

NATIONAL Assessment Centre Services

(Ref: J3192)

2

Date In: 13/1/22	Job description	Date & Time Completed	Done by
Ref No: NA(CT122006616)T	SAS e-filing	✓	
Veh No: 6B118161R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/1/22	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: 541328T	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 repaler.		
() 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

NA2202550

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int. Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

ACCIDENT STATEMENT

ACCIDENT DATE: (08/07/2022) (DD/MM/YYYY), TIME: (15:06) (HH:MM)

LOCATION: Thomson Road towards Novena.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 8161A
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMEV SN400L/0782101
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace AUTO/MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: Gutho Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3546446 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammed Fairuzain Bin Ali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S91217766 CONTACT: 89498629
c) ADDRESS: BLK 569A Champion Way #08-36-S(731569)

*d) DATE OF BIRTH: (30/06/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/12/2012

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: SBL328T 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: _____

Email = nr/afqahmn@yahoo.com

fax =

VIDEO =



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

MZ407/C

R SN

AN0663A

Cov. Type:F

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.

DMCVSNA00110382101

Engine No.: 1KD1984456

Cha. No.: JTFHT02P100053821

1. Index Mark and Registration
Number of Vehicle

GBH8161A

2. Name of Policy Holder

GUSTO ENTERPRISE

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

02/09/2021
(18:00:00)

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

01/09/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:*

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.

(3) Use for social, domestic or pleasure purpose.

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 (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Chua Suat Lay Sally
Authorised Officer



杨亚美

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



GUSTO ENTERPRISE

"Forging Forward with Fortitude"

Office : 213 Ubi Avenue 4, Singapore 408808 | Contact : +65 9337 1048 / +65 8338 4688

UEN NO :

LEASE AGREEMENT (VANS/TRUCK)

LESSEE'S PARTICULARS	
NAME	MUHAMMAD FAREZAH BINTI ALIM
D.O.B DATE	30/06/1991
ADDRESS	BLK 569 A CHAMPIONS WAY #08-316 S(731569)
NRIC NO.	S9121776G
CONTACT NO.	89498629
PURPOSE	GLT DELIVERY
EMAIL ADDRESS	

MOTOR VEHICLE DETAILS			
LICENSE PLATE NO.	G2H 0161A	MAKE/MODEL	TOYOTA HIACE
LEASE AMOUNT (PER WEEK)	\$350	TOTAL LEASE AMOUNT (PER MONTH)	\$1400
COMMENCEMENT DATE & TIME	04/07/22	RETURN DATE & TIME	04/07/23
AMOUNT OF FUEL UPON COLLECTION		AMOUNT OF FUEL UPON RETURN	

GUSTO ENTERPRISE

LESSEE'S SIGNATURE

Name : MUHAMMAD FAREZAH BINTI ALIM
Designation : G.M
Date : 04/07/22

Name :
NRIC NO :
Date:



Enquire Vehicle Information

Vehicle No.

Vehicle No. : GBH8161A

Vehicle Details

Vehicle Type :	Goods (Closed) Van/Van Panel (Delivery)
Vehicle Attachment 1 :	No Attachment
Make / Model :	TOYOTA / HIACE MANUAL
Primary Colour :	Silver
Year of Manufacture :	2010
Maximum Laden Weight :	2800 kg
Unladen Weight :	1800 kg
No. Of Axles :	2
Engine No. :	1KD1984456
Chassis No. :	JTFHT02P100053821
Engine Capacity :	2982 cc
Maximum Power Output :	-
IU Label No. :	1042435891
Propellant :	Diesel
Passenger Capacity :	2
Original Registration Date :	05 Feb 2010
First Registration Date :	05 Feb 2010
Open Market Value :	\$25,387.00
Additional Registration Fee Rate :	5.00 %
Actual ARF Paid :	\$1,270.00
PARF Eligibility :	No
Minimum PARF Benefit :	-
COE No. :	2010010105000210C
COE Category :	C - Goods Vehicle & Bus
COE Expiry Date :	04 Feb 2025
Lifespan Expiry Date :	04 Feb 2030
Quota Premium (QP) :	\$17,900.00
PQP Paid :	\$12,184.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$17,900.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

