

NATIONAL Assessment Centre Services

Date In: 13/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT2220/0140/13	SAS e-filing		
Veh No: 9Q2287R	E-mail (within 8hrs. Aft 2hrs)		
D O A 08/10/22 1400	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: SKB37776	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

NA0002871		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	Driver/Owner:	Contact No:	Damaged Portion:	1st Bill	Add Bill
QC Checked by (Engr-In-Charge):	Auditors' Comments :-	Cat. 1:	Cat. 2 / 3:		
		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	13/10/2022 17:36 (SGT)
Reported by	Driver
Date of Accident	08/10/2022 14:00 (SGT)
Exact Location of Accident	215 Ubi Ave 4, Singapore 408809
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2287R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUSTO ENTERPRISE(S)PTE LTD
Company Reg No	2XXXXX064W
Email Address	nrlafqahmn@yahoo.com
Mobile Phone No	(Phone) +65-92482349
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00130582101

DRIVER

Name of Driver	AKBARJON
NRIC No	SXXXX165J
Date Of Birth	21/10/1976
Occupation	Outdoor

Date Of Driving Pass	26/11/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82233572
Alt. Phone Number	-
Email Address	nrlafqahmn@yahoo.com
Address	BLK 289A COMPASSVALE CRESCENT
Address complement	#02-307
Postcode	541289
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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
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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB3777G
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

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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 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.



