

NATIONAL Assessment Centre Services

Date In: 03/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA / CT1 22000074/m4	SAS e-filing		
Veh No: GBF 7160U	E-mail (within 2hrs. AP 2hrs)		
D.G.A: 02/01/2022 21:45	i-Motor Claim Form		
OD (TP) 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: **SLJ427H** 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

NA2200016	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		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		
Auditors' Comments :-	6) TR: Re-inspection \$75		
Cat 1:	7) NI: Idac DA + SMRT Survey \$160		
Cat 2/3:	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-n 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 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	03/01/2022 18:48 (SGT)
Date of Accident	02/01/2022 21:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON ROAD TOWARDS PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7160U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE (S) PTE LTD
Company Reg No	2XXXXX064W
Email Address	Ridzuanysf@gmail.com
Mobile Phone No	(Phone) +65-93371048
Alternative Phone No	+65-93371048

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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00009842100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF
NRIC No	SXXXX467E

Date Of Birth	29/12/1988
Occupation	Outdoor
Date Of Driving Pass	07/07/2011
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88949434
Alt. Phone Number	-
Email Address	Ridzuanysf@gmail.com
Address	126 SIMEI STRRET 1
Address complement	#03-280
Postcode	520126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NATASSIA ROSELLINI MUSTAKIM
Gender	Female

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

PLS REFER TO THE POLICE REPORT : T/20220103/7037

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	SLJ427H
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG WEI DIN
NRIC No	SXXXX640Z
Contact Number	(Phone) +65-97730292
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	MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF7160U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NATASSIA ROSELLINI MUSTAKIM
Gender	Female
Phone No	(Phone) +65-93371064
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF7160U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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)

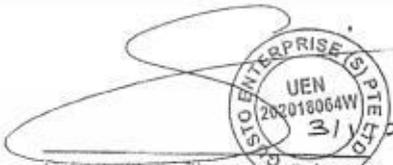
I understand, acknowledge, agree and consent that:

(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

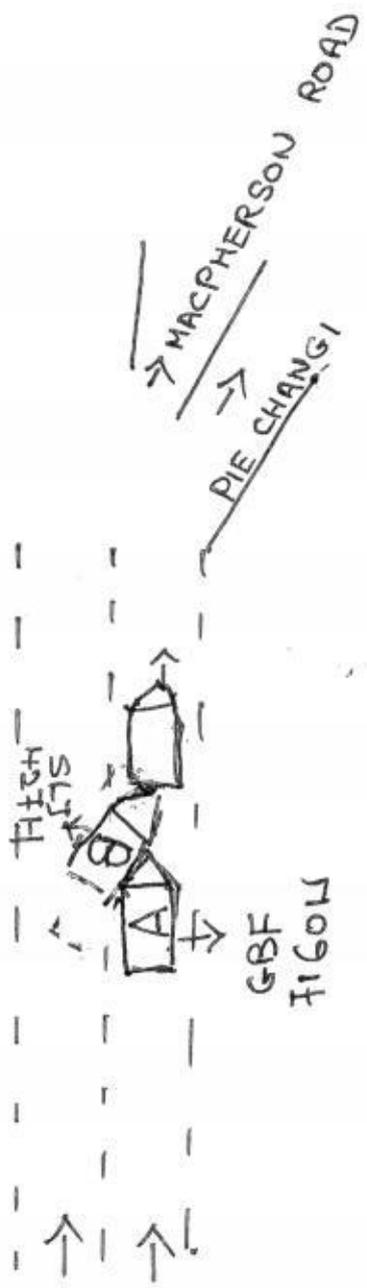
As per attached.

21E) HP 933F10H8
21F) HP 889H9H3H

2/1/2022
21-45PM

GBF 7160W

MAH MOTOR



Serangoon Road towards PIE Changi

A = GBF 7160U
B = SLJ 427H

Describe Circumstances of the Accident

Please Refer to the Police Report: T/20220103/7037.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature, Date & Time

 3/1/22
Driver's Signature (if driver is not the policyholder) / Date & Time

 3/1/22
Witnessed by Reporting Centre Personnel



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF7160U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000098 42100	18/01/2021	21/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NATASSIA ROSELLINI MUSTAKIM	ID No.	S9319040H	
Related Vehicle	GBF7160U (Van)	Contact No.	93371064	
Hospital/Clinic	OXFORD MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	03/01/2022	Date	03/01/2022	
No. of Days granted Medical Leave	02	Degree of	Slight	
Driver				
Name	MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF	ID No.	S8852467E	
Related Vehicle	GBF7160U (Van)	Contact No.	88949434	
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL	
Date	03/01/2022	Date	03/01/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I, driver of vehicle GBF7160U was driving on serangoon road when vehicle SLJ427H dashed into my lane and hit the front left of my vehicle. Accident happened outside Mah Motor. Travelling on right most lane on serangoon road towards PIE(CHANGI).



**SINGAPORE
POLICE FORCE**



T/20220103/7037

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

3 of 3

Report No. T/20220103/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/01/2022 15:36

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 2/1/2022 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: SERANGOON ROAD GOING TOWARDS PIE CHANGI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G RF 71604
b) INSURANCE COMPANY: China Taipei
c) POLICY NUMBER: DMLVSNW00009842100
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HI-ACE AUTO / MANUAL (2982cc)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: employment
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: GUSTO ENTERPRISE(S) PTE LTD (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 202018064W CONTACT: 9337 1048
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MULD RIDZUAN BIN MULD YUSOF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 8852467E CONTACT: 88949434
c) ADDRESS: 126 SIMEL STREET 1 #03-280
S (520126)

*d) DATE OF BIRTH: 29/12/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 YEARS (7/7/2011)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS no water)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) YES

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 427 H MODEL: TOYOTA PRIUS Saloon CAR
b) DRIVER'S NAME: ONG WEI DIN
c) NRIC/FIN/PASSPORT: S 8849640Z CONTACT: 9773 0292

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(2)

1) NATASSIA

RoseLini (female)

Driver &
passenger
injured

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = Ridzuanysf@gmail.com

fax = -

VIDEO = NIL

Motor Commercial

645624

645624

645624

645624

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Singapore)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
 Road Transport Act, 1987 (Malaysia)
 Peraturan-peraturan (Tertakut) 1987, Rules, 1987 (Malaysia)

CERTIFICATE No.

DMVSNW0005642100

Engine No. 1803961151

Chassis No. 814201091010

1. Motor Vehicle Description
 Number of Seating

GRF71600

4 (110/11)

2. Name of Policyholder

CRISTO ENTERPRISES PTE LTD

3. Effective Date of this Certificate and its
 Renewal for the purpose of this Certificate
 Commence of Endorsement

18/01/2022
 (13/04/20)

Excess (Self Retention)

Excess (Self Retention)

RM 1000 (RM 1000) / 1000000

4. Date of Issue of this Certificate

21/07/2022

5. Persons authorized to operate the vehicle

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. Exclusions or Usages

- (1) Use in connection with the Policyholder's business and Hire's Business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and Hire'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. - TAI THONG LEE TDG (PTE) LTD

* Limitations imposed max rates by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Singapore) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under the cover policy.

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 (Singapore) and the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Chua Suat Lay Cally
 Authorized Officer

Authorized Signatory