

# NATIONAL Assessment Centre Services

Date In: 12/09/12	Job description	Date & Time Completed	Done by
Ref No: NA/CTI2200913315	SAS e-filing		
Veh No: G8313686	E-mail (within 3hrs. AP 2hrs)		
DOA: 09/09/12 1458	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SBS 3741B	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

NA2202516	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	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 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 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	12/09/2022 11:26 (SGT)
Reported by	Driver
Date of Accident	09/09/2022 14:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ORCHARD RD TOWARDS VICTORIA ST BEFORE CAVENAGH RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1368G
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	2XXXXX333W
Email Address	JEFFTAI@EZY-1.COM
Mobile Phone No	(Phone) +65-94888856
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 - Claiming third party
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	DMCVSNA00118772101

#### DRIVER

Name of Driver	SAID IDIL BIN MOHD AYUB
NRIC No	SXXXX395B
Date Of Birth	04/04/1992

Occupation	Outdoor
Date Of Driving Pass	05/04/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87935491
Alt. Phone Number	-
Email Address	DILIDIN16@GAMIL.COM
Address	794 WOODLANDS DRIVE 72 #07-19
Address complement	-
Postcode	730794
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 - Major/Minor Rd
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)	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?	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

#### REFER TO REPORT

#### 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	SBS3741B
Vehicle Manufacturer	-
Vehicle Model	-





Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SAID IDIL BIN MOHD AYUB
Gender	Male
Phone No	(Phone) +65-87935491
Address	794 WOODLANDS DRIVE 72 #07-19
Address Complement	-
Post Code	730794
Approximate Age Years Old	30
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ1368G
Were seat belts worn?	Yes
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 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.

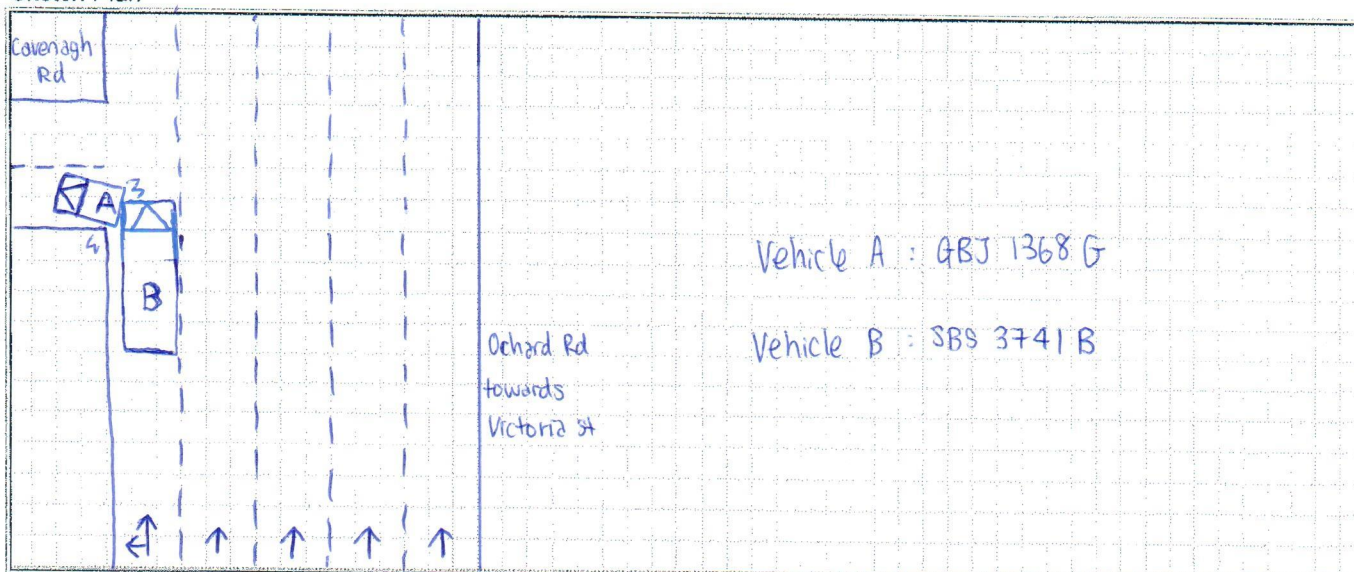


Policyholder's Signature / Date & Time

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

As per police report.

