

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 02/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/CT/18002082/13	SAS e-filing		
Veh No: SGX 7694	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 02/02/18 0800	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: (HUA MENG)	Tel:	Fax:
TP Particulars:	Veh No: SHB2304E	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

NA/800723	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	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	02/02/2018 10:48
Date Of Accident	02/02/2018 08:00
Exact Location Of Accident	FILTER LANE OF TAMPINES RD TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX769G
Insured/Policyholder	
Name Of Registered Owner	MR MUHAMMAD SELAMAT BIN IDRIS
NRIC No	S8434757D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96557950
Alternative Phone No	OTHERS-96557950

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	DMPCSN3063251700
Cover Note Number	

Driver

Name of Driver	MR MUHAMMAD SELAMAT BIN IDRIS
NRIC No	S8434757D
Date Of Birth	24/10/1984
Occupation	INDOOR
Date Of Driving Pass	23/11/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96557950
Fax Number	
Contact Number	OTHERS-96557950
EMail Address	NOEMAIL

Address	BLK 208B PUNGGOL PLACE #11-918
Postcode	822208
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	COLLISION - HEAD TO REAR
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)	4
Passenger 1	NAME: : SITI ZAHRAH BTE HASSAN GENDER: : FEMALE
Passenger 2	NAME: : NAYLAH MD SELAMAT GENDER: : FEMALE
Passenger 3	NAME: : NASYWAH MD SELAMAT GENDER: : FEMALE

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	SHB2304E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1139384E
Contact Number	98467540

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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:

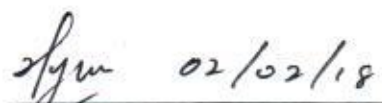
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



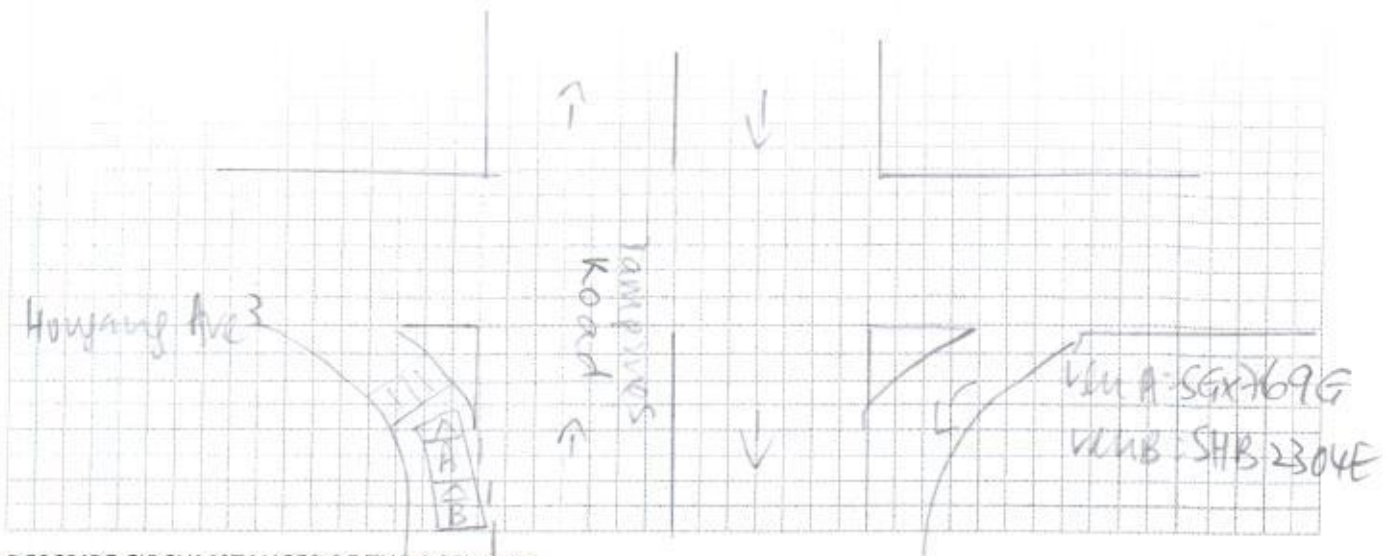
Policyholder's Signature
Date & Time:



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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along filter lane of Tampines Road towards Hougang Ave 3 on 02-02-2018 @ 0800 hrs. I was stationary my vehicle to give way to pedestrian. Suddenly, I heard a bang sound and felt an impact from my behind - vehicle B was collided onto rear portion of my vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 02/02/18

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

VEHICLE NO: SGX 769G MAKE & MODEL: Honda AirWave
DATE OF ACCIDENT: 02 02 2018
TIME OF ACCIDENT: 0800 AM / PM
LOCATION OF ACCIDENT: Filter lane of Tampines Rd twds Hongay
Exact Purpose use during accident: Ave 3

NAME OF OWNER: Muhammad Selamat Bin Idus

TELP NO: 9655 7950

NRIC: S8434757D

CLAIM TYPE: OD / THIRD PARTY / Reporting Only

INSURANCE CO: China Taiping

TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO: DMP C SN 3063251700

NAME OF DRIVER: Above / If No:

NRIC: S8434757D

Any passengers: 3 pax

DATE OF BIRTH: 24 / 10 / 1984

1. Siti Zahrah Bte Hassan

OCCUPATION: Outdoor / Indoor

2. Naylah md Selamat

DATE OF DRIVING PASS: 23 / Nov / 2010

3. Nasywan md Selamat

GENDER: Male / Female

CONTAC NO: 9655 7950

Office.

Home.

ADDRESS: BIK 208B Punggol Place #11-918, S(822208)

DRIVER HAVE ANY OWN Vehicle: NO / If yes, Reg No.

RELATIONSHIP: Employee / If No.

WEATHER CONDITION: Clear / Raining / Other:

ROAD SURFACE: Dry / Wet / Other:

ANY INJURIES: No / If yes, Who?

CONTAC NO:

POLICE REPORT: No / If yes, Where?

VEHICLE B NO: SHB 2304E taxi

Any Passenger: unknown

NAME: Cheot young Ming (S1139384E)

CONTAC NO: 9846 7540

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:

Have you been approach by unknown person soliciting (s) /

YES / NO

offering accident claims assistance?

PARTICULAR WORKSHOP: huameng @ we.com.sg

TELP NO

CONTACT PERSON

AX NO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8434757D**

Name: **MUHAMMAD SELAMAT BIN IDRIS**

Birth Date: **24 Oct 1984**

Issue Date: **24 Jun 2010**

001263689K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S8434757D**



MUHAMMAD SELAMAT BIN IDRIS

محمد سلامة بن ادریس

Race:
MALAY

Date of birth:
24-10-1984

Country/Place of birth:
SINGAPORE

Sex:
M

S8434757D

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

- C Class 2B Motorcycles ≤ 200 CC
Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg

EFFECTIVE DATE
24 Jan 2010
23 Nov 2010

S8434757D

S / No. 9000134890



NP 428A



5495217
S8434757D



Date of issue:
10-07-2015

Address:
**APT BLK 208B PUNGGOL PLACE
#11-918
SINGAPORE 822208**

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3063251700	Engine No : L15A5122111 Chassis No: GJ11118239
1. Index Mark and Registration Number of Vehicle	SQX769G	
2. Name of Policy Holder	MR. MUHAMMAD SELAMAT BIN IDRIS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08 AUGUST 2017	NAMED DRIVERS EX SECT. I.....\$5500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....\$3,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....\$5100.00
4. Date of Expiry of Insurance	09 AUGUST 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 FACE-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 \$5500 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. : HONG LEONG FINANCE 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