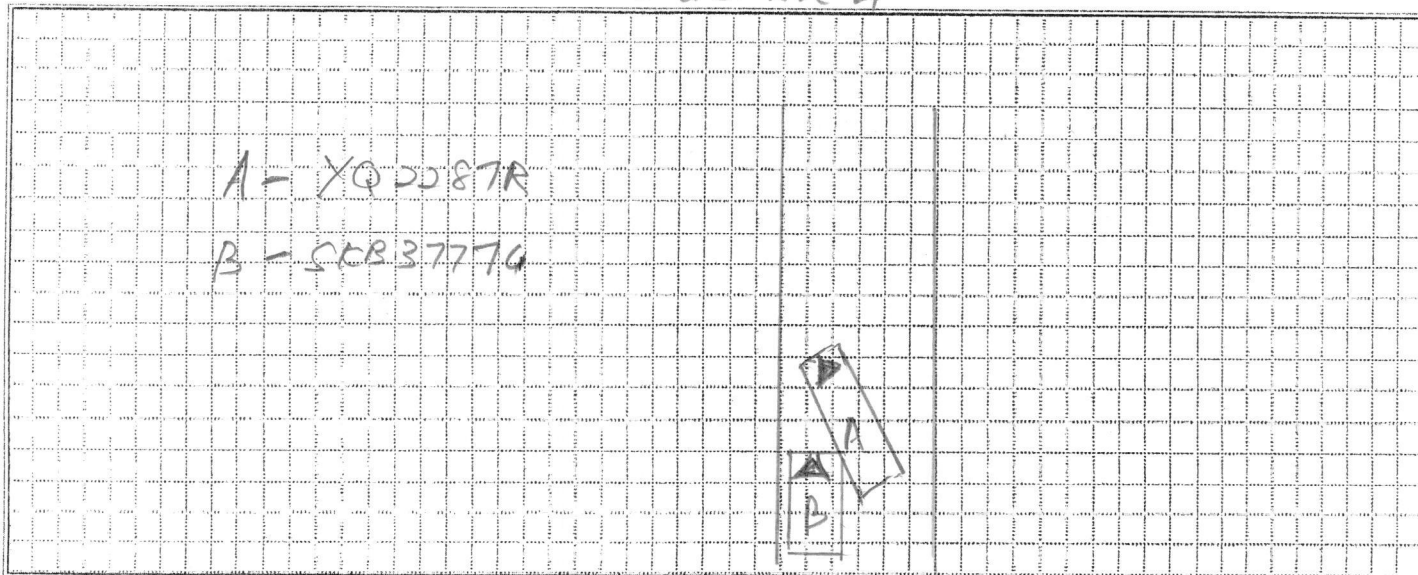
Policyholder's Signature / Date & Time

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

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

Sketch Plan

215 UBI AVE 4



Describe Circumstance of the Accident

I WAS DRIVING BACK TO THE OFFICE WHERE I SAW SOMEONE ~~IN~~ BLOCKING THE AREA WHERE I NEED TO REVERSE IN THE LORRY. THATS WHERE I MISSED JUDGED THE ANGLE AND BANG INTO THE CAR ON MY ~~RIGHT~~. THE PLACE IS SO NARROW AND I NEED TO LOOK FOR THE PROPER PLACE TO REVERCE IN. ALL THE VEHICLE THERE ARE NOT TO BE PARKED BECAUSE ITS A DOUBLE YELLOW LINE. WHEN I BANG THE CAR I HAVE NO FEELING IN THE LORRY. WHEN I CAME DOWN I SAW THE CAR ~~THE~~ SIDE IS BEEN HIT AND AFTER THAT I SAW MY LORRY THERE IS NOTHING. I TAUGHT MAYBE THE CAR HAVE BEEN HIT SOMEWHERE AND CAME TO PARK THERE. THATS THE REASON I DIDNT APPROACH HIM AS IN THE CAR OWNER. PLEASE DONT PARK THERE WHERE ITS SOO NARROW AND YOU KNOW YOU CAN PARK INSIDE ~~AT~~ YOUR PREMISES.

Declaration

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



Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 10 / 22) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: 215 Ubi Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 102287R
 b) INSURANCE COMPANY: CT 1
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Fuso Auto / MANUAL
 f) TYPE: (SEDAN / 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: GUSTO ENTERPRISE(S) PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT:
 c) ADDRESS: CONTACT: 92482349

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: ARBARJON S/O RAHAMAT MUBAH
 b) NRIC/FIN/PASSPORT: 57677165 (MALE / FEMALE)
 c) ADDRESS: BLK 289A COMPASSVALE CR6S #02-307 (541289) CONTACT: 82233572

* d) DATE OF BIRTH: (21 / 10 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 26 / 11 / 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: LEASING

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: SKB377G
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: MODEL: private car
 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER:
 e) DRIVER'S NAME: MODEL:
 f) NRIC/FIN/PASSPORT: CONTACT:

SKB37774

nr/afgahnn@yahoo.com

Email = arbarjon76@yahoo.com

fax =

VIDEO = yes

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()



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: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.

DMCVSNW00130582101

Engine No.: 4P10B31103

Cha. No.: FEB21EA00960

1. Index Mark and Registration
Number of Vehicle

YQ2287R

AUTOSAFE

2. Name of Policy Holder

GUSTO ENTERPRISE (S) PTE. LTD.

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

16/10/2021
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

15/10/2022

EX ON WINDSCREEN S\$100.00

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.: TAI THONG LEE TDG (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: SGML 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

Enquire Vehicle Information

Vehicle No.

Vehicle No.:

YQ2287R

Vehicle Details

Vehicle Type :	Goods (Closed) Van/Van Panel (Delivery)
Vehicle Attachment 1 :	No Attachment
Make / Model :	MITSUBISHI / CANTER FEB21ER4SDEB (CBU)
Primary Colour :	White
Year of Manufacture :	2014
Maximum Laden Weight :	5000 kg
Unladen Weight :	2300 kg
No. Of Axles :	2
Engine No. :	4P10B31103
Chassis No. :	FEB21EA00960
Engine Capacity :	2998 cc
Maximum Power Output :	-
IU Label No. :	1510836638
Propellant :	Diesel
Passenger Capacity :	2
Original Registration Date :	16 Oct 2014
First Registration Date :	16 Oct 2014
Open Market Value :	\$30,562.00
Additional Registration Fee Rate :	5.00 %
Actual ARF Paid :	\$1,529.00
PARF Eligibility :	No
Minimum PARF Benefit :	-
COE No. :	2014101605000678Z
COE Category :	C - Goods Vehicle & Bus
COE Expiry Date :	15 Oct 2024
Lifespan Expiry Date :	15 Oct 2034
PQP Paid :	\$7,758.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$0.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK