

# NATIONAL Assessment Centre Services

|                             |  |                       |         |
|-----------------------------|--|-----------------------|---------|
| Date In: 17/05/2022         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTI 2200 4573/m4 | SAS e-filing                             |                       |         |
| Veh No: GBJ 1493C           | E-mail (within 8hrs. A/C 2hrs)           |                       |         |
| D.O.A: 13/05/2022 12:05     | 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: YQ 4264 T  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| NA2201333                              | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|--|---|----------------------|----------------------|
| <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) FT : 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 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              | 17/05/2022 15:39 (SGT) |
| Date of Accident                | 13/05/2022 12:05 (SGT) |
| Exact Location of Accident      | Suntec City, Singapore |
| Additional Location Information | LOADING BAY            |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBJ1493C |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |  |
|--------------------------|--|
| Is company?              | Yes                                    |
| Name Of Registered Owner | HUMANIZE LOGISTICS (SINGAPORE) PTE LTD |
| Company Reg No           | 2XXXXX840Z                             |
| Email Address            | choice.sin@humanize-logistics.com      |
| Mobile Phone No          | (Phone) +65-62830889                   |
| Alternative Phone No     | (Office) +65-62830889                  |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Toyota              |
| Model  | Dyna                |
| 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   | Manual              |
| CC   | 2982                |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMCVSNW00007832203                            |
| Cover Note Number         | -   |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | ROSLI BIN ABDUL MALIK |
| NRIC No        | SXXXX980A             |



|  |                             |
|--|-----------------------------|
| Date Of Birth  | 16/04/1964                  |
| Occupation   | Outdoor                     |
| Date Of Driving Pass   | 02/10/1984                  |
| Driving experience   | 37 YEARS AND 7 MONTHS       |
| Gender   | Male                        |
| Mobile Number  | (Phone) +65-91821722        |
| Alt. Phone Number  | -                           |
| Email Address  | Oli170lok@gmail.com         |
| Address  | BLK 492F TAMPINES STREET 45 |
| Address complement   | #09-694                     |
| Postcode   | 526492                      |
| 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)   | 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?  | No |
| 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 | YQ4264T            |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | ANG SIONG HIN      |
| NRIC No                     | SXXXX255J          |
| Contact Number              | -                  |
| 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.
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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 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.

**humanize**  
**logistics**  
UEN No: 201628840Z

Policyholder's Signature / Date & Time

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

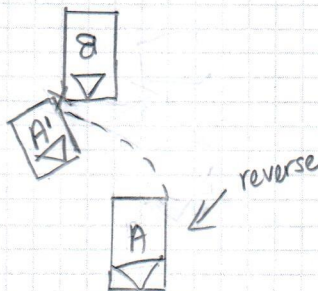
*R* 17/5/22  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

A = GBJ 1493C

B = YQ 4264T

Suntec City Loading Bay.



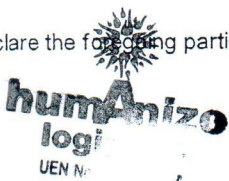


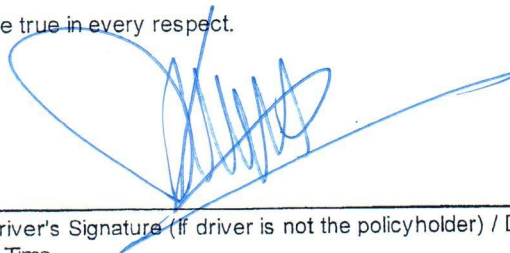
Describe Circumstances of the Accident

I was a Sinter Loading bay which is busy and crowded and the light is not bright. By accidently I reversed and ~~and~~ <sup>my</sup> ~~lorry~~ hit 304261T front signal light. slight damage.

Declaration

We declare the foregoing particulars are true in every respect.





R 17/5/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

12:05pm

ACCIDENT DATE: 13 / 05 / 2022 (DD/MM/YYYY), TIME: 12 : 05 (HH:MM)

LOCATION: Suntec City Loading Bay

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: G8J 1493C

b) INSURANCE COMPANY: CTI

c) POLICY NUMBER: \_\_\_\_\_

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Toyota Aygo

AUTO (MANUAL) (2982cc)

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: employment

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

A) NAME: Humanize Logistics (Singapore) Pte Ltd (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 2016 28840Z CONTACT: 6283 0889

c) ADDRESS: \_\_\_\_\_

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

### DRIVER

a) NAME: Rasli Bin Abdul malik

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1634980A CONTACT: 9182 1722

c) ADDRESS: Blk 492F Tampines Street 45 #09-694 (S) 526492

\*d) DATE OF BIRTH: 16 / 04 / 1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02/10/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YQ 4264T MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Ang Siang Hin

c) NRIC/FIN/PASSPORT: S1714255J CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

0177010@gmail.com

Email =

0177010@gmail.com

Fax =

number

VIDEO =

NO

choice.sin@humanize-logistics.com

company email

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )



Motor Commercial

MZ301/C

R SN

AN0655B

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.

DMCVSNW00007832203

Engine No.: 1KD2834846

Cha. No.: JTFAT35Y00K212095

1. Index Mark and Registration  
Number of Vehicle

GBJ1493C

AUTOSAFE

=====

2. Name of Policy Holder

HUMANIZE LOGISTICS (SINGAPORE) PTE LTD

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

22/01/2022  
(00:00:00)

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

4. Date of Expiry of Insurance

21/01/2023

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

(1) Whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes  
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFCLTD AS HP OWNER

\* 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

ACEPRO INSURANCE AGENCY PTE LTD

21 Woodlands Close

#08-44 Primz Bizhub

Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

Issued By: ACEPRO INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory