

# NATIONAL Assessment Centre Services

Date In: 14/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/C122001385/13	SAS e-filing		
Veh No: G495596	E-mail (within 3hrs, M-F 2hrs)		
D.O.A: 10/02/22 0700	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: SMR 5087T	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

NA2200438	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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) iT : 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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	14/02/2022 15:21 (SGT)
Date of Accident	10/02/2022 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE EXIT TO CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9559G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SVS VALVES PTE. LTD.
Company Reg No	2XXXXX757H
Email Address	fahmy@svs.com.sg
Mobile Phone No	(Phone) +65-62613225
Alternative Phone No	+65-94795020

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00042752100
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD FAHMY BIN MURAD
NRIC No	SXXXX541B

Date Of Birth	08/03/1984
Occupation	Outdoor
Date Of Driving Pass	30/07/2008
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94795020
Alt. Phone Number	-
Email Address	fahmy@svs.com.sg
Address	BLK 129 PASIR RIS ST 11
Address complement	#04-325
Postcode	510129
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	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 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	SMR5087T
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	SMV6420L
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	MUHAMMAD FAHMY BIN MURAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GY9559G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

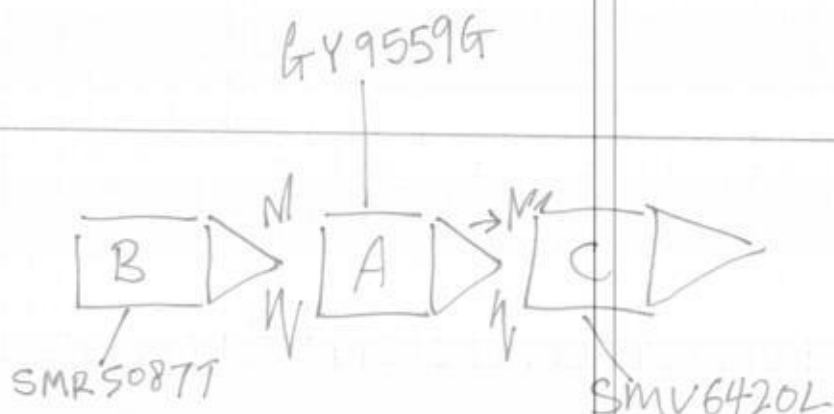
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Handwritten Signature]* 14/02/22

Witnessed by Reporting Centre Personnel

### Sketch Plan

TPE EXIT TO CTE



Describe Circumstances of the Accident

At the above date and time of accident I was driving my Van along TPE Exit to CTE right lane along the Slip Road the car in front of me brake, I also slow down and stop behind the front car Suddenly there's a huge impact from the rear, the car behind me have hit onto my Van and cause my van to push forward and hit the car in front of me

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

Witnessed by Reporting Centre Personnel  
14/02/22





# SINGAPORE POLICE FORCE



T/20220211/7022

1 of 3

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

Report No. T/20220211/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2022 15:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FAHMY BIN MURAD			Address: 129 PASIR RIS STREET 11 #04-325 SINGAPORE 510129		
ID Type / ID No.: NRIC NO / S8406541B			Contact No.: Home/Office: Mobile: 94795020		
Nationality: SINGAPORE CITIZEN			Email: FAHMY@SVS.COM.SG		
Sex: Male	Age: 37	Date of Birth: 08/03/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: 2B,3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 07:00	Type of Location: Straight Road
Location:  TPE ENTERING CTE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GY9559G	Van					0
SMR5087T	Car					0
SMV6420L	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220211/7022

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

2 of 3

Report No. T/20220211/7022

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD FAHMY BIN MURAD	ID No.	S8406541B
Related Vehicle	GY9559G (Van)	Contact No.	94795020
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, THE VEHICLE IN FRONT OF ME CAME TO A STOP AS SUCH I FOLLOWED SUIT WITHOUT ANY IMPACT TO THE FRONT VEHICLE.  
OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR AND THE IMPACT CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE VEHICLE INFRONT.  
SMR5087T HIT ONTO MY VEHICLE'S REAR PORTION AND CAUSED MY VEHICLE TO HIT ONTO THE REAR PORTION OF SMV6420L.

I FELT PAIN AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AND WAS GIVEN 5 DAYS OF MEDICAL LEAVE .





**SINGAPORE  
POLICE FORCE**



T/20220211/7022

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

3 of 3

Report No. T/20220211/7022

**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 /  
TAY CHUN KEEN  
Contact No.: 65476436

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

Date/Time:  
11/02/2022 15:28

Classification Of Case:

VEHICLE NO: <u>GY 9559G</u>		MAKE & MODEL: <u>Citroen berlingo</u>		<u>(AUTO)</u> MANUAL	
DATE OF ACCIDENT		<u>10 12 12022</u>		<u>1.6 cc</u>	
TIME OF ACCIDENT		<u>7.00</u>		<u>(AM)</u> / PM	
LOCATION OF ACCIDENT		<u>TPE Exit to CTE</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		<u>(EMPLOYMENT)</u> / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		<u>SVS VALVES PTE. LTD</u>			
EMAIL: <u>fahmy@svs.com.sg</u>		Office: <u>62613225</u>		MOBILE: <u>94795020</u>	
NRIC		<u>88406541B</u>			
CLAIM TYPE		OD / <u>(THIRD PARTY)</u> / REPORTING ONLY			
FLEET POLICY		YES / NO ?			
INSURANCE CO.		<u>CHINA TAIPING</u> D			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>DMC-VSNW00042752100</u>			
NAME OF DRIVER		AS ABOVE / IF NO, <u>MUHAMMAD FAHMY BIN MURAD</u>			
NRIC		<u>88406541B</u>			
DATE OF BIRTH		<u>08 103 1984</u>			
ANY PASSENGER		YES / <u>(NO)</u> :			
NAME OF PASSENGER					
GENDER OF PASSENGER		<u>MALE</u> / FEMALE			
OCCUPATION		<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS		<u>09 109 12004</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: <u>94795020</u>		Office: _____ Home: _____	
EMAIL					
ADDRESS		<u>Blk 129 Pasir Ris St 11 #04-325 S510129</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>(NO)</u> / If yes, Reg No.		INSURER	
RELATIONSHIP		<u>Employee</u> / If No:			
WEATHER CONDITION		Clear / <u>(Raining)</u> / Other:			
ROAD SURFACE		Dry / <u>(Wet)</u> / Other:			
ANY INJURIES		No / If yes, Who? <u>1 DRIVER</u>			
CONTACT NO.					
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES, WHO?			
VEHICLE B NO.		<u>SMR5087T</u>		Any Passenger: <u>1</u>	
NAME					
CONTACT NO.					
VEHICLE C NO.		<u>SMV6420L</u>		Any Passenger: <u>1</u>	
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?		<u>(NO)</u>			
WAS THERE ANY AUDIO RECORDED?		<u>(NO)</u>			
SCENE ACCIDENT PHOTOS TAKEN?		<u>(NO)</u>			
**WORKSHOP:					
Have you been approach by unknown personsoliciting (s) /					

Motor Commercial

MZ300/C

N SN

AN0597A

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.

DMCVSNW00042752100

Engine No.: 10JBHW3018501

Cha. No.: VF77FBHYMHJ751179

1. Index Mark and Registration  
Number of Vehicle

GY9559G

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SVS VALVES PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment28/05/2021  
(00:00:00)

Excess Sect I S\$450.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27/05/2022

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: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer  
Authorised Signatory