

NTUC Assessment Centre Services

Date In 15/02/2023
Ref No NAICT123001658/d4
Veh No GBC 9333R
D O A 14/02/2023 07:05
OD/ (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within Mins. Aft 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

TP Insurer:

referred Wksp / INC Assign Wksp / QW: (

P Particulars: Vch No: FBC 9559Y INC () / Non-INC () Tel: Fax:

Owner / Driver: ()

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

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

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

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

General Remarks:-

1) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

3) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

4) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

5) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

6) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

7) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

8) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

9) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

10) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

11) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

12) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

13) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

14) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

15) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

16) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

17) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

18) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

19) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

20) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

21) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

22) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

23) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

24) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

25) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

26) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

27) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

28) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

29) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

30) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

31) Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
1st Bill	Add Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
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:-		
ON		
* N5: Courtesy Car / Tpl Allowance	\$25	
* N6: Repair Co-ordination	\$10	
* N7: Post Repair Inspection	\$25	

Owner's Particulars:

Owner:

Policy No:

Insured Portion:

Checked by (Engr-In-Charge):

Comments:

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	15/02/2023 08:14 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS AMK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9333R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NETWORK EXPRESS COURIER SERVICES PTE LTD
Company Reg No	1XXXXX663M
Email Address	network@networkcourier.com.sg
Mobile Phone No	(Phone) +65-84200866
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	DMCVSNA00109002200

DRIVER

Name of Driver	ABDUL RAHMAN BIN MOHAMED ARIB
NRIC No	SXXXX784F
Date Of Birth	29/06/1961
Occupation	Outdoor

Date Of Driving Pass	27/02/1990
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-84200866
Alt. Phone Number	-
Email Address	network@networkcourier.com.sg
Address	APT BLK 204 MARSILING DRIVE
Address complement	# 03-208
Postcode	730204
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 on collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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	FBC9559Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD FAIZAL BIN ZULKIFLI
NRIC No	SXXXX568Z

Contact Number	(Phone) +65-93258976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ7275B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEO TECK CHOON
NRIC No	SXXXX576C
Contact Number	(Phone) +65-84941792
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

