

NATIONAL Assessment Centre Services (Ref: **SN022A00007**)

Date In: **12/10/2022 10:04** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NBA/C7220001024** E-mail (within 24hrs, A/C 24hrs)

Veh No: **GBJ 2298L** I-Motor Claim Form

D.O.A: **10/10/2022 07:13** I-Motor W/O (within 24hrs, A/C 24hrs)

QC **TP** Reporting Only I-Photo Uploaded

Assessment/Survey Report

Asst Report by Fax: Hand W Owner/Whelp

Preferred Wksp / INC Assgn Wksp / QW: Tel: Fax:

TP Particulars: Veh No: **PC424T** INC () / Non-INC ()

Owner / Driver: Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured Driver Liability: () (Note: Use Status (WO) 10-0-2011, P-21-7294, P-30-14034)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Supply NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC'S NO: 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: ()

Int: Tunn: Actions:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$300)

2) DA: Damage Assessment (\$1000) INC (\$50)

3) TP: Towing Fee \$20/\$40

4) PT: Follow-Through Survey \$150

5) PE: Follow-Through Survey (Hearsey) \$30

6) TR: Re-inspection \$75

7) NI: NI/DA + SHIRT Survey \$140

8) NIUC: Additional Term ()

9) QM: \$5

10) NS: Courtesy Car / Tel Allowance \$15

11) NR: Repair Coordination \$25

12) NP: Post Repair Inspection \$5

13) NV: DV / Collect Excess Coordination \$5

14) PPH: PPH TR (INC) / Repair INC \$10

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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	13/10/2022 10:04 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 07:13 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3298L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YAMATO ENERGY PTE. LTD
Company Reg No	2XXXXX660D
Email Address	rabiul@yamatoenergy.com.sg
Mobile Phone No	(Phone) +65-86173476
Alternative Phone No	-

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 - 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	DMVCSNW00017702201

DRIVER

Name of Driver	RAHMAN MD MAHBUBUR
Passport No/FIN	GXXXX414M
Date Of Birth	31/07/1999
Occupation	Outdoor



Date Of Driving Pass	16/12/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86173476
Alt. Phone Number	-
Email Address	rabiul@yamatoenergy.com.sg
Address	2 SELETAR NORTH LINK
Address complement	-
Postcode	797601
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	AFTER RAIN
Road Surface	Wet

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)	4
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	-

PASSENGER 1

Name	RAJAVEJ
Gender	Male

PASSENGER 2

Name	OSMAN GONI
Gender	Male

PASSENGER 3

Name	RAZA
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4214T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

PORTANT 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

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

12/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KPE		(A) GBJ3298L (B) PC4214T

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG KPE ON THE MIDDLE LANE.

AS THE VEHICLE IN FRONT OF MINE SLOWED DOWN TO STOP.

I FOLLOWED TO SLOW DOWN AND STOP.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

13/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 10 / 10 / 2022 (dd/mm/yy)

Time of Accident: 07 : 13 (24-HR-FORMAT)

Vehicle No.: GBJ3298L Vehicle Make & Model / Engine (cc): TOYOTA DYNA Private Hire: (Y/N)

Exact location of Accident: KPE

Policyholder's Name / IC No.: YAMATO ENERGY PTE LTD ROC/UEN (Company): 201630660D

Driver's Name / IC No.: RAHMAN MD MAHBUBUR 68814414M (As Above) ☐

Driver's Contact No.: 8617 3476 Company Contact No / Owner Contact No: _____

Driver's Address: PUNJABI DOTMART (2 SELETAR NORTH LINK, 797601)

Owner Email address: RABIUL@YAMATOENERGY.COM.SG Insurance Company: CHINA TAIPING

Driver Email address: _____

31/07/1999

16/12/2021

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner / Spouse / Children / Friend / Parents / Sibling / Relative ☒ Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 4

*Passenger Name: R. RAJAYEY, Osman Goni, Raza Gender: ☒ Male / Female (X)

*Passenger Name: _____ Gender: Male / Female (X)

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Accidents: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: PC4214T

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



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

MZ300/C

R SN

AN0671A

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.:

DMCVSNW00017702201

Engine No.: 1KD2846713

Chassis No.: JTFAT35Y30K212740

1. Index Mark and Registration
Number of Vehicle

GBJ3298L

AUTOSAFE

2. Name of Policy Holder

YAMATO ENERGY PTE. LTD.

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

14/03/2022
(00:00:00)

Excess Sect I : S\$350.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

13/03/2023

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.: UNITED OVERSEAS BANK 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: KSL INSURANCE AGENCY PTE LTD.
Authorised Officer

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