

NATIONAL Assessment Centre Services

(Int'l & Local)

NA/477/65858

Date In: 18/12/2017 11:56	Job description	Date & Time Completed	Done by
Ref No: NA/477/65858	SAS e-illing		
Veh No: SJR 97774	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 16/12/2017 17:20	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (within 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WKSP		

Preferred Wkep / INC Assign Wkep / OW:	Tel:	Fax:
TP Particulars:	Veh No: SJR 72884	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: Customers 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:	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury:	
Date/Time	Action:

NA/707784	Invoice Preparation Checklist:	Amount (\$)	Amount (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Policy No:	3) TP: Towing Fee	\$40/\$40	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$15	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) OT:		
	*N1: Courtesy Car / Tpl Allowance	\$1	
	*N2: Repair Coordination	\$10	
	*N3: Post Repair Inspection	\$15	
	*N4: DY / Collect Excess Coordination	\$1	
	TP (N1) / TP (Non INC) against INC	\$20	
	*N11: Idm Mobile	10	
	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 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	18/12/2017 11:56
Date Of Accident	16/12/2017 17:40
Exact Location Of Accident	ADMIRALTY ROAD WEST (GATE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9777U
Insured/Policyholder	
Name Of Registered Owner	SUZANNA BINTE ABU TALIB
NRIC No	S7422488A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83818676
Alternative Phone No	OTHERS-83818676

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3011491701
Cover Note Number	

Driver

Name of Driver	ABDUL HAZIM BIN OMAR
NRIC No	S7438677F
Date Of Birth	23/11/1974
Occupation	INDOOR
Date Of Driving Pass	10/09/1998
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83818676
Fax Number	
Contact Number	OTHERS-83818676
Email Address	NOEMAIL

Address	17 WOODLANDS AVENUE #14-20
Postcode	738997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD.
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	3

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

PLEASE REFER TO SKETCH PLAN(COLLISION TYPE IS HEAD TO SIDE)

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	SGU7288Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM CHYE SENG
NRIC/Passport Number	S6923748G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	ABDUL HAZIM BIN OMAR
------	----------------------

Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ARYN AMANI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name AFYQ AMANI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJR9777U
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

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:

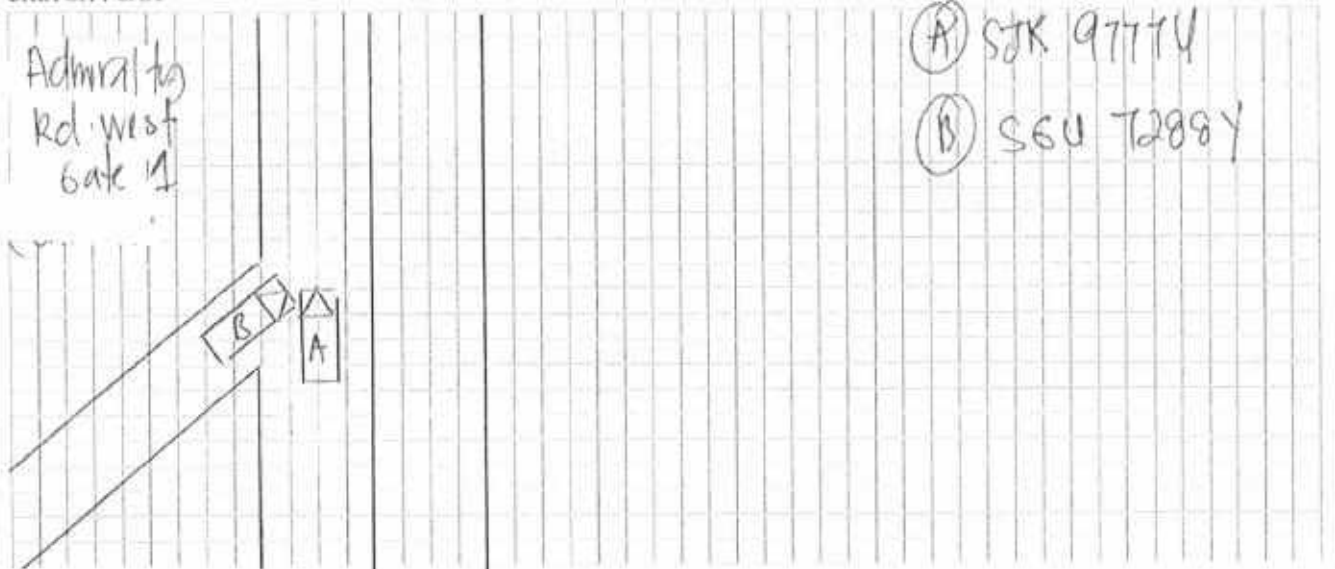
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.2017 at about 17:40hrs. I was travelling along Admiralty Rd West (Gate 1). As I was heading straight, all of a sudden a vehicle SGU 7288Y from Strip Road had collided into my front Lft side portion. Due to the hard impact, my vehicle was badly damaged. That's all.

