

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 25/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C11230075021 d4	SAS e-filing		
Veh No: GBD 8965T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/07/2023 14:05	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: Fax:

TP Particulars:	Veh No: SMA 3392p	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

NA2302215

Claimant's Particulars:	Invoice Preparation Checklist	Amr (\$)	Amr
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int. Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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		
	TF (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:



# 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 First Submission ..... 25/07/2023 11:27 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 24/07/2023 14:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 62 LOYANG WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8965T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TZONE LOGISTICS  
Company Reg No ..... 5XXXX301X  
Email Address ..... HILMILAH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96665566  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Peugeot  
Model ..... Partner  
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 ..... 1560

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00148182200

### DRIVER

Name of Driver ..... MUHAMMAD HILMI BIN ABDUL KHALID  
NRIC No ..... SXXXX292I

Date Of Driving Pass	07/05/2007
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92277253
Alt. Phone Number	-
Email Address	HILMILAH@GMAIL.COM
Address	APT BLK 643 PASIR DRIVE 10
Address complement	# 09-28
Postcode	510643
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	SMA3392P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	



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

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

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

Sketch Plan

62 Loyang Way

Vehicle B reversed

A: GRD896ST  
B: PHA 5392P



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS STATIONARY  
OUT OF MOTION, VAN IS REVERSED AT A GREAT SPEED  
AND HIT ONT THE FRONT PART OF MY VEHICLE.

I COULDN'T AUDIO THE COLLISION AS I WAS CHECKING  
MY MIRRORS TO CHECK IF IT IS SAFE FOR ME TO  
REVERSE BUT VAN IS ALREADY HIT ONT 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

Witnessed by Reporting Centre Personnel

VEHICLE NO: <u>GRD 8965T</u>		MAKE & MODEL: <u>PEUGEOT PARTNER</u> <u>AUTO</u> / MANUAL C.C	
DATE OF ACCIDENT		<u>24 / 07 / 23</u>	
TIME OF ACCIDENT		<u>1405</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT		<u>62 LOYANG LAY</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
<b>NAME OF OWNER</b>		<u>IZONE LOGISTICS</u>	
EMAIL	<u>BERNARDLIEWG7@YAHOO.COM.SG</u>	OFFICE:	MOBILE: <u>9666 5566</u>
NRIC	<u>53424301X</u>		
CLAIM TYPE	OD / <u>THIRTY</u> PARTY / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u>		
INCURANCE CO.	<u>CN TRADING</u>		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DmCVSN600148182200</u>		
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: <u>MUHAMMAD HILMI BIN ABDUL KHALID</u>		
NRIC	<u>588092921</u>		
DATE OF BIRTH	<u>19 / 03 / 88</u>		
ANY PASSENGER	YES / <u>NO</u> : <u>DRIVER ONLY</u>		
NAME OF PASSENGER			
GENDER OF PASSENGER	<u>MALE</u> / FEMALE		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	<u>07 / 05 / 07</u>		
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	Mobile: <u>927755</u> Office: Home:		
EMAIL	<u>HILMILAH@GMAIL.COM</u> <u>HILMILAH@gmail.com</u>		
ADDRESS	<u>643 PASIR RIS DRIVE 10 #09-28 P(510643)</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE: <u>-</u>		
RELATIONSHIP	<u>Employee</u> / If No:		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes, Who?		
CONTACT NO.			
ROLICE REPORT	<u>No</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?		
VEHICLE B NO.	<u>SHR3392P</u> Any Passenger: <u>-</u>		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
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>		
<b>WHO IS REPORTING</b>	<u>DRIVER</u> / OWNER / <u>BOTH</u>		
<b>Original Language Used</b>	<u>English</u> / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		





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

N SN

AN0613A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00148182200

Engine No.: 10JBFR0021411

Cha. No.: VF37F9HF8FJ624542

1. Index Mark and Registration  
Number of Vehicle

GBD8965T

AUTOSAFE  
=====

2. Name of Policy Holder

TZONE LOGISTICS

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

29/12/2022

Excess Sect I . S\$600.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

28/12/2023

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.

HIRE PURCHASE CO. : PAN PAC 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: \_\_\_\_\_  
AUTO WORLD 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

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☎ 6222 1033

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