

NATIONAL Assessment Centre Services

Date In 08/09/22	Job description	Date & Time Completed	Done by
Ref No NA/CT22008844/13	SAS e-filing		
Veh No 9BF6129T	E-mail (within 3hrs, MP 2hrs)		
DOA 07/09/22 1315	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within; OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: ER202E	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

NA2202486	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : 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)			
	6) TR : Re-inspection \$75			
	7) NI : Idac DA + SMRI 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 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 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 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	08/09/2022 15:19 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 13:15 (SGT)
Exact Location of Accident	75 Bras Basah Rd, Singapore 189557
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6129T
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NORIS SERVICES
Company Reg No	5XXXX445K
Email Address	samsmile67@gmail.com
Mobile Phone No	(Phone) +65-81808692
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Manual
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00154622103

### DRIVER

Name of Driver	MOHAMED ISMAIL BIN MOHAMED RAMLEY
NRIC No	SXXXX610A
Date Of Birth	22/08/1967
Occupation	Outdoor

Date Of Driving Pass .....	31/10/2001
Driving experience .....	20 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81808692
Alt. Phone Number .....	-
Email Address .....	samsmile67@gmail.com
Address .....	BLK 277 TAMPINES ST 22
Address complement .....	#08-186
Postcode .....	520277
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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

PLS REFER TO THE ATTACHED STATEMENT

#### 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 .....	ER202E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DR BERNARD THIO
Contact Number .....	(Phone) +65-98803417

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**

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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.



*[Handwritten Signature]*

*[Handwritten Date: 08/09/22]*

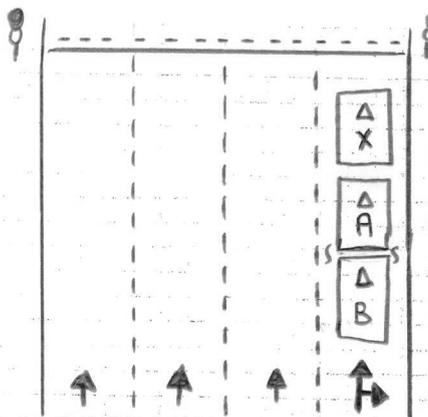
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A- GBF6129T  
B- ER202E



75 BRAS BASAH RD

Describe Circumstances of the Accident

I was travelling along 75 Bras Basah Road on 07/09/2022 at 1.15 pm.  
My vehicle was stationary due to the red light. The traffic light turned green, and I was going to move off. Suddenly I felt an impact from the rear, I alighted and found out that vehicle B collided onto the rear portion of my vehicle. Vehicle B Driver alighted, passed me his name card and he left. That's all

Declaration

We declare the foregoing particulars are true in every respect.



*[Handwritten signature]*

*[Handwritten signature]* 08/09/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBF6129T

MAKE & MODEL: Mit Canter

AUTO / MANUAL

DATE OF ACCIDENT	07 / 09 / 2022	*C.C. 3000
TIME OF ACCIDENT	1.15	<del>AM</del> / <u>PM</u>
LOCATION OF ACCIDENT	75 Bras Basah Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / <del>PRIVATE USE</del> / <del>PRIVATE HIRE</del>	
NAME OF OWNER	Noris Services	
EMAIL:	Samsmile67@gmail.com	Office: MOBILE: 81808692
NRIC	53063445K	
CLAIM TYPE	<del>OD</del> / <u>THIRD PARTY</u> / <del>REPORTING ONLY</del>	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / <del>Third Party</del> / <del>Third Party Fire &amp; Theft</del>	
POLICY NO.	DMCVSNW00154622103	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: Mohamed Ismail Bin Mohamed Ramley	
NRIC	S1818610A	
DATE OF BIRTH	22 / 08 / 1967	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	_____	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / <del>Indoor</del>	
DATE OF DRIVING PASS	31 / 10 / 2001	
GENDER	<u>Male</u> / <del>Female</del>	
CONTACT NO.	Mobile: 81808692	Office: Home:
EMAIL:	Samsmile67@gmail.com	
ADDRESS	277 Tampines Street 22 #08-186 Singapore 520277	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.:	INSURER:
RELATIONSHIP	Employee / If No: <u>BOSS</u>	
WEATHER CONDITION	<u>Clear</u> / <del>Raining</del> / <del>Other</del> .	
ROAD SURFACE	<u>Dry</u> / <del>Wet</del> / <del>Other</del> .	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	ER202E	Any Passenger: - unknown -
NAME	Dr. Bernard THIO	
CONTACT NO.	98803417	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Any Passenger:	
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
<b>**WORKSHOP:</b>	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Commercial

MZ301/C

R SN

AN0658

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, 1952 (Malaysia)

CERTIFICATE No.	DMCVSNW00154622103	Engine No.	4P10C42645
		Cha. No.	FEA01BA20420
1. Index Mark and Registration Number of Vehicle	GBF6129T	AUTOSAFE	*****
2. Name of Policy Holder	NORIS SERVICES		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	23/12/2021 (00:00:00)	Excess Sect 1	S\$500.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	22/12/2022		
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. HL BANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD



Authorised Signatory

Issued By: ACEPRO INSURANCE AGENCY PTE LTD  
Authorised Officer