

Date In	26/12/17 13:47	Job description	Date & Time Completed	Done by
Ref No	NA/CTI 17024352164	SAS e-filing		
Veh No	SSS 96152	E-mail (within 30 days of date)		
DiD A	23/12/17 14:30	i-Motor Claim Form		
OD	<input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within 30 days of date)		
		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: XD 4981 L	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% F: 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

MA1707970

Invoice Preparation Checklist

Am't (\$)	Am't (\$)
In Bill	Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2:

1) AR: Accident Reporting (\$30)	30.00
2) DA: Damage Assessment (\$100) INC (\$30)	
3) TF: Towing Fee (\$40/\$40)	
4) FT: Follow-Through Survey (\$100)	
5) FT: Follow-Through Survey (Resurvey) (\$30)	
For claimant against INC Only (Ref: 10 Jan 2017)	
6) TR: Re-inspection (\$20)	
7) NI: (See DA) - SMRI Survey (\$100)	
8) NTUC Additional Services:	
OD:	
*NS: Courtesy Car / Tpt Allowance	\$0
*NS: Repair Co-ordination	\$0
*NT: Post Repair Inspection	\$0
*NS: DV: Collect Excess Coordination	\$0
TR ONI: TR ONI - INC against INC	\$0
9) 2012 Idac Mobile	\$0
Invoice dated	Fax Charge:
Invoice dated	Fax Charge:

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	26/12/2017 13:47
Date Of Accident	23/12/2017 14:30
Exact Location Of Accident	BLK 863 TAMPINES ST 83 OPEN CARPARK LOT NO 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9615Z
Insured/Policyholder	
Name Of Registered Owner	SHARIFAH FAEZAH BINTE SYED ABDILLAH ALKAFF
NRIC No	S8024600E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94519743
Alternative Phone No	OFFICE-94519743

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DMPCSN1717971700
Cover Note Number	-

Driver

Name of Driver	HIRLIE HASLEE BIN RAMLI
NRIC No	S8009001C
Date Of Birth	29/03/1980
Occupation	INDOOR
Date Of Driving Pass	19/06/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94519734
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 366 TAMPINES ST 34 #08-177
Postcode	520366
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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

MY VEH WAS PARKED AT THE OPEN CARPARK OF BLK 863 TAMPINES ST 83, LOT NUMBER:32. BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT. WHEN I WENT BACK TO MY VEH AND SAW A NOTE ON MY WINDSCREEN, I CALL THE PHONE NUMBER WHICH WAS ON THE NOTE, THE OTHER PARTY ADMITED HIS DRIVER HAS HIT ONTO MY VEH, THE OTHER PARTY TRUCK NO IS XD4981L.

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	XD4981L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Please Refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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:
NRIC/FIN No.:

