

# NATIONAL Assessment Centre Services

Date In: <b>03/03/22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CR22001987/13</b>	SAS e-filing		
Veh No: <b>GBK97586</b>	E-mail (w/this slip, AP, 2hrs)		
DOA: <b>28/02/22 2300</b>	i-Motor Claim Form		
OD: TP <b>Reporting Only</b>	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: <b>FBT1469R</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

<b>NA2200567</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
		<b>1st Bill</b>	<b>Add Bill</b>
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 date/ 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	03/03/2022 10:14 (SGT)
Date of Accident	28/02/2022 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF PASIR RIS DR 8 & PASIR RIS DR 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9758G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	R & K ENTERPRISES
Company Reg No	5XXXX115E
Email Address	siti1304@outlook.com
Mobile Phone No	(Phone) +65-87898442
Alternative Phone No	+65-87898442

### 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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00017762201
Cover Note Number	-

### DRIVER

Name of Driver	SITI NURAISHAH BINTE ABDULLAH
NRIC No	SXXXX373I



Date Of Birth	13/04/1989
Occupation	Indoor
Date Of Driving Pass	17/03/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86127550
Alt. Phone Number	-
Email Address	siti1304@outlook.com
Address	BLK 614 HOUGANG AVE 8
Address complement	#04-422
Postcode	530614
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	YASMIN NASTASSYA BINTE YASLAM ALJARU
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/20220302/7028

#### 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	FBJ1489R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD AFIQ BIN ABDUL RAHMAN
-	-1
Contact Number	(Phone) +65-91169221
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 AFIQ BIN ABDUL RAHMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBJ1489R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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.



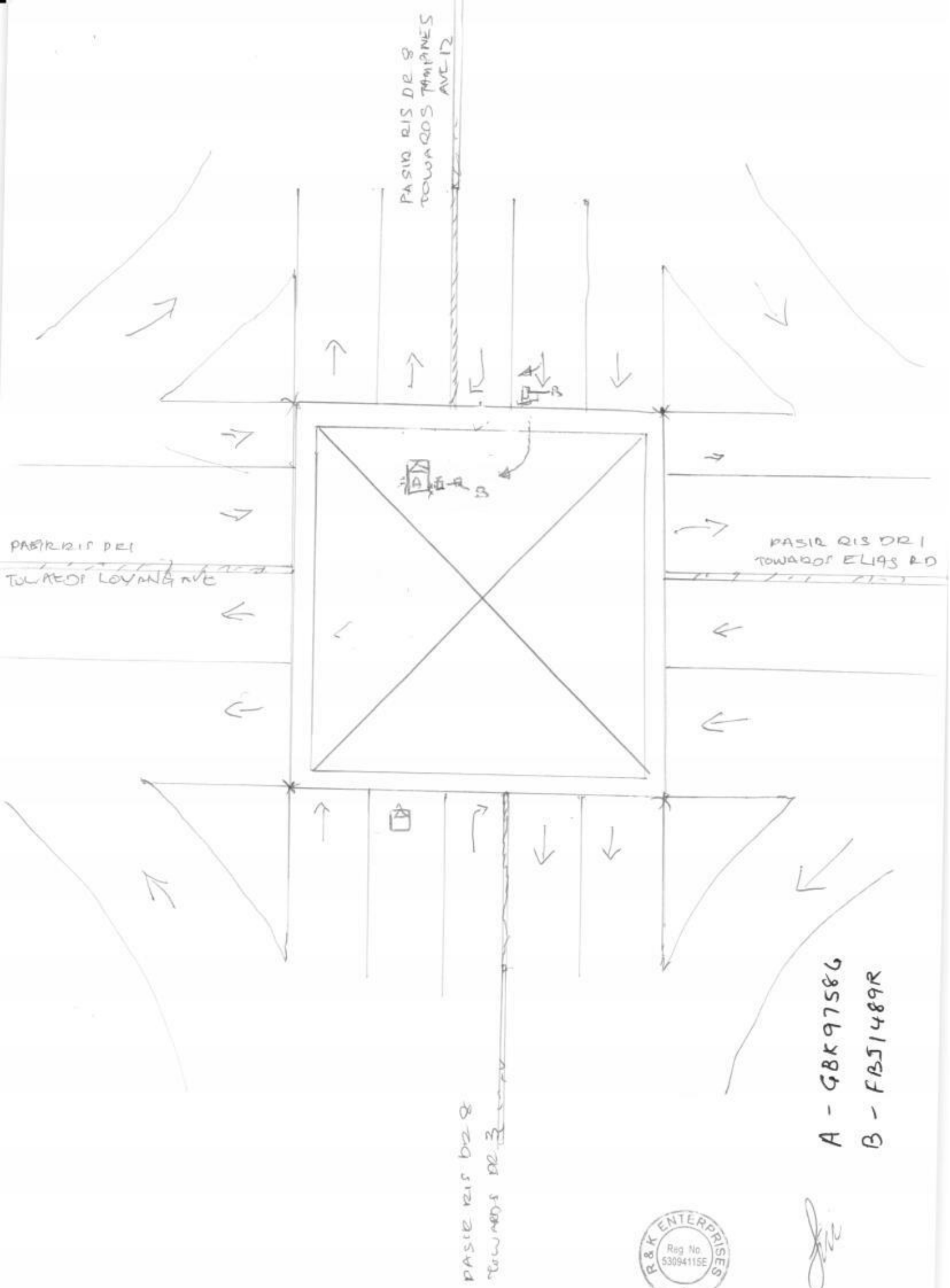
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED



A - GBK97586  
B - FB51489R



*[Signature]*

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT: 7/20220302/702B

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

*[Signature]* 03/03/22





# SINGAPORE POLICE FORCE



T/20220302/7028

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

1 of 3

Report No. T/20220302/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2022 16:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SITI NURAISHAH BINTE ABDULLAH			Address: 614 HOUGANG AVENUE 8 #04-422 SINGAPORE 530614		
ID Type / ID No.: NRIC NO / S89123731			Contact No.: Home/Office: Mobile: 86127550		
Nationality: SINGAPORE CITIZEN			Email: SITI1304@OUTLOOK.COM		
Sex: Female	Age: 32	Date of Birth: 13/04/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: maintance officer			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2022 23:00	Type of Location: X-Junction
Location:  PASIR RIS DRIVE 8				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ1489R	Motorcycle					0
GBK9758G	Van	TOYOTA		White	No Damage	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220302/7028

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

2 of 3

Report No. T/20220302/7028

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MUHAMMAD AFIQ BIN ABDUL RAHMAN	ID No.	NIL
Related Vehicle	FBJ1489R (Motorcycle)	Contact No.	91169221
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	SITI NURAISHAH BINTE ABDULLAH	ID No.	S89123731
Related Vehicle	GBK9758G (Van)	Contact No.	86127550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

ON THE ABOVE MENTION DATE AND TIME I WAS TRAVELLING ON THE CENTRE LANE OF 3 LANES ALONG PASIR RIS DR 8 TOWARDS THE DIRECTION OF TAMPINES AVE 12, AS I WAS APPROACHING STRIAHT AT THE JUNCTION WITH PASIR RIS DR 1, I NOTICE THAT THE TRAFFIC LIGHT AT THE JUNCTION WAS SHOWING GREEN LIGHT, I PROCEEDED STRIAHT, WHEN MY VEHICLE PASSED THE STOP LINE OF THE TRAFFIC JUNCTION THE TRAFFIC LIGHT TURNED AMBER, AS MY VEHICLE HAD CROSSES THE STOP LINE, I PROCEEDED ON, WHEN I NOTICED AN UNKNOWN M/CAR FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN, I SLOWED TO LET THE SAID M/CAR PASSED THROUGH, BEFORE MY VEHICLE ABOUT TO REACH THE OTHER SIDE OF THE JUNCTION, ONE M/CYCLE FBJ1489R SUDDENLY FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN AND THUS COLLIDED ONTO THE RIGHT REAR PORTION OF MY VEHICLE. I WOULD LIKE TO STATE THAT WHEN I CROSS THE STOP LINE THE TRAFFIC LIGHT JUST TURN AMBER LIGHT.



**SINGAPORE  
POLICE FORCE**



T/20220302/7028

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

3 of 3

Report No. T/20220302/7028

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
02/03/2022 16:04

Classification Of Case:

VEHICLE NO: **GRK 9758G**

MAKE &amp; MODEL :

(AUTO) / MANUAL

DATE OF ACCIDENT	28 / 02 / 2022		*C.C.
TIME OF ACCIDENT	11.00 AM / PM		
LOCATION OF ACCIDENT	PASIR RIS DR B X PASIR RIS DR 1		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
<b>NAME OF OWNER</b>	R&K ENTERPRISES Email: <b>SITI 1304 @ outlook.com</b>		
TELP NO	Mobile: <b>8789 8442</b> Office: Home:		
NRIC	<b>530941156</b>		
CLAIM TYPE	OD / THIRD PARTY / <b>REPORTING ONLY</b>		
FLEET POLICY	YES / <b>NO</b> ?		
INSURANCE CO.	<b>CHINA TAIPING</b>		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	<b>DMCVSNW00017762201</b>		
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: <b>SITI NURAISHAH BINTI ABDULLAH</b>		
NRIC	<b>589123731</b>		
DATE OF BIRTH	<b>13 / 04 / 1989</b>		
ANY PASSENGER	YES / NO : <b>01</b>		
NAME OF PASSENGER	<b>YASMIN NASTASSYA BINTI YASLAM ALJARI</b>		
GENDER OF PASSENGER	MALE / <b>FEMALE</b>		
OCCUPATION	Outdoor / <b>Indoor</b>		
DATE OF DRIVING PASS	<b>17 / 03 / 2015</b>		
GENDER	Male / <b>Female</b>		
CONTACT NO.	Mobile: <b>86127550</b> Office: Home:		
EMAIL	<b>SITI 1304 @ outlook.com</b>		
ADDRESS	<b>B1614 HOUKANG AVS B #04-422 3(530614)</b>		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER.		
RELATIONSHIP	Employee / If No: <b>DAUGHTER</b>		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: <b>Who?</b>		
CONTACT NO.			
POLICE REPORT	No / If yes: Where? <b>SELF-REPORT</b>		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO.	<b>FB31489R</b> Any Passenger: <b>NO</b>		
NAME	<b>MUHAMMAD AFIQ BIN ABUL RAHMAN</b>		
CONTACT NO.			
VEHICLE C NO.	<b>91169921</b> 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 / <b>NO</b>		
WAS THERE ANY AUDIO RECORDED?	YES / <b>NO</b>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <b>NO</b>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <b>NO</b>		

SM AUTOMOTIVE

Email: sm\_automotive@hotmail.com

Tel: 6747 9241



Motor Commercial

MZ300/C

R SN

AN0622A

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. DMCVSNW00017762201

Engine No.: 1GD6643658

Cha. No.: GDH2012015634

1. Index Mark and Registration Number of Vehicle GBK9758G

AUTOSAFE

2. Name of Policy Holder R&K ENTERPRISES

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 03/02/2022 (00:00:00)

Excess Sect I. S\$500.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance 02/02/2023

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.: THINK ONE CREDIT PTE LTD

\* 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: SAFE INSURED PTE LTD  
Authorised Officer

Authorised Signatory