

**NATIONAL Assessment Centre Services** (Int'l 1-800-441-1111)

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>11/04/2023 10:00</b> | Job description                        | Date & Time Completed | Done by |
| Ref No: <b>NBA/C7223003691/4</b> | SAS e- filing                          |                       |         |
| Ych No: <b>GBF 32774</b>         | E-mail (within 2hrs, AIC 2hrs)         |                       |         |
| D.O.A: <b>10/04/2023 09:02</b>   | 1-Motor Claim Form                     |                       |         |
| OD: <b>73</b> Reporting Only     | 1-Motor W/O (Within 2hrs, AIC 2hrs)    |                       |         |
|                                  | 1-Photo Uploaded                       |                       |         |
| TP Insured:                      | Assessment/Survey Report               |                       |         |
|                                  | Ass't Report by Fax/Hand to Owner/Whse |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **GBF 57389** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Title: ( )

Insured/Driver Liability: ( ) % (Note-Best Status (WO): N: 0-30%, F: 21-70%, 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 repater.

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

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

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Damage: ( )

Action: ( )

|                              |  |             |
|------------------------------|--|-------------|
| <b>NBA2001033</b>            | Invoice/Preparation Charge List                    | Ass't       |
| Customer's Particulars:      | 1) AIC: Accident Passing (\$30)                    | W           |
| Owner/Owner:                 | 2) DA: Damage Assessment (\$100)                   | INC (\$50)  |
| Contact No:                  | 3) TP: Towing Fee                                  | \$10/\$45   |
| Damaged Portion:             | 4) PE: Follow-Through Survey                       | \$125       |
| Checked by (Engr-In-Charge): | 5) E: Follow-Through Survey (Business)             | \$30        |
| Customer's Comments:         | Excess/Loading within 120 Days (Cost of Inc. 3000) |             |
|                              | 6) TR: Re/Inspection                               | \$25        |
|                              | 7) NI: New DA + SMRT Survey                        | \$145       |
|                              | 8) NTUC Additional Services:                       |             |
|                              | QW:  |             |
|                              | * NO: Courtesy Car / Tel Allowance                 | \$5         |
|                              | * NI: Repair Coordination                          | \$15        |
|                              | * NI: Post Repair Inspection                       | \$35        |
|                              | * NI: DY / Collect Excess Coordination             | \$1         |
|                              | 72 (N1): TP (Non-INC) against INC                  | \$20        |
|                              | 73 (N1): TP (Non-INC)                              | 100         |
|                              | Invoice Total                                      | Fis 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              | 11/04/2023 10:00 (SGT)         |
| Reported by                     | Actual Driver                  |
| Date of Accident                | 10/04/2023 09:02 (SGT)         |
| Exact Location of Accident      | Tanjong Rhu Flyover, Singapore |
| Additional Location Information | -                              |
| Country/State of Loss           | Singapore                      |

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ3277Y

### INSURED/POLICYHOLDER

|                          |                          |
|--------------------------|--------------------------|
| Is company?              | Yes                      |
| Name Of Registered Owner | DESIGN REBIRTH PTE. LTD. |
| Company Reg No           | 2XXXXX194M               |
| Email Address            | xdetox32@gmail.com       |
| Mobile Phone No          | (Phone) +65-85491382     |
| 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 | DMVCSNW00026792304                            |

### DRIVER

|                 |                     |
|-----------------|---------------------|
| Name of Driver  | KAZI MOHAMMAD DIDAR |
| Passport No/FIN | GXXXX345W           |
| Date Of Birth   | 01/01/1993          |
| Occupation      | Outdoor             |

|  |                      |
|--|----------------------|
| Date Of Driving Pass .....   | 12/12/2018           |
| Driving experience .....   | 4 YEARS AND 4 MONTHS |
| Gender .....   | Male                 |
| Mobile Number .....  | (Phone) +65-85491382 |
| Alt. Phone Number .....  | -                    |
| Email Address .....  | xdetox32@gmail.com   |
| Address .....  | 41 TESSENSOHN ROAD   |
| Address complement .....   | -                    |
| Postcode .....   | 217660               |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | BINDUU SINGH |
| Gender ..... | Male         |

#### PASSENGER 2

|              |              |
|--------------|--------------|
| Name .....   | RANBIR SINGH |
| Gender ..... | Male         |

#### PASSENGER 3

|              |       |
|--------------|-------|
| Name .....   | SUMON |
| Gender ..... | Male  |

#### PASSENGER 4

|              |            |
|--------------|------------|
| Name .....   | GURI SINGH |
| 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  
 Was there any video captured by Car Camera? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... GBF5738S  
 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... SNH6293Z  
 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

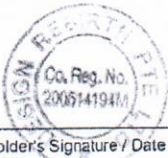
IMPORTANT NOTICE

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.

