

NATIONAL Assessment Centre Services

Date In 04/02/22	Job description	Date & Time Completed	Done by
Ref No NA/CT22001078/13	SAs e-filing		
Veh No G3D17154	E-mail (within 2hrs. AP: 2hrs)		
DOA 31/01/22 1400	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: SMY5404A	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

NA2200325	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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 :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 \$10		
	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 GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) 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	04/02/2022 15:50 (SGT)
Date of Accident	31/01/2022 14:00 (SGT)
Exact Location of Accident	Loyang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1715U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TREDI CONSTRUCTION PTE LTD
Company Reg No	1XXXXX238C
Email Address	faizalrahmat85.mf@gmail.com
Mobile Phone No	(Phone) +65-86834546
Alternative Phone No	+65-86834546

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 - Claiming third party
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	DMCVSNW00073252107
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FAIZAL BIN RAHMAT
NRIC No	SXXXX160H

Date Of Birth	03/07/1985
Occupation	Outdoor
Date Of Driving Pass	09/05/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86834546
Alt. Phone Number	-
Email Address	faizalrahmat85.mf@gmail.com
Address	BLK 322A ANCHORVALE DRIVE
Address complement	#01-166
Postcode	541322
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN CHIN CHAI
Gender	Male

PASSENGER 2

Name	ANG CHIN CHEONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220131/2069

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY5404A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED MUSTAQIM BIN AZMAN
Contact Number	(Phone) +65-96226684
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

TREDI CONSTRUCTION PTE LTD

56 LOYANG WAY #05-02

LOYANG ENTERPRISE BUILDING

SINGAPORE 508775

TEL: 63650318 FAX: 63650319

AMN

shyne 04/02/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to the police report.
sketch plan

Police Report

Describe Circumstances of the Accident

P/c refer to the police report: T/20220131/2069

Police report

Declaration

We declare the foregoing particulars are true in every respect.

TREDD CONSTRUCTION PTE LTD
56 LOYANG WAY #05-02
LOYANG ENTERPRISE BUILDING
SINGAPORE 508775
TEL: 63650318 FAX: 63650319

Policyholder's Signature / Date &
Time

Ang N
Driver's Signature (if driver is not the policyholder) / Date
& Time

shym 04/02/22
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220131/2069

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20220131/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2022 17:46	Vide Report No.: G/20220131/0112	Station Diary No.: 79
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Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN RAHMAT			Address: APT BLK 322A ANCHORVALE DRIVE #01-166 SINGAPORE 541322		
ID Type / ID No.: NRIC NO / S8519160H			Contact No.: Home/Office: Mobile: 86834546		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 03/07/1985	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2022 14:00	Type of Location: Straight Road
Location: LOYANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1715U	Lorry					2
SMY5404A	Car					3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220131/2069

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220131/2069

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FAIZAL BIN RAHMAT	ID No.	S8519160H
Related Vehicle	GBD1715U (Lorry)	Contact No.	86834546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED MUSTAQIM BIN AZMAN	ID No.	S9041321Z
Related Vehicle	SMY5404A (Car)	Contact No.	96226684
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 31/01/2022 at about 1400hrs, I was driving my vehicle bearing registration number GBD1715U along Loyang way towards upper changi road north. As I was driving, there was a vehicle bearing registration number SMY5404A which was from the opposite direction and wanted to make a right turn. As I could not break in time and due to the down slope terrain, I collided onto the left side portion of the said vehicle. Subsequently, ambulance and police came to my incident and the passenger from the other vehicle was conveyed to hospital. I am not injured in any way and the front portion of my vehicle is damaged. There is also a in-built camera inside my vehicle and I was advised by the police officer to make a report reference G/20220131/0112.



**SINGAPORE
POLICE FORCE**



T/20220131/2069

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

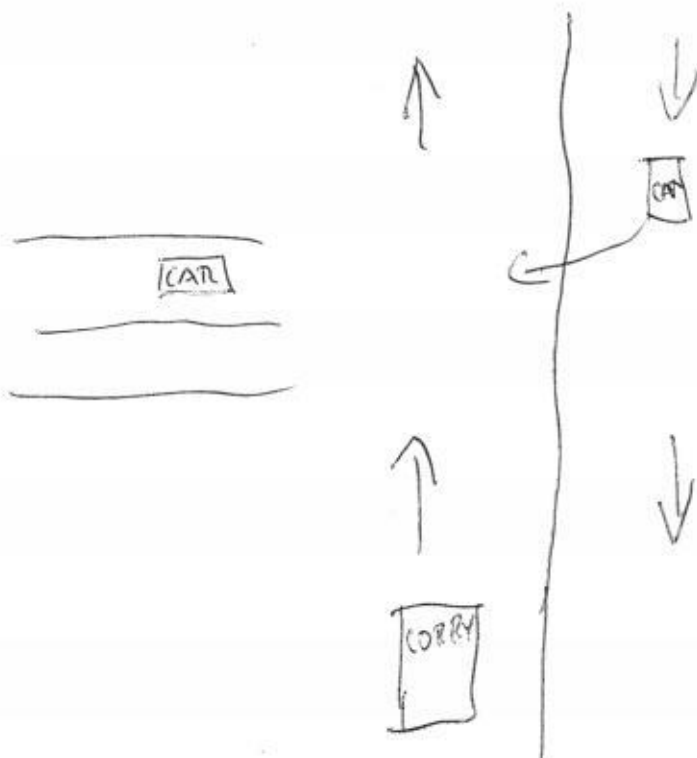
3 of 3

Report No. T/20220131/2069

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
F/
SGT 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/01/2022 17:46

Officer In Charge Of Case:
TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

Classification Of Case:

VEHICLE NO: G8D17154	MAKE & MODEL: NISSAN CARSTAR	AUTO/MANUAL
DATE OF ACCIDENT	31/01/22	C.C
TIME OF ACCIDENT	2.00 AM (PM)	
LOCATION OF ACCIDENT	LOYANG WAI	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	TREO CONSTRUCTION Pte Ltd	
EMAIL: faizalrahmat85.mf@gmail.com	OFFICE:	MOBILE: 86834546
NRIC	199302238C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	CHINA TAIPING Insurance	
TYPES OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00073252107	
NAME OF DRIVER	AS ABOVE / IF NO: MUHAMMAD FAIZAL BIN RAHMAT	
NRIC	S85191604	
DATE OF BIRTH	03 / 07 / 1985	
ANY PASSENGER	YES / NO: 2	
NAME OF PASSENGER	Tan chin chai Ang chin cheong	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	09 / 05 / 2011	
GENDER	Male / Female	
CONTACT NO	Mobile: 86834546 Office: Home:	
EMAIL	faizalrahmat85.mf@gmail.com	
ADDRESS	Blk 332A Anchorvale Drive #01-166 S541332	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
VEHICLE B NO.	SMY5404A Any Passenger: 1 wife 1 kids	
NAME	MOHAMED MUSTAQIM BIN AZMAN	
CONTACT NO.	96226684	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO TP Taban	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
	IMPERIUM AUTOMOTIVE	
	SHAWN7530@HOTMAIL.COM	
	97489940	

MZ300C

R SN

AN0430A

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.

1 Index Mark and Registration
 Number of Vehicle

DMCVSNW00073252107

GBD1715U

Engine No. ZD30346117K
 Chs. No. JN15C2F2420856018

2 Name of Policy Holder

TREDI CONSTRUCTION PTE LTD

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

19/07/2021
(00:00:00)

4 Date of Expiry of Insurance

18/07/2022

Excess Sect 1 \$1500.00
 EX ON WINDSCREEN \$100.00

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 : SWEE SENG CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 6 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



[Signature]

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory