAMMAD ( ) SAME AS INSURED		
NRIC / FIN 92306797N	CONTACT: 93417938	
DATE OF BIRTH: 27-12-1991		
DRIVING PASS DATE: 13-12-2020		
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS: estropf66@gmail.com ( ) NO EMAIL		
ADDRESS OF DRIVER: 1 BUKIT BATOK CRESCENT # 09-50 WCEGA PLAZA S(658064)		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B	SLT 8811B	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		





Motor Commercial

MZ300/C

R SN

BR0046C

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.

DMCVSNW00111222101

Engine No.: ZD30346928K

Cha. No.: JN1SC2F24Z0857290

1. Index Mark and Registration  
Number of Vehicle

GBE1739X

AUTOSAFE

=====

2. Name of Policy Holder

L & C CONSTRUCTION & ENGINEERING PTE. LTD.

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

14/09/2021  
(00:00:00)

Excess Sect I . S\$500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

13/09/2022

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.

HIRE PURCHASE CO. : HL BANK 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: AWG INSURANCE BROKERS PTE LTD  
Authorised Officer

Authorised Signatory