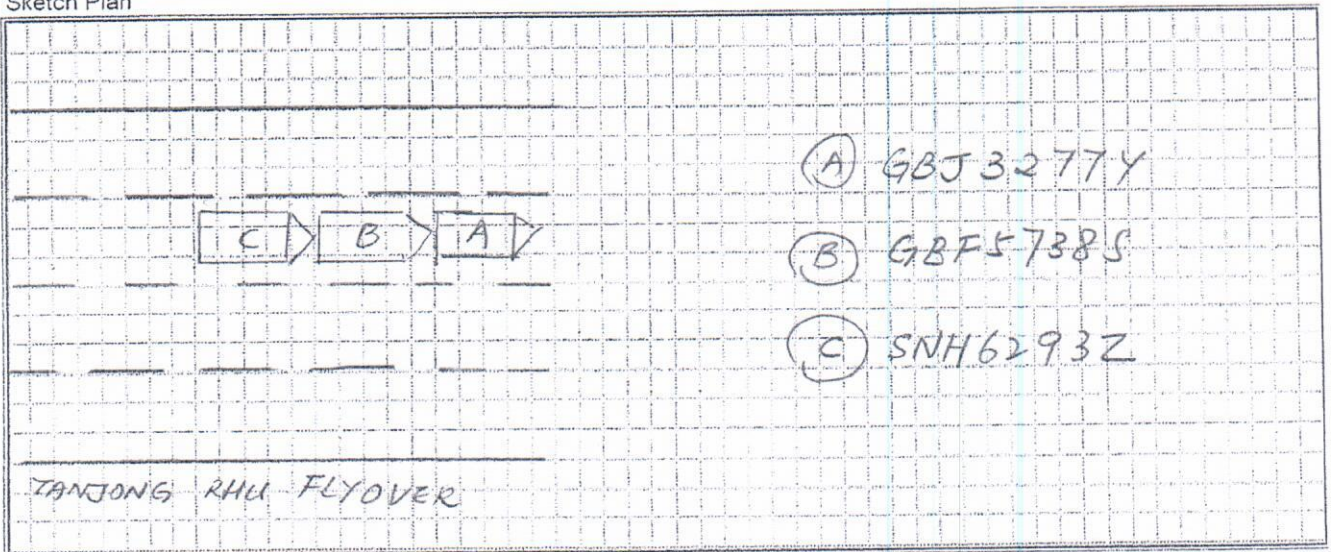


Policyholder's Signature / Date & Time

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

[Signature] 11/04/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the mentioned date 10/4/2023 about 0902 HRS, I was traveling along Tanjung Rhu Flyover heavy traffic then I stop my lorry, suddenly vehicle no. G8F57385 hit from behind, after few second I felt another impact from rear.

Declaration

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



Policyholder's Signature / Date & Time

Didin

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

*[Signature]*  
11/04/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

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**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 10/04/2023 (dd/mm/yy) Time of Accident: 09:02 (24-HR-FORMAT)

Vehicle No.: GBJ3277Y Vehicle Make & Model: TOYOTA DYNA

\*Transmission:  Manual  Auto \*C.c.: 3000 CC

Exact location of Accident: TANJONG RHU FLYOVER

Policyholder's Name: DESIGN REBIRTH PTE LTD NRIC/FIN/REG No.: 200514194M

\*Policyholder's email address: xdetox32@gmail.com

Driver's Name: KAZI MOHAMMAD ZIDAR NRIC/FIN/REG No.: G2145345W

\*Driver's email address: xdetox32@gmail.com

Driver's Contact No.: 85491382 Company Contact No (If any): -

Date of birth: 01/01/1993 Driving Pass Date: 12/12/2018

Driver's Address: 41 TERSENSOHN ROAD, SINGAPORE 217660

Insurance Company: CHINA THAIPIG

Policy No.: DMCVSNW00026792304 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

Type of Accident

Chain Collision  Head To Rear  Side Swipe  Other \_\_\_\_\_

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver): 5

\*Passanger Name: BINDHU SING, RANBIR SING Gender:  Male / Female

\*Passanger Name: SUMON, GURI SING Gender:  Male / Female

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 Car camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' 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: GBF5738S

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: SNH6293Z

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Commercial

**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)

MZ300/C

R SN

AN0597A

Cov. Type:C

|  |                          |   |
|--|--------------------------|---|
| CERTIFICATE No.  | DMCVSNW00026792304       | Engine No.: 1KD2656284<br>Cha. No.:KDY2318027039          |
| 1. Index Mark and Registration Number of Vehicle   | GBJ3277Y                 | AUTOSAFE<br>*****   |
| 2. Name of Policy Holder   | DESIGN REBIRTH PTE. LTD. |   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment   | 20/03/2023<br>(00:00:00) | Excess Sect I . S\$500.00<br>EX ON WINDSCREEN . S\$100.00 |
| 4. Date of Expiry of Insurance   | 19/03/2024               |   |
| 5. Persons or Classes of Persons entitled to drive*<br>Any person who is driving on the Policyholder's order or with their permission.<br><br>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.*<br>(1) Use in connection with the Policyholder's business.<br>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>(3) Use for social, domestic or pleasure purposes.<br><br>The Policy does not cover<br>(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.<br>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |                          |   |

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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: ABS 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

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> Back to OneMotoring

• Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 194M

Vehicle Details

Vehicle No.: GBJ3277Y  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 10 Apr 2023  
Vehicle Make: TOYOTA  
Vehicle Model: DYNA 3.0 MANUAL  
Primary Colour: White  
Manufacturing Year: 2016  
Engine No.: 1KD2656284  
Chassis No.: KDY2318027039  
Maximum Power Output: -  
Open Market Value: \$37,188.00  
Original Registration Date: 20 Mar 2019  
First Registration Date: 20 Mar 2019  
Transfer Count: 0  
Actual ARF Paid: \$1,860.00

Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 19 Mar 2029  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
PQP Paid: \$15,456.00  
COE Rebate Amount: \$9,182.00  
**Total Rebate Amount: \$9,182.00**

The information contained herein is correct as at 10 Apr 2023

OK