

NATIONAL Assessment Centre Services

Date In <u>04/04/23</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CI/23003497/13</u>	SAS e-filing		
Veh No <u>PC6306Z</u>	E-mail (within 3hrs, Aft 2hrs)		
DOA <u>03/04/23</u> <u>1430</u>	I-Motor Claim Form		
OD/ <u>TP</u> / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>SNH5165S</u>	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: <u>INC hotline: 6788 6616</u>	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

<u>NA2300985</u>	Invoice Preparation Checklist	Amf (\$)	A
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idas Mobile \$0		
	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	04/04/2023 15:07 (SGT)
Reported by	Actual Driver
Date of Accident	03/04/2023 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWS TUAS BEF BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6306Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOURQ EXCURSION SERVICES
Company Reg No	5XXXX667M
Email Address	sukimanhassan77@gmail.com
Mobile Phone No	(Phone) +65-82445456
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	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012872200

DRIVER

Name of Driver	SUKIMAN BIN HASSAN
NRIC No	SXXXX072Z
Date Of Birth	22/11/1977
Occupation	Outdoor

Date Of Driving Pass	23/07/2014
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82445456
Alt. Phone Number	-
Email Address	sukimanhassan77@gmail.com
Address	BLK 98 BEDOK NORTH AVE 4
Address complement	#03-1900
Postcode	460098
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	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)	5
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	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Female

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 SNH5165S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SUKIMAN BIN HASSAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? PC6306Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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 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:

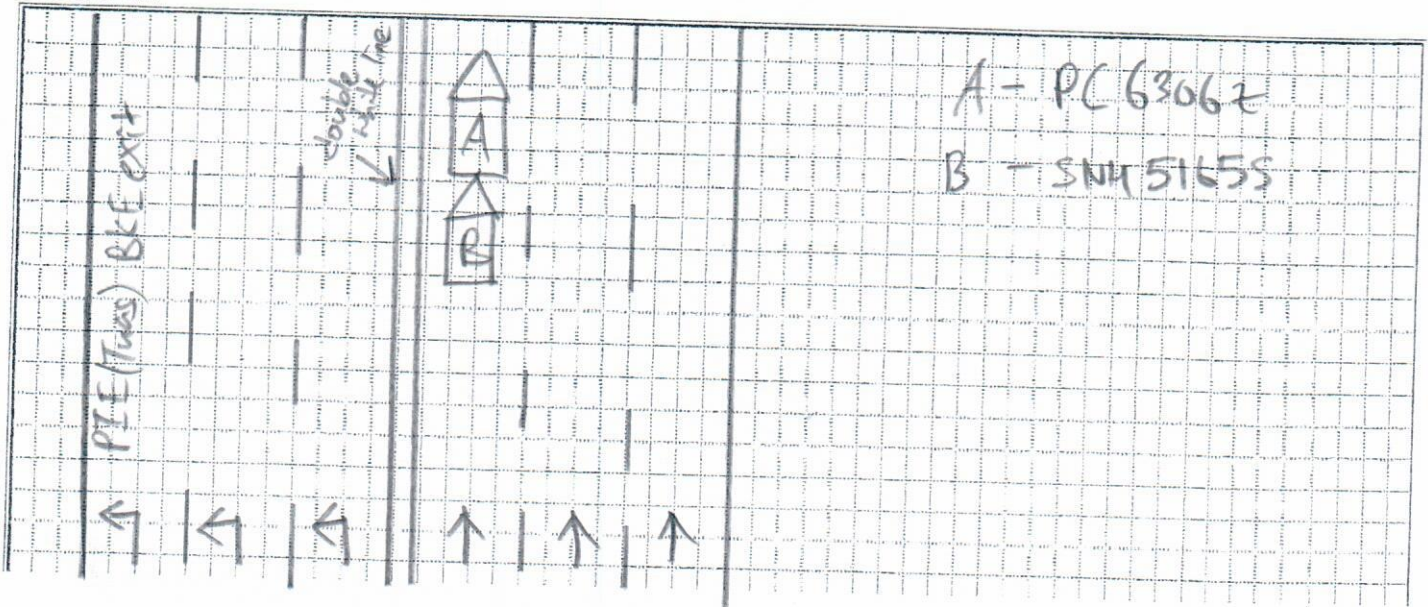
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]
EXCURSION SVCS
UEN 53438667M

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

[Signature] 04/04/24
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident


ON THE STATED DATE AND TIME, I CAME TO A STOP
AS THERE WAS AN ACCIDENT IN FRONT OF ME.

OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR.

Declaration

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


Policyholder's Signature / Date & Time
UEN 53438667M


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

 04/04/14
Witnessed by Reporting Centre Personnel

VEHICLE NO: <u>PC 63062</u>	MAKE & MODEL: <u>TOYOTA HINCE</u> ^{COMMUTER} <u>AUTO</u> / MANUAL
DATE OF ACCIDENT	<u>03 / 04 / 23</u> C.C. <u>3.0.</u>
TIME OF ACCIDENT	<u>1430</u> AM / PM
LOCATION OF ACCIDENT	<u>PICTURES) REF REG EXIT.</u>
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	<u>FOUR Excursion Services.</u>
EMAIL <u>SUKIMANHASSAN77@gmail.com</u>	OFFICE: <u> </u> MOBILE: <u>82445456</u>
NRIC	<u>5346543E</u>
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY
FLEET POLICY	YES / <u>NO</u>
INCURANCE CO.	<u>Ching Tai ping</u>
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	<u>DMB1SNW00012872200</u>
NAME OF DRIVER	AS ABOVE <u>IF NO: SUKIMAN BIN HASSAN.</u>
NRIC	<u>877310722</u>
DATE OF BIRTH	<u>22 / 11 / 77</u>
ANY PASSENGER	YES / NO: <u>4</u>
NAME OF PASSENGER	<u>UNKNOWN - (2 FEMALE, 2 MALES).</u>
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	<u>21 / 10 / 10.</u>
GENDER	MALE / FEMALE
CONTACT NO.	Mobile: <u>82445456</u> Office: <u> </u> Home: <u> </u>
EMAIL	<u>SUKIMANHASSAN77@gmail.com</u>
ADDRESS	<u>58 BEDOK NORTH AVE 4 #03-1900 S(460098).</u>
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: <u> </u> INSURE: <u> </u>
RELATIONSHIP	Employee / If No: <u> </u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other: <u> </u>
ROAD SURFACE	<u>Dry</u> / Wet / Other: <u> </u>
ANY INJURIES	No / If yes, Who? <u>DRIVER - SERIOUS - VEH A.</u>
CONTACT NO.	<u> </u>
ROLICE REPORT	<u>No</u> / If yes, Where? <u> </u>
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who? <u> </u>
VEHICLE B NO.	<u>SNH 51655</u> Any Passenger: <u>Apax</u>
NAME	<u> </u>
CONTACT NO.	<u> </u>
VEHICLE C NO.	<u> </u> Any Passenger: <u> </u>
VEHICLE D NO.	<u> </u> Any Passenger: <u> </u>
VEHICLE E NO.	<u> </u> Any Passenger: <u> </u>
VEHICLE F NO.	<u> </u> Any Passenger: <u> </u>
ANY WITNESS	<u>Nil</u>
WITNESS CONTACT NO.	<u>Nil</u>
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>
WHO IS REPORTING	DRIVER / OWNER / <u>BOTH</u>
Original Language Used	<u>English</u> / Mandarin / Others: <u> </u>
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>

Motor Bus

MZ601

N SN

AN0706B

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.

DMB1SNW00012872200

Engine No.: 1KD2643504

Cha. No.: KDH2230029389

1. Index Mark and Registration
Number of Vehicle

PC6306Z

AUTOSAFE
=====

2. Name of Policy Holder

FOURQ EXCURSION SERVICES

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

30/07/2022
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

29/07/2023

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

HIRE PURCHASE CO.: MOTOR CREDIT PTE LTD

* 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: HON BROTHERS 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