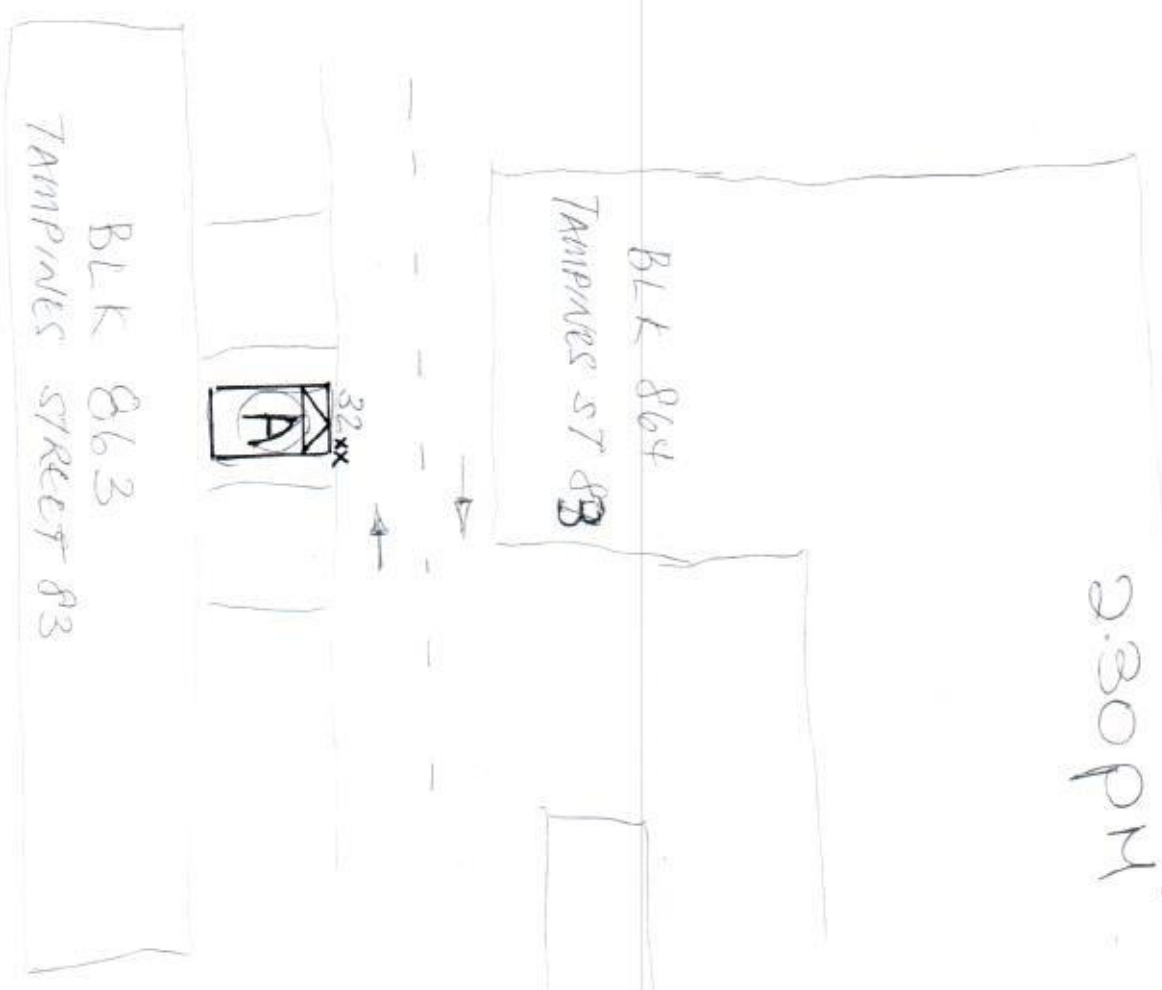
8JS 9615Z

23/12/2017

2.30 PM

A = 555 9615Z

B = XD 4981Z



对方联络

90070941

AZLAN

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8009001C



Name
HIRLIE HASLEE BIN RAMLI
حيرلي حسلي بن رامي

Race
MALAY

Date of birth
29-03-1980

Sex
M

Country of birth
SINGAPORE

司机

455399




NRIC No. S8009001C

Date of issue
07-04-2013

**APT BLK 368 TAMPAKES STREET 34 #08-177
SINGAPORE 520368**

NRIC No. S8009001C Date: 11/08/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8024600E



Name
**SHARIFAH FAEZAH BINTE SYED
ABDILLAH ALKAFF**
شريفه فائزه بنت سيد عبدالله الكاف

Race
ARAB

Date of birth
17-08-1980

Sex
F

Country/Place of birth
SINGAPORE

车主

5234274



NRIC No. S8024600E

Date of issue
30-10-2013

**APT BLK 122 BEDOK RESERVOIR ROAD #02-1021
SINGAPORE 470122**

NRIC No. S8024600E Date: 11/08/2016


REPUBLIC OF SINGAPORE



司机

Class 2B Motorcycles < 200 CC 22 Jul 1999
Class 2C Motorcycles between 201 CC and 400 CC 25 Aug 2009
Class 2 Motorcycles > 400 CC 18 Apr 2017
Class 3 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2000 kg 19 Jun 2007

S / No 9000258657



SJS9615Z

司机 H/P 94519734

车主 H/P 94519743

23/12/2017
2.30 PM

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.	DMPCSN1717971700	Engine No : K20A5640782 Chassis No: FD21600732
1. Index Mark and Registration Number of Vehicle	SJS9615Z	
2. Name of Policy Holder	SHARIFAH FAEZAH BINTE SYED ABDILLAH ALKAFI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 MARCH 2017	NAMED DRIVERS EX SECT. IS\$2,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25S\$3,000.00 EX SECT. I - AGE >= 26S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	15 MARCH 2018	
5. Persons or Classes of Persons entitled to drive *		
(A) THE POLICYHOLDER.		
(B) ANY OTHER 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 RACE-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 LOSSES 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.	
* 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