

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 22/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/CFE18000293/13	SAS e-filing		
Veh No: SKP4751A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/01/18 1210	i-Motor Claim Form		
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Veh No: SKN1534R 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

Claimant's Particulars:- NA1800476

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
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: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile 30		
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 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	22/01/2018 16:46
Date Of Accident	21/01/2018 12:10
Exact Location Of Accident	SERANGOON RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP4751A
Insured/Policyholder	
Name Of Registered Owner	MDM NOR HAFEZA BINTE HAMID
NRIC No	S7430727B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91470164
Alternative Phone No	OTHERS-91470164

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
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	DMPCSN1614801701
Cover Note Number	

Driver

Name of Driver	MDM NOR HAFEZA BINTE HAMID
NRIC No	S7430727B
Date Of Birth	05/10/1974
Occupation	INDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91470164
Fax Number	
Contact Number	OTHERS-91470164
Email Address	NOEMAIL

Address	BLK 519A TAMPINES CENTRAL 8 #02-13
Postcode	521519
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	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)	2
Passenger 1	NAME: : NURSHAHID BIN SELAMAT GENDER: : MALE

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	SKN1534R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV994Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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:

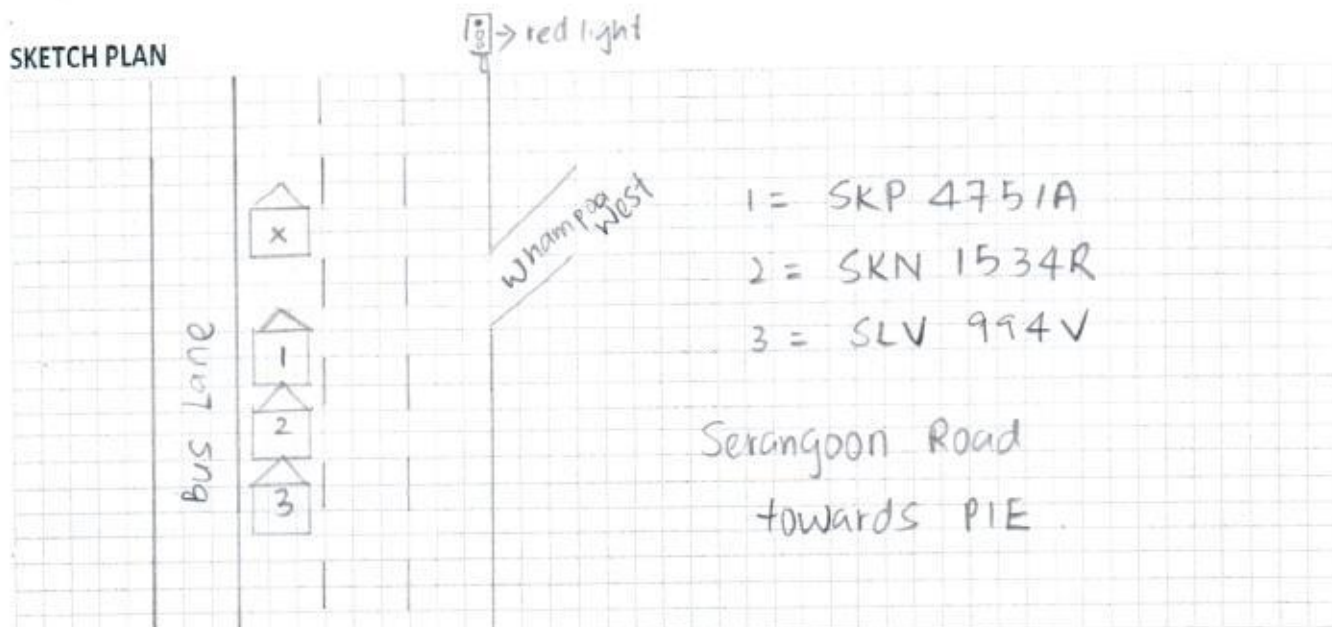


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 22/01/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21-01-18 AT ABOUT 12:10 HOURS ALONG SERANGOON ROAD TOWARDS PIE. WHILE I WAS STATIONARY ON THE LANE 3 WAITING THE TRAFFIC LIGHT TO TURN GREEN, AND I SAW ON MY MIRROR THE SECOND CAR WAS STOP IN TIME. SUDDENLY THE THIRD CAR HIT ^{ONTO} THE SECOND CAR AND THE IMPACT PUSH THE SECOND ^{CAR} HIT ONTO THE REAR OF MY CAR. IT WAS A CHAIN COLLISION TOTAL 3 CARS INVOLVED AND I HAVE 1 PASSENGER INSIDE MY CAR.

my car: SKP 4751A
 SECOND CAR: SKN 1534R
 THIRD CAR: SLV 994V

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:

 22/01/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/01/2018	Time: 12:10	(hh:mm) 24 hr format
Location Serangoon RD towards PIE		
Vehicle Number SKP4751A		
Insured Name Nor Hafeza Binte Hamid		
NRIC / FIN S7430727B	Contact Number 9147 0164	
Make Toyota	Model Camry	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number JMC SN 1614 501701		
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured		
NRIC / FIN	Contact Number	
Date of Birth 05/10/1974		
Driving Pass Date 13/06/2003		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address si-naga2@hotmail.com) NO EMAIL		
Address of Driver B1K 519A Tampines Central 8		
# 02-13 S(521519)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
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 (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SKN 1534R		
Veh C SLV 994Z		
Veh D		
Veh E		
Veh F		

P1, ~~NURSHAHID~~ NURSHAHID BIN SELAMATI (M)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7430727B



Name

NOR HAFEZA BINTE HAMID



Race

JAVANESE

Date of Birth

05-10-1974

Sex

F

Country of Birth

SINGAPORE

SKP4751A

Owner & driver

2553810



NRIC No: S7430727B



Blood Group Date of issue

A+ 29-12-1994

APT BLK 519A TAMPINES CENTRAL 8 #02-13
SINGAPORE 521519

NRIC No: S7430727B

Date: 08/09/2014

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S7430727B**
Name: **NOR HAFEZA BINTE HAMID**
Birth Date: **05 Oct 1974**
Issue Date: **13 Jun 2003**

 1000568855A

SEP 4751A

Owner & driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jun 2003

NP 428A

 Licence No: S7430727B

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.	DMPCSN1614801701	Engine No : 1AZE018322 Chassis No: MR053BK4107005273
1. Index Mark and Registration Number of Vehicle	SKP4751A	
2. Name of Policy Holder	MDM NOR HAFEZA BINTE HAMID	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 MARCH 2017	NAMED DRIVERS EX SECT. IS\$750.00 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	19 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 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 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.		
HIRE PURCHASE CO. : ACE FINANCIAL SERVICES 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