

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 07/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT123006906/d4	SAS e-filing		
Veh No: GBD 31112	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/07/2023 10:45	i-Motor Claim Form		
OD / TP 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: GBC 9349X	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:- (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

NA2302054	Invoice Preparation Checklist		Am't (\$)	A
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);			
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 : Idao 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			
	9) N11: TP (N11) : TP (Non INC) against INC \$20			
	N12: Idao 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	07/07/2023 16:38 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS SLIP ROAD INTO TOH TUCK AVE TOWARDS BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3111Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SGM7 PTE LTD
Company Reg No	2XXXXX437E
Email Address	SGLEASING@OUTLOOK.COM
Mobile Phone No	(Phone) +65-94888856
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00089552200

DRIVER

Name of Driver	ASHAD MD NIMUR RAHMAN
Passport No/FIN	GXXXX048U
Date Of Birth	20/11/1984

Occupation	Indoor
Date Of Driving Pass	23/12/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82136062
Alt. Phone Number	-
Email Address	SGLEASING@OUTLOOK.COM
Address	20 ANG MO KIO INDUSTRIAL PARK 2A , AMK TECHLINK
Address complement	# 05-17
Postcode	567761
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)	2
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	BEH CHAI SU
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 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	GBC9349X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD TAUFIQ BIN AZEMAN
Contact Number	(Phone) +65-96522679
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	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ASHAD MD NIMUR RAHMAN
Gender	Male
Phone No	(Phone) +65-82136062
Address	20 ANG MO KIO INDUSTRIAL PARK 2A , AMK TECHLINK
Address Complement	# 05-17
Post Code	567761
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN
Injured person in which vehicle?	GBD3111Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BEH CHAI SU
Gender	Male
Phone No	(Phone) +65-81700189
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN
Injured person in which vehicle?	GBD3111Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

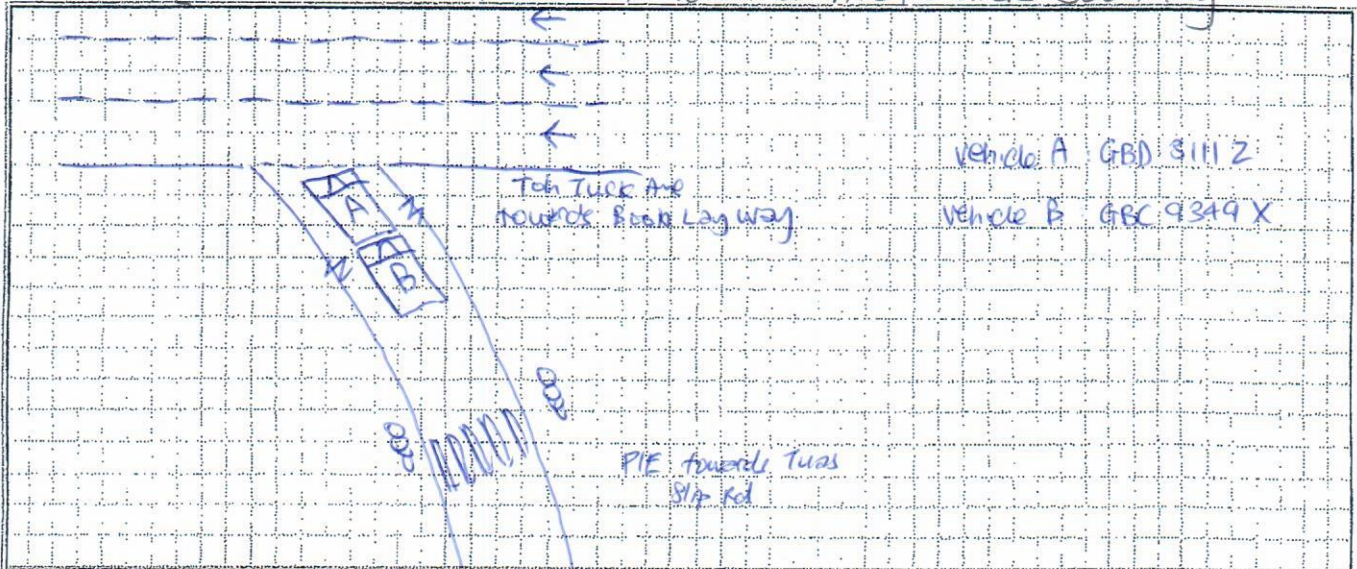


Policyholder's Signature / Date & Time

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

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

Sketch Plan PIE Towards TUAS SLIP ROAD INTO 10th TUCK AVE towards BOON LAY



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (GBD 31112) along PIE towards Tuas Ship Rd into Yoh Tuet Ave towards Boon Lay way. I slowed down and stopped my vehicle behind the driveway line due to on-coming traffic / vehicle. Out of a sudden, vehicle B (GBC 9349X) collided into the rear portion of my vehicle.

Declaration

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



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)

VEHICLE NO: <u>GBD 3111Z</u>	MAKE & MODEL: <u>Nissan Cabstar</u>	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT: <u>06 / 07 / 2023</u>	CC: <u>30</u>	
TIME OF ACCIDENT: <u>1045</u> HRS		
LOCATION OF ACCIDENT: <u>PIE towards Tuas Slip Rd into Toh Tuck Ave > Boon Lay way</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>SGM7 Pte Ltd</u>		
TEL NO:	H/P: <u>94888556</u> OFFICE:	HOME:
NRIC: <u>201729437E</u>		
ADDRESS: <u>15 Yishun Industrial Street 1 #01-08 WINS S 768091</u>		
EMAIL: <u>SGLEASING@outlook.com</u>		
CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / NO?</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire & Theft</u>		
POLICY NO: <u>DMCVSNW00089552200</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Ashad Md Nimur Rahman</u>		
NRIC: <u>G65330484</u>	ANY PASSENGER: <u>1 (1M)</u>	
DATE OF BIRTH: <u>20 / 11 / 1984</u>	LICENCE PASSED DATE: <u>23 / 12 / 2022</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO:	H/P: <u>8213 6062</u> OFFICE:	HOME:
ADDRESS: <u>20 Ang Mo Kio Industrial Park 2A #05-17 AMK Technic S567761</u>		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>Employee / Hmer</u>		
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Ashad Md Nimur Rahman (8213 6062)?</u>		
NAME & CONTACT: <u>Beh Chai Su (8170 0189)</u>		
POLICE REPORT: <u>NO / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>GBC 9349X</u>	ANY PASSENGERS: <u>1 (1M)</u>	
NAME OF DRIVER: <u>Muhammad Taufiq Bin Azeman</u>	CONTACT NO: <u>9652 2679</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 / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR: <u>N-S Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/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)

E SN

AN0663A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00089552200

Engine No.: ZD30340B45K

Cha. No.: JN1SC2F24Z0856175

1. Index Mark and Registration
Number of Vehicle

GBD3111Z

2. Name of Policy Holder

SGM7 PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
(14:48:25)
Ordinance or Enactment

19/07/2022

Excess Sect. II \$S1,500.00

4. Date of Expiry of Insurance

27/08/2023

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.: LAKE VIEW 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:

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