

NATIONAL Assessment Centre Services (incl. 1st 2nd 3rd) **W/O# 2318000**

Date In: <b>26/05/2023 15:24</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>NRA/C7223005376/4</b>	SAS e-filing		
Yeh No: <b>YK-352P</b>	E-mail (withln 2nd, AIC 2nd)		
D.O.A: <b>25/05/2023 22:30</b>	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (withln: OD 2nd, 2nd 1st)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/W/ln		

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

TP Particulars: Yeh No: **PEDESTRIAN** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Felley No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Inc Status (W/O): 1: 0-30%, 2: 21-70%, 3: 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 repair.

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

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

- Remarks: (INC W/O# 07880014) Date & Time Completed: ( ) Done by: ( )
- 1) Apply for: Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Injury	Location	Details

<b>MA2801559</b>	Invoice/Preparation Charge	
1) All: Accident Proceeding (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$55)	
3) TP: Towing Fee	\$100	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Barney)	\$30	
6) TR: Assessment	\$75	
7) NI: New DA + SMIT Survey	\$140	
8) NTUC Additional Services		
9) QW:		
* NI: Courtesy Car / Tel Allowance	\$5	
* NI: Repair Coordination	\$10	
* NI: Post Repair Inspection	\$20	
* NI: BY / Collect Excess Coordination	\$1	
* 2 (NI) : TP (Non-INC) against INE	\$20	
10) NI: Other Items	\$1	
Invoice Total		Net 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	26/05/2023 15:24 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2023 22:30 (SGT)
Exact Location of Accident	151 Serangoon North Ave. 2, Singapore
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN352P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HA LI FA PTE LTD
Company Reg No	1XXXXX541G
Email Address	feliciatee@halifa-bobo.com
Mobile Phone No	(Phone) +65-64326804
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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	2977

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00081372200

### DRIVER

Name of Driver	BISWAS DIPTO KUMAR
Passport No/FIN	GXXXX684M
Date Of Birth	16/04/1995
Occupation	Outdoor

Date Of Driving Pass .....	01/02/2020
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93416238
Alt. Phone Number .....	-
Email Address .....	feliciatee@halifa-bobo.com
Address .....	BLK 517 WEST COAST ROAD #01-567
Address complement .....	-
Postcode .....	120517
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 .....	Collided into Pedestrian
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230526/2030

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	PEDESTRIAN
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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.

**6. 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.



*Dipto*

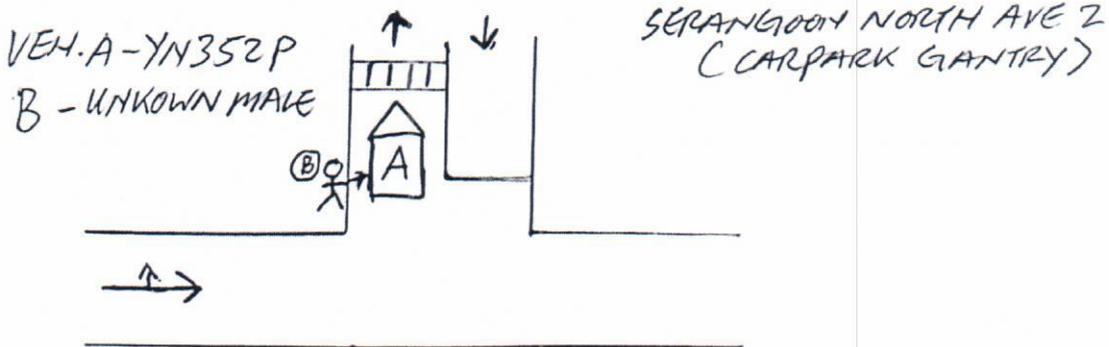
*[Signature]*  
20/05/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT. 1/20230526/2030