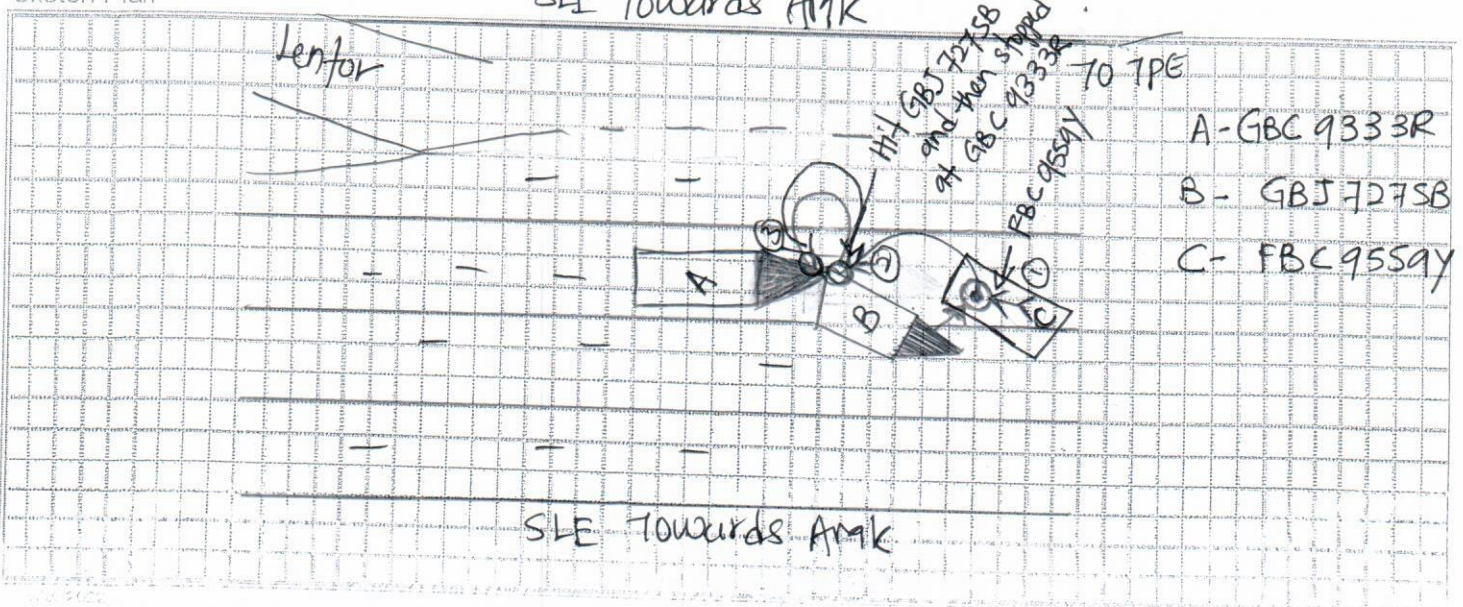
INJURED 1

Name of injured person	ABDUL RAHMAN BIN MOHAMED ARIB
Gender	Male
Phone No	(Phone) +65-84200866
Address	APT BLK 204 MARSILING DRIVE
Address Complement	# 03-208
Post Code	730204
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	GBC9333R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE



SLE Towards AMK



Describe Circumstance of the Accident

I was going to work at the above stated date and time and was driving along SLE towards AMK. It was raining heavily. Vehicle B was in front of me and suddenly vehicle B put on emergency brake and I hit the rear left portion of vehicle B.

When vehicle B tries to avoid the motorcycle and swift a little to right hand side, but the bike got skidded and hit vehicle B and stopped right in front of my van. But my vehicle did not hit the Bike, just the Bike hit my front number plate only.

Declaration

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



Policyholder's Signature / Date & Time

Rodrick
14/02/2023

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

James 15/02/2023

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

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 02 / 2023 (DD/MM/YYYY), TIME: 07 : 05 (HH:MM)

LOCATION: SLE towards AMK

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBC 9333R

b) INSURANCE COMPANY: China

c) POLICY NUMBER: DMCVSNA00109002200

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: going to 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: Network Express Courier Services pte ltd

b) NRIC/FIN/PASSPORT: 199002663M CONTACT: 8420 0866

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: Abdul Rahman Bin Mohamed Arib

(MALE / FEMALE)

e) NRIC/FIN/PASSPORT: S1482784F

CONTACT: 8420 0866

f) ADDRESS: APT BLK 204 Marsiling Drive # 03-208

S730204

g) DATE OF BIRTH: 29 / 06 / 1961 (DD/MM/YYYY)

h) OCCUPATION: (INDOOR / OUTDOOR)

i) YEARS OF DRIVING EXPERIENCE: 27/02/1990

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) Shoulder Pain

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBC 9559Y

MODEL:

b) DRIVER'S NAME: Muhammad Faizal Bin Zulkifli

c) NRIC/FIN/PASSPORT: S8944568Z

CONTACT: 9325 8976

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

Email = network@networkcourier.com.sg

Fax =

Video = NO

2982

no. of passengers
(including driver)
(1)

no. of passengers
(including driver)
()

no. of passengers
(including driver)
()

Motor Commercial

MZ301/C

N SN

AN0707B

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNA00109002200

Engine No.: 1KD2105737

Cha. No.: JTFHT02P600076270

1. Index Mark and Registration
Number of Vehicle

GBC9333R

AUTOSAFE

2. Name of Policy Holder

NETWORK EXPRESS COURIER SERVICES PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment05/09/2022
(00:00:00)Excess Sect I. S\$1,000.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

04/09/2023

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

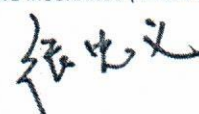
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* 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
Authorised Signatory