

NATIONAL Assessment Centre Services

Date In: 10/02/2022 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001287/m4	SAS e-filing		
Veh No: GBE 9589J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/02/2022 22:00	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: GBL 124P	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

NA 2200351

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR: Accident Reporting (\$30)
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- RT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- NI: Idac DA + SMRT Survey \$160
- 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
- N12: Idac Mobile \$30

Invoice dated

Invoice dated

Fee Charged

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	10/02/2022 15:15 (SGT)
Date of Accident	09/02/2022 22:00 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TOWARDS TAMPINES AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9589J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	METTLER TOLEDO (S) PTE LTD
Company Reg No	1XXXXX604Z
Email Address	CS8558CS@GMAIL.COM
Mobile Phone No	(Phone) +65-98509664
Alternative Phone No	+65-92380282

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00044032100
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED KHALID S/O NIZAMUDIN
NRIC No	SXXXX374Z

Date Of Birth	07/05/1973
Occupation	Outdoor
Date Of Driving Pass	07/04/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92380282
Alt. Phone Number	-
Email Address	CS8558CS@GMAIL.COM
Address	BLK 786D WOODLANDS DRIVE 60
Address complement	#04-43
Postcode	734786
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	Collision - Head to Rear
Weather Conditions	AFTER-RAIN
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	MOHD HIRWAN BIN JASMON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220210/2000

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	HANDED OVER TO THE POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL124P
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JOHARI SHAM BIN MOHD TAIB
NRIC No	SXXXX380G
Contact Number	(Phone) +65-88029114
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	MOHAMED KHALID S/O NIZAMUDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON RIGHT ARM (SLIGHT)
Injured person in which vehicle?	GBE9589J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOHD HIRWAN BIN JASMON
Gender	Male
Phone No	(Phone) +65-91381374
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST PAIN (SLIGHT)
Injured person in which vehicle?	GBE9589J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

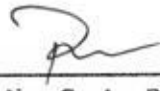
Original Report No: SN09222A0007 Vehicle Registration No: GBE9589J
Name (as shown in NRIC): Mohamed Khateb S/o Nizamudin NRIC/FIN/Passport No: S7318374Z
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 786D Woodlands Drive 60 #04-43 Singapore (734786)
Contact (Tel): _____ Mobile No.: 9238 0282
Email Address: CS8558CS@GMAIL.COM
Date of Accident: 09/02/2022 Time of Accident: 22:00
Place of Accident: Tampines Ave 10 towards Tampines Ave 5.
Insurance Company: CTI

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. Amend the weather to After-Rain.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Dence
NRIC/FIN No.: _____
Date: 10/2/22

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.



x

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

THOMPSON AVENUE 10



A : G8E9589J
B : G8L124P

REFER TO POLICE REPORT

1/20220210/2000

Declaration

We declare the foregoing particulars are true in every respect

x

10/2/22

Policyholder's Signature / Date & Time



[Signature]

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

10/2/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220210/2000

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220210/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 00:28	Vide Report No.: G/20220209/0245	Station Diary No.: 6
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Informant's Particulars			
Name of Informant: MOHAMED KHALID S/O NIZAMUDIN		Address: APT BLK 786D WOODLANDS DRIVE 60 #04-43 SINGAPORE 734786	
ID Type / ID No.: NRIC NO / S7318374Z		Contact No.: Home/Office: Mobile: 92380282	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 07/05/1973	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2022 22:00	Type of Location: Straight Road
Location: TAMPINES AVENUE 10				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9589J	Van				Seriously Damaged	1
GBL124P	Van				Slightly Damaged	0

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



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220210/2000

CONTINUATION OF REPORT

Passenger			
Name	Mohd Hirwan Bin Jasmon	ID No.	NIL
Related Vehicle	GBE9589J (Van)	Contact No.	91381374
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MOHAMED KHALID S/O NIZAMUDIN	ID No.	S7318374Z
Related Vehicle	GBE9589J (Van)	Contact No.	92380282
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Johari Sham Bin Mohd Taib	ID No.	S7243380G
Related Vehicle	GBL124P (Van)	Contact No.	88029114
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 09/02/2022 at about 2200hrs, I was driving my van (GBE9589J) along Tampines Ave 10 towards Tampines Ave 5. I was driving at the speed of about 50 to 60km/hr. I have a passenger with me. He is namely Mohd Hirwan Bin Jasmon.

While driving, I felt another vehicle (GBL124P) hit my van from the rear. After that, GBL124P hit my van from the rear again before attempting to drive off. I managed to stop GBL124P subsequently. The driver of GBL124P is namely Johari Sham Bin Mohd Taib.

After that, I called for Police. Police and ambulance arrived subsequently. My friend was being conveyed to Changi General Hospital as his chest felt painful. The driver of GBL124P complained that his neck felt painful and was sent to Changi General Hospital as well. I suffered abrasion on my right arm. I will see a



**SINGAPORE
POLICE FORCE**



T/20220210/2000

3 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220210/2000

CONTINUATION OF REPORT

doctor after lodging the Police report.

I handed over the memory card of my van's in-car camera to the Police.



**SINGAPORE
POLICE FORCE**



T/20220210/2000

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4

Report No. T/20220210/2000

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:
L / SGT 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/02/2022 00:28

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

NP168



Signature: _____

Singapore Police Force

SN 130



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20220209/0245

I, SGT TIMOTHY FIRDHAUS
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one 16GB Micro SD card.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S73183742, Mohamed Khalid s/o Nizamudin
(Name, NRIC or Passport No. / Rank and No.)

of 786D Woodlands Drive 60 #04-43 S734786
(Address / Police Station / NPC / NPP)

on 09/02/2022 at 2250HRS.
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)

S73183742
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
Signature

SGT TIMOTHY FIRDHAUS
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 09/02/2022 (dd/mm/yy) Time of Accident: 22 : 30 (24-HR-FORMAT)

Vehicle No.: GBE95893 Vehicle Make & Model / Engine (cc): Peugeot Partner Private Hire: (Y/N) (1560cc)

Exact location of Accident: TAMPINES AVE 10

Policyholder's Name / IC No.: Mettler Toledo ROC/UEN (Company): 1992066042

Driver's Name / IC No.: MOHAMED KHALID S/O NIZAMUDIN 573183742 (As Above) ☐

Driver's Contact No.: 9850 9664 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 736D WOODLANDS DRIVE 60 #04-43 SINGAPORE 734786

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: OHINA TAMPING

Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 2

***Passenger Name:** MOHD HIRWAN BIN JASMON

Gender: Male / Female x()

***Passenger Name:** _____

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER AND PASSENGER

Injuries Sustain: _____ Injured Person in Which Vehicle: GBE95893

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: WOODLANDS EAST NPC

The Other Party(s) Details:

1. Driver's Name / IC No: JOHARI SHAM BIN MOHD TAIB Vehicle No: GBL124P

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

video: Yes (with ~~the~~ police).

class 3: 07/04/1994



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

N SN

AN0421A

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.

DMCVSNW00044032100

Engine No.: 10JBFR0023481

Cha. No.: VF37F9HF8FJ887606

1. Index Mark and Registration
Number of Vehicle

GBE9589J

AUTOSAFE

2. Name of Policy Holder

METTLER TOLEDO (S) PTE LTD

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

09/05/2021
(00:00:00)

Excess Sect I S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

08/05/2022

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: VITESSE SOLUTIONS
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com