

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

|                                   |   |                       |         |
|-----------------------------------|---|-----------------------|---------|
| Date In: <b>28/02/2022 15:01</b>  | Job description                                 | Date & Time Completed | Done by |
| Ref No: <b>NA/CTI 22001870/m4</b> | SAS e-filing                                    |                       |         |
| Veh No: <b>Smx 3817K</b>          | E-mail (within 8hrs, AIC 2hrs)                  |                       |         |
| D.O.A: <b>28/02/2022 09:40</b>    | i-Motor Claim Form                              |                       |         |
| OD: <b>(TP)</b> Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                                   | i-Photo Uploaded                                |                       |         |
| TP Insurer:                       | Assessment/Survey Report                        |                       |         |
|                                   | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: <b>XD 7729E</b>                                  | 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 2200 542**

## 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:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) iT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 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 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              | 28/02/2022 15:01 (SGT)        |
| Date of Accident                | 28/02/2022 09:40 (SGT)        |
| Exact Location of Accident      | Punggol Way, Singapore        |
| Additional Location Information | TOWARDS END NEAR LAMPPOST 181 |
| Country/State of Loss           | Singapore                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMX3817K             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | LIU ZIBIN            |
| NRIC No                     | SXXXX635H            |
| Email Address               | RAZALLOU@HOTMAIL.COM |
| Mobile Phone No             | (Phone) +65-83467952 |
| Alternative Phone No        | +65-83467952         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | GT-R                      |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 3799                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00012452100                            |
| Cover Note Number         | -   |

### DRIVER

|                |           |
|----------------|-----------|
| Name of Driver | LIU ZIBIN |
| NRIC No        | SXXXX635H |

|  |                       |
|--|-----------------------|
| Date Of Birth  | 05/07/1987            |
| Occupation   | Outdoor               |
| Date Of Driving Pass   | 27/03/2013            |
| Driving experience   | 8 YEARS AND 11 MONTHS |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-83467952  |
| Alt. Phone Number  | +65-83467952          |
| Email Address  | RAZALLOU@HOTMAIL.COM  |
| Address  | 176 OCEAN DRIVE       |
| Address complement   | -                     |
| Postcode   | 098458                |
| Is the driver the policyholder?                              | Yes                   |
| If No, Relationship of the Driver with the Insured           | -                     |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| 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)   | 0   |
| 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                       | PUNGGOL N.P.C |
| Was notice of intended Prosecution given? | No            |
| If yes, against whom?                     | -             |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220228/2027

#### 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 | XD7729E            |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | -                  |
| Contact Number              | -                  |
| Address                     | -                  |

## 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

No sketch available.

Describe Circumstances of the Accident

Refer to the police report: T/20220228/2027.

Declaration


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



**SINGAPORE  
POLICE FORCE**



T/20220228/2027

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

1 of 3

Report No. T/20220228/2027

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                          |                            |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>28/02/2022 12:16 |            | Vide Report No.:<br>F/20220228/0091 |  | Station Diary No.:<br>25 |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                          |                            |
| Name of Informant:<br>LIU ZIBIN            |            |                                     | Address:<br>176 OCEAN DRIVE SINGAPORE 098458                     |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8778635H   |            |                                     | Contact No.:<br>Home/Office: Mobile: 83467952                    |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>34 | Date of Birth:<br>05/07/1987        | Type of Informant:<br>Vehicle Owner                              |                          |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English   |                          | Institution / School Name: |
| Occupation:<br>CONSTRUCTION                |            |                                     | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry: |                          |                            |

**General Information of the Accident**

|   |                           |                      |  |                                     |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>28/02/2022 09:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>PUNGGOL WAY                                  |                           |                      |  |                                     |
| Lamp Post Number: 181   |                           |                      |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:   |                           | Traffic Control:     |  | Traffic Volume:                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                      |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type    | Make   | Model | Color | Condition | No of Passenger |
|-------------|---------|--------|-------|-------|-----------|-----------------|
| SMX3817K    | Car     | NISSAN | GTR   | Red   |           | 0               |
| XD7729E     | Trailer |        |       |       |           | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
|-------------|--|------------------------|------------|-------------|
| SMX3817K    | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW000124<br>52100 | 12/01/2021 | 19/05/2022  |



**SINGAPORE  
POLICE FORCE**



T/20220228/2027

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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Report No. T/20220228/2027

**CONTINUATION OF REPORT**

|                                   |                |  |   |
|-----------------------------------|----------------|--|---|
| <b>Details of Person Involved</b> |                |  |   |
| Any Pedestrian Involved: No       |                |  |   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |   |
| <b>Vehicle Owner</b>              |                |  |   |
| Name                              | LIU ZIBIN      | ID No.                                 | S8778635H                               |
| Related Vehicle                   | SMX3817K (Car) | Contact No.                            | 83467952                                |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                                     |

**Brief Details.**

On 28/02/2022 at about 0940hrs, I had parked my vehicle SMX3817K on the side of the road along Punggol Way towards end near lamppost 181. I had then went in to the nearby construction site pass office to change pass. Everything was normal and intact.

At about 0950hrs, I returned to my vehicle and discovered that the front right side was damaged. I was then informed by the security guard that a trailer vehicle XD7729E was the one which had hit onto my vehicle and that the driver had came down shortly to look at the damages before going back to his vehicle and left.

That is all.



SINGAPORE  
POLICE FORCE



T/20220228/2027

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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Report No. T/20220228/2027

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 / SR STAFF SGT MOHAMAD  
RADZIF BIN MOHAMAD SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI STEPHANIE, CHEUNG TSZ YING  
Contact No.: 96208032

Signature Of Informant:

Date/Time:  
28/02/2022 12:16

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 02 / 2022 (DD/MM/YYYY), TIME: 09 : 40 (HH:MM)

LOCATION: Along Punggol Way towards end near lamppost 181.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Smx 3817 K  
 b) INSURANCE COMPANY: CTI  
 c) POLICY NUMBER: DMPCSNW00012452100  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Nissan GTR (Auto / ~~Manual~~) (3799cc)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: LIU ZIBIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8778635H CONTACT: 8346 7952  
 c) ADDRESS: 176 Ocean Drive (S) 098458

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (05 / 07 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 27/03/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Punggol N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 7729E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(0)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Witness: Yes

~~Signature~~

Email = RAZALLOU@HOTMAIL.COM

fax =

VIDEO = NO



Motor Private Car

MX1/B

E SN

AN0444A

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.

DMPCSNW00012452100

Engine No.: VR38006115A

Cha. No.: R35004394

1. Index Mark and Registration  
Number of Vehicle

SMX3817K

2. Name of Policy Holder

LIU ZIBIN

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

12/01/2021  
(00:00:00)

Excess Sect I. S\$3,500.00

Excess Sect. I (Outside Singapore) S\$7,000.00

EX ON WINDSCREEN S\$350.00

4. Date of Expiry of Insurance

19/05/2022

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

LIU ZIBIN

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

\* 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: Chua Suat Lay Sally  
Authorised Officer

Authorised Signatory