[Previous](#)

[OK](#)

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	13/07/2022 12:16 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 15:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD TOWARDS NOVENA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8161A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE
Company Reg No	5XXXX446C
Email Address	nr1afqahmn@yahoo.com
Mobile Phone No	(Phone) +65-89498629
Alternative Phone No	-

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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00110382101

DRIVER

Name of Driver	MUHAMMAD FAIRUZAINI BIN ALIM
NRIC No	SXXXX776G
Date Of Birth	30/06/1991
Occupation	Outdoor

Date Of Driving Pass	11/12/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89498629
Alt. Phone Number	-
Email Address	nr1afqahmn@yahoo.com
Address	BLK 569A CHAMPIONS WAY
Address complement	#08-316
Postcode	731569
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

GEARS WEBSITE DOWN ON 12/7/22

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBL328T
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

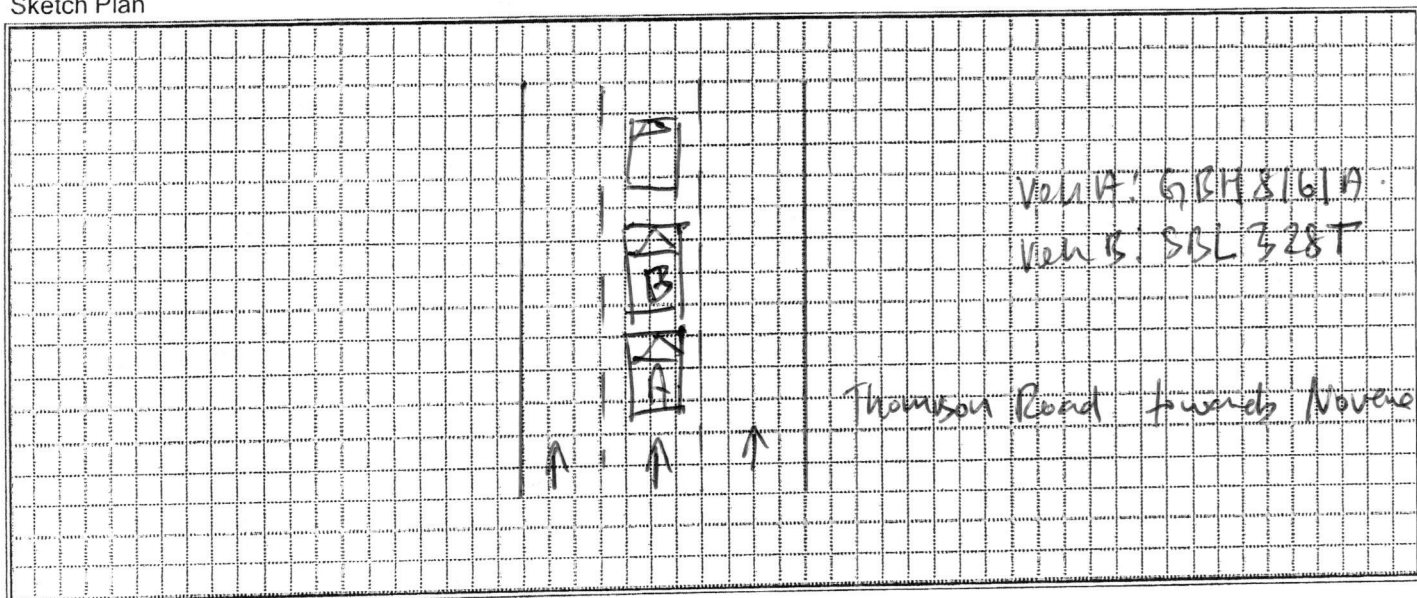


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was driving centre lane at Thomson Road towards Novena, & Veh B was in front of me, Veh B suddenly braked and I could not stop in time and bumped into Veh B rear portion.

Declaration

I/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
(Name as in NRIC/ID card)