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:

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

I Lim Chye Seng 1/C S69237486
 collided with vehicle SJR 97774
 at entrance of gate 1 Sombawang
 8/yard I admit my mistake
 and agreed on insurance claim

Lim
 S1438671P

CS (am)

1740

av 18/12/2017



Lim Chye Seng
 1/C S69237486.

AA

1740

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16.12.2017	TIME: 17:40hrs	(hh:mm) 24 hrs Format
LOCATION Admiralty Rd Wrt (60k 1)		
VEHICLE NUMBER SJR 9771U		
INSURED NAME Suzanne Binte Abu Talib		
NRIC / FIN 87422488H	CONTACT:	
MAKE Toyota (amv)	MODEL 2.0 Auto ABS AIRBAG	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (✓) Third Party () Reporting Only		
INSURANCE COMPANY CHINA TAIPIING		
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMPC SN 3011491101		
NAME DRIVER: Abdul Haziin Bin Omar () SAME AS INSURED		
NRIC / FIN 57438677F	CONTACT: 8381 8676	
DATE OF BIRTH: 25.11.1974		
DRIVING PASS DATE: 10.09.1998		
OCCUPATION: (✓) INDOOR () OUTDOOR		
GENDER: (✓) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 8124 Choa Chu Kang Ave 7 #05-673 S(681812)		
Number Of Passenger Include Driver: 3pax Include driver		
Was driver an employee of the Insured's Company? () YES (✓) NO		
If No, Relationship Of The Driver With The Insured		
() Owner (✓) Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES (✓) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (✓) Clear () Raining () Drizzling () Others		
Road Surface : () Dry (✓) Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? (✓) YES () NO		
If YES, Injured details: ARYN AMANI, APYQ AMANI		
Convey By Ambulance: () YES () NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B	SSU 72887	Name / NRIC Htm Chye Seng (S69237486)
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7438677F



Name

ABDUL HAZIM BIN OMAR

Race

MALAY

Date of birth

23-11-1974

Sex

M

S7438677F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7438677F

Name

ABDUL HAZIM BIN OMAR

Birth Date 23 Nov 1974

Issue Date 05 Jan 2012



002031547A



NRIC No. S7438677F



Date of issue

18-08-2011

APT BLK 812A CHOA CHU KANG AVENUE 7 #05-073
SINGAPORE 681812

NRIC No. S7438677F

Date: 22/08/2018

4767468

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	25 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	09 Mar 1994
Class 3	Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Sep 1998

NP 429A



Licence No: S7438677F

3604968



NRIC No. S7422488A



Date of issue
26-08-2004

APT BLK 812A CHOA CHU KANG AVENUE 7 #05-673
SINGAPORE 681812

NRIC No: S7422488A Date: 22/06/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7422488A



Name
SUZANNA BINTE ABU TALIB

سوزنا بنت ابو طاليب

Race
MALAY

Date of birth 09-07-1974 Sex F

Country of birth
SINGAPORE

S7422488A



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.
Co. Reg. No. 200208384E

MXL/NDF
R SN
AN0472A
Cov.Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE No.	DMPCSN3011491701	Engine No : 1AZE140191 ChaN0:MR053BK4107046717
1. Index Mark and Registration Number of Vehicle	SJR9777U	AUTOSAFE *****
2. Name of Policy Holder	SUZANNA BINTE ABU TALIB (NON-DRIVER)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 February 2017	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	01 February 2018	
5. Persons or Classes of Persons entitled to drive*		

Any person who is driving on the Policyholder's order or with his 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:

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for loss occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : EFIZZIG CREDIT 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

CCL INSURANCE AGENCY PTE LTD

5LK 904 - CAMDEN 5693
401-198 - SINGAPORE 22644
TEL: 6344 9990 FAX: 6342 9088 / 6346 7554

Issued By: CCL INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Accident

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 2488A

Vehicle Details

Vehicle No.: SJR9777U

Vehicle to be Exported: No

Intended De-registration
Date: 31 Dec 2017

Vehicle Make: TOYOTA

Vehicle Model: CAMRY 2.0 AUTO ABS
AIRBAG

Primary Colour: Black

Manufacturing Year: 2009

Engine No.: 1AZE140191

Chassis No.: MR053BK4107046717

Maximum Power Output: 108.0 kW (144 bhp)

Open Market Value: \$26,727.00

Original Registration Date: 24 Jul 2009

First Registration Date: 24 Jul 2009

Transfer Count: 1

Actual ARF Paid: \$26,727.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 23 Jul 2019

PARF Rebate Amount: \$14,699.00

Intended COE Rebate Details

COE Expiry Date: 23 Jul 2019

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$17,501.00

COE Rebate Amount: \$2,624.00

Total Rebate Amount: \$17,323.00

The information contained herein is correct as at 18 Dec 2017

OK