

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 14/06/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT23006126/J	SAS e-filing		
Veh No: GBJ8977C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/06/2023 14:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLD 543L	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Bst. 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

NA2301765	Invoice Preparation Checklist	Ant (\$)	Ant
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add.
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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: Idac Mobile \$30		
	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	14/06/2023 15:45 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY (AYE) BEFORE BALESTIER RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8977C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	SGLEASING@OUTLOOK.COM
Mobile Phone No	(Phone) +65-9488856
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Goods vehicle
Transmission	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00121472203

#### DRIVER

Name of Driver	MUHAMMAD SHAHRIN BIN MAZLAN
NRIC No	SXXXX849I
Date Of Birth	18/02/1998
Occupation	Indoor

Date Of Driving Pass .....	16/06/2022
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-91874427
Alt. Phone Number .....	-
Email Address .....	SGLEASING@GMAIL.COM
Address .....	APT BLK 76 TELOK BLANGAH DRIVE
Address complement .....	#13-260
Postcode .....	100076
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? .....	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

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 .....	SLD543L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR FU
Contact Number .....	(Phone) +65-82885283

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

PASSENGER 1

Name ..... UNKNOWN  
Gender ..... Female



## 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.



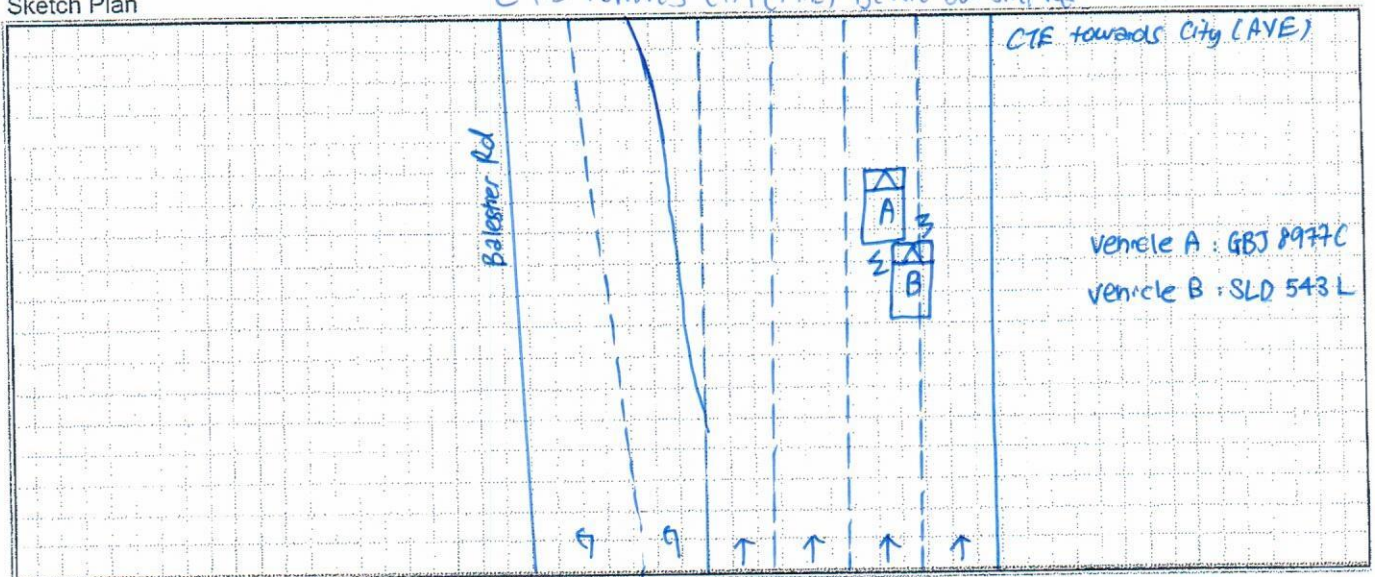
Policyholder's Signature / Date & Time

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

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

14/6/2023

### Sketch Plan





Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle  
( GBJ 8977C ) along CTE towards City (AYE) on lane 2 of  
4 lane expressway. somewhere before Balestier Rd Exit, The vehicle  
in front of my vehicle braked and I followed accordingly.  
Out of a sudden, vehicle B ( SLD 543 L ) collided into my vehicle  
rear right portion

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

14/6/2023

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



VEHICLE NO: <u>GBJ 8977C</u>	MAKE & MODEL: <u>Nissan NV200</u>	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT: <u>13 / 06 / 2023</u>	CC: <u>15</u>	
TIME OF ACCIDENT: <u>1430</u> HRS		
LOCATION OF ACCIDENT: <u>CTE towards City (AYE) before Balestier Rd</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: <u>SG LEASING PTE LTD</u>		
TEL NO: <u>H/P: 9488 8856</u> OFFICE: HOME:		
NRIC: <u>201317520E</u>		
ADDRESS: <u>15 Yishun Industrial Street 1 #01-08 Wm5 S768091</u>		
EMAIL: <u>SGLEASING@OUTLOOK.COM</u>		
CLAIM TYPE: <u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / <u>NO</u>?</u>		
INSURANCE COMPANY: <u>Chama Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO: <u>DMCVSNW00121472203</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Muhammad Shahrin Bin Mazlan</u>		
NRIC: <u>S98048491</u> ANY PASSENGER: <u>N/A</u>		
DATE OF BIRTH: <u>18 / 02 / 1998</u> LICENCE PASSED DATE: <u>16 / 06 / 2022</u>		
OCCUPATION: <u>OUTDOOR / <u>INDOOR</u></u>		
GENDER: <u><u>MALE</u> / FEMALE</u>		
CONTACT NO: <u>H/P: 9187 4427</u> OFFICE: HOME:		
ADDRESS: <u>Apt BIK 76 Telok Blangah Drive #13-260 S 100076</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u><u>NO</u> / IF YES, REG NO:</u> INSURER:		
RELATIONSHIP: <u>Employee</u>		
WEATHER CONDITION: <u><u>CLEAR</u> / RAINING / OTHERS:</u>		
ROAD SURFACE: <u><u>DRY</u> / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Muhammad Shahrin Bin Mazlan ( 9187 4427 )</u>		
NAME & CONTACT:		
POLICE REPORT: <u><u>NO</u> / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u><u>NO</u> / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SLD 543 L</u> ANY PASSENGERS: <u>1 (1F)</u>		
NAME OF DRIVER: <u>MR Fu</u> CONTACT NO: <u>8288 5283</u>		
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE? <u>YES / <u>NO</u></u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <u>NO</u></u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear Right Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <u>NO</u></u>		
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 88215151</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



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.

DMCVSNW00121472203

Engine No.: K9KE628D667290

Cha. No.: VSKYBAM2020177551

1. Index Mark and Registration  
Number of Vehicle

GBJ8977C

AUTOSAFE  
=====

2. Name of Policy Holder

SG LEASING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
(00:00:00)  
Ordinance or Enactment

30/09/2022

Excess Sect. I : S\$1,500.00

Excess Sect. II : S\$1,500.00

EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

29/09/2023

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. : MAYBANK AS HP OWNER

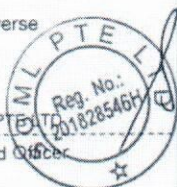
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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