Declaration

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



Policyholder's Signature / Date & Time

*Dipto*

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

Witnessed by Reporting Centre Personnel

*[Signature]*  
26/05/2023



**SINGAPORE  
POLICE FORCE**



T/20230526/2030

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No. 1800-8729999

1 of 3

Report No. T/20230526/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2023 12:16	Vide Report No.: F/20230525/0170	Station Diary No.: 41
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Informant's Particulars			
Name of Informant: BISWAS DIPTO KUMAR		Address:	
ID Type / ID No.: FIN NO / G2458684M		Contact No.: Home/Office:	Mobile: 93416238
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 28	Date of Birth: 16/04/1995	Type of Informant: Driver
Race: Bangladeshi		Language: English	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2023 22:30	Type of Location: Gantry
Location: SERANGOON NORTH AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN352P	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20230526/2030

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20230526/2030

**CONTINUATION OF REPORT**

**Brief Details.**

On the 25/05/2023, at about 2230hrs, I was driving my company delivery lorry, YN352P, along Serangoon North Ave 2, turning left into Blk 151 Serangoon North Ave 2 carpark. After I had made the left turn and was entering the gantry, suddenly, there was a Chinese uncle, around 40 years old, came out from the pavement onto the road, resulting in a collision with the left side of my lorry and the uncle.

Initially, he claimed that he could not walk, informed that my lorry hit his leg and he suffered leg pain, wanting for me to compensate for his injuries. Thus, I called my company to inform them of the matter and at the same time, the uncle called for the police. I would like to state that he smelt of alcohol.

Shortly after, police officers and ambulance arrived at scene and accessed the situation. Paramedics offered to convey the uncle to a hospital for further checks, but he denied and refused to go, and was able to walk away. The police also gave me the incident number, F/20230525/0170. I do not have the particular of the uncle.



**SINGAPORE  
POLICE FORCE**



T 202305262030

Police Station Of Origin  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No: T/20230526/2030

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: D / SCCPL Khor Xiao Wei 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2023 12:16
Officer In Charge Of Case: TP / GIT / SI MOHAMED SOPHAN BIN MOHAMED AMIR Contact No. 91874317	Classification Of Case:

HP16b

①

Date of Accident : 25/05/2023 Accident Time: 2230 (24-HR-Format)  
 Accident Place : 151 SERANGOON NORTH AVE 2 (CARPARK GANTRY)  
 Vehicle No. (Car Plate No.) : YN352P Make/Model: MITSUBISHI FUSO CANTER  
 Insurance Company : CHINA TAIPING Policy No: DMKVSNIW00081372200  
 Owner or Company Name IC No. : HALIFA PTE LTD (UGN: 199306541G)  
 Owner or Company Contact No. : 64326804 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name IC No. : BISWAS DIPTO KUMAR G2458684M  
 DRIVER'S Date Of Birth : 16/04/1995 DRIVER'S License Pass Date 01/02/2020  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 517 WEST COAST ROAD #01-567 S120517  
 DRIVER'S Contact No./ Alt No. : 1) 93416238 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : FELICIA TEE @ HALIFA - BOBO.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: NO OTHER VEHICLE INVOLVED Vehicle No: \_\_\_\_\_  
ONLY WITH 1 PEDESTRIAN.  
 Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_  
 IC No. Driver Contact: \_\_\_\_\_ IC No. Driver Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

Motor Commercial

MZ300/C

N SN

AN0676A

Cov. Type:F

**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.	DMCVSNW00081372200	Engine No.: 4M42A73467 Cha. No.:FE83BEA20076
1. Index Mark and Registration Number of Vehicle	YN352P	
2. Name of Policy Holder	HA LI FA PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/07/2022 (00:00:00)	
4. Date of Expiry of Insurance	27/07/2023	

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.

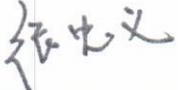
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: EZY-1 SERVICES PTE LTD  
Authorised Officer

  
Authorised Signatory