

NATIONAL Assessment Centre Services. (url: 120100)

Date In: 12/12/2017 10:42	Job Description	Date & Time Completed	Done by
Ref No: NBA/CTI.17023540/K4	SAS e-Milling		
Vel No: SJX8271L	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 10/12/2017 22:15	f-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within 30 hrs, TP 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )		Tel: ( )		Fax: ( )	
TP Particulars: ( )		Yell No: SHC992B		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% P: 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 repeller.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	MIN3 hotline 6788 0016	DATA Line Sample va	Doneby
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

[illegible]

NAI707734		Invoice Preparation Checklist	Amount	Adm. Bill
Insured's Particulars		1) AR: Accident Reporting (\$30)		
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damage Portion:		4) FT: Follow-Through Survey	\$120	
		5) RT: Rollover-Through Survey (Resurvey)	\$30	
		Forfeiting against INC Only (w/af ID Jan 2005)		
		6) TR: Re-inspection	\$75	
		7) NI: (adv DA + SMRT Survey)	\$160	
		8) NTUC Additional Services		
		Q11		
C. Checked by (Engi-In-Charge):		*N1: Courtesy Car / Tpl Allowance	\$5	
		*N6: Repair Coordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DY / Collision Unsett Coordination	\$5	
		TP (NI) + TP (Non INC) against INC	\$20	
		9) N12: Idnc Mobile	10	
		Invoice dated	File Charged	
		Invoice filed	File 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 Authorised 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 ability.
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 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 Report	12/12/2017 10:42
Date Of Accident	10/12/2017 22:15
Exact Location Of Accident	NGEE ANN CITY ( PICK -UP / DROP OFF POINT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8271L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PNP PHOTOGRAPHY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90265086
Alternative Phone No	OFFICE-90265086

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1751441700
Cover Note Number	

### Driver

Name of Driver	MOHAMMED RAHUMATULLAH BIN ABDUL BAZIR
NRIC No	S7930397F
Date Of Birth	04/10/1979
Occupation	INDOOR
Date Of Driving Pass	20/12/2003
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90265086
Fax Number	
Contact Number	OTHERS-90265086
Email Address	NOEMAIL

Address	BLK 503 CHOA CHU KANG STREET 51 #14-163
Postcode	680503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC992B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

12/12/2017

Ngee Ann City  
Pick-up Drop off point

Vehicle A (SJX8271L) my veh driven by me on 10/Dec/2017 @ 2215hrs. I was in the queue to exit Ngee Ann City Drop-off point. Vehicle B (SHC992B) which was behind banged into my vehicle A. No one was injured and no police report made. Driver of vehicle B refuse to give his particulars. He said taxi no need to give details.

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



every respect.

12/12/2017  
\_\_\_\_\_  
Director's Signature



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7930397F



Name

MOHAMMED RAHUMATULLAH  
BIN ABDUL BAZIR

Race

INDIAN

Date of birth

Sex

04-10-1979

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7930397F  
Name

MOHAMMED RAHUMATULLAH  
BIN ABDUL BAZIR

Birth Date: 04 Oct 1979

Issue Date: 20 Dec 2003



4475663

NRIC No: S7930397F



Date of issue

15-10-2009

APT BLK 503 CHOA CHU KANG STREET 51 #14-163  
SINGAPORE 680503

NRIC No: S7930397F

Date:

20/10/2012

No:

7127897

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

20 Dec 2003

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms



Licence No: S7930397F

NP 428A



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

MZ407N SN  
AN0498A  
Cov.Type: C  
AUTOSAFE

**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.	DMHCSN1751441700	Engine No :G4KDAA447917 Chassis No:KMHEC41BMBAL60096
1. Index Mark and Registration Number of Vehicle	SJX8271L	
2. Name of Policy Holder	PNP PHOTOGRAPHY	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 JULY 2017 (16:13 HOURS)	EXCESS SECT I .....S\$1,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$2,000.00 EXCESS SECT. II .....S\$1,000.00 EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$2,000.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	26 JULY 2018	
5. Persons or Classes of Persons entitled to drive *		

ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH 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 FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.

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.

HIRE PURCHASE CO. : KENSO LEASING PTE LTD 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.

Countersigned By:

Authorised Officer

Authorised Signatory