Report No : T/20220910/7014

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)

*[Signature]* 12/07





# SINGAPORE POLICE FORCE



T/20220910/7014

1 of 3

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

Report No. T/20220910/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/09/2022 11:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAID IDIL BIN MOHD AYUB			Address: 794 WOODLANDS DRIVE 72 #07-19 SINGAPORE 730794		
ID Type / ID No.: NRIC NO / S9212395B			Contact No.: Home/Office: Mobile: 87934591		
Nationality: SINGAPORE CITIZEN			Email: dilupin16@gmail.com		
Sex: Male	Age: 30	Date of Birth: 04/04/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Van Delivery Driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 15:00	Type of Location: Main Road to Small Road
Location:  ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ1368G	Van	TOYOTA	Hiace	Grey	Slightly Damaged	0
SBS3741B	Bus/Coach/Mi nibus	VOLVO	-	Red	Slightly Damaged	0



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

Report No. T/20220910/7014

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ1368G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNA0011877 2101	20/09/2021	19/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SAID IDIL BIN MOHD AYUB		ID No.	S9212395B
Related Vehicle	GBJ1368G (Van)		Contact No.	87934591
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	09/09/2022		Date	09/09/2022
No. of Days granted Medical Leave		07	Degree of	Slight
Driver				
Name	YEO SUNG WEE		ID No.	S7340827Z
Related Vehicle	SBS3741B (Bus/Coach/Minibus)		Contact No.	98568979
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

**Brief Details.**

on 9 september 2022 at 1500hrs along orchard road towards victoria street before cavenagh road near busstop number (08137) , i was driving my vehicle ( GBJ 1368 G ) on the 5th lane of a 5 laned road and turning left into cavenagh road and out of a sudden, vehicle B ( SBS 3741 B ) front portion collided into the rear right portion of my vehicle. after the accident , i felt pain at my neck and i went to consult a doctor at khoo teck puat hospital and the doctor issued me a 7 days mc.





**SINGAPORE  
POLICE FORCE**



T/20220910/7014

3 of 3

Report No. T/20220910/7014

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:  
10/09/2022 11:29

Classification Of Case:

VEHICLE NO: <u>GBJ 1368 G</u>	MAKE & MODEL: <u>Toyota Hiace</u>	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT: <u>9 / 9 / 2022</u>	CC: <u>2-5</u>	
TIME OF ACCIDENT: <u>1458</u> HRS		
LOCATION OF ACCIDENT: <u>Along Orchard Rd towards Victoria St before Cavenagh Rd</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Ezy-1 Leasing Pte Ltd</u>		
TEL NO: <u>H/P: 9488 8856</u>	OFFICE:	HOME:
NRIC: <u>201726333W</u>		
ADDRESS: <u>55 Serangoon North Avenue 4 #08-07 S555859</u>		
EMAIL: <u>Jefftai@ezy-1.com</u>		
CLAIM TYPE: <u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / <u>NO</u>?</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>DMCVSNA00118772101</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: SAID IDIL BIN MOHD AYUB</u>		
NRIC: <u>S9212395 B</u>	ANY PASSENGER: <u>NIA</u>	
DATE OF BIRTH: <u>04 / 04 / 1992</u>	LICENCE PASSED DATE: <u>05 / 04 / 2013</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO: <u>H/P: 8793 5491</u>	OFFICE:	HOME:
ADDRESS: <u>Apt BIK 794 Woodlands Drive 72 #07-19 S730794</u>		
EMAIL: <u>DILUPIN16@gmail.com</u>		
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>Employee</u>		
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>SAID IDIL BIN MOHD AYUB (8793 5491)</u>		
NAME & CONTACT:		
POLICE REPORT: <u>NO / IF YES, WHERE? <u>TP</u></u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SBS 3741 B</u>	ANY PASSENGERS: <u>Unknown</u>	
NAME OF DRIVER: <u>Yeo Sung Wee</u>	CONTACT NO: <u>9856 8979</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u>YES / <u>NO</u></u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <u>NO</u></u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear Right Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <u>NO</u></u>		
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



Motor Commercial

MZ407/C

R SN

AN0676A

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. DMCVSNA00118772101

Engine No.: 1KD2833236

Cha. No.:JTFHT02P700246622

1. Index Mark and Registration  
Number of Vehicle

GBJ1368G

AUTOSAFE

=====

2. Name of Policy Holder

EZY-1 LEASING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment20/09/2021  
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$1,250.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

19/09/2022

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. : 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: Zhong YueQiang  
Authorised Officer

Authorised Signatory