

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA118040560

Date In: 26/1/18-13:46	Job description	Date & Time Completed	Done by
Ref No: NA/C718005601/24	SAS e-filing		
Veh No: SHV 2316C	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 25/1/18-16:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: EW9988K	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 repairer.

() 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 Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801903	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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		
	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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	26/03/2018 13:46
Date Of Accident	25/03/2018 16:00
Exact Location Of Accident	JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2316C
Insured/Policyholder	
Name Of Registered Owner	MR ROZAINI BIN ADNAN
NRIC No	S1773019C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88583262
Alternative Phone No	OFFICE-88583262

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4AT
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	DMPCSN3046241700
Cover Note Number	

Driver

Name of Driver	ROZAINI BIN ADNAN
NRIC No	S1773019C
Date Of Birth	24/01/1966
Occupation	INDOOR
Date Of Driving Pass	13/07/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88583262
Fax Number	
Contact Number	OFFICE-88583262
Email Address	NOEMAIL

Address	BLK 62B STRATHMORE AVENUE #14-60
Postcode	143062
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20180326/2039.

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	EW9988K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83236991
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ROZAINI BIN ADNAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGV2316C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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: _____

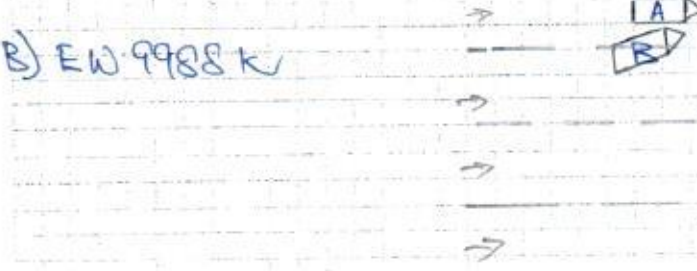
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A) SGV 2316 C

SULTAN ISKANDAR CHECK POINT (JOHOR BAHRU)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report E/20180326/2039

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.:

PLEASE COMPLETE FORM IN **FULL**.

Date of Accident : 25/03/18
 Accident Time : 16:00
 Accident Place : SULTAN ISKANDAR CHECKPOINT (JOKOR BAHRU)
 Vehicle Reg. No. : SGV 2316C No. of Passengers (Including Driver): 1
 Vehicle Make/Model : SUBARU
 Insurance Company : CHINA TAI PING INS (S) P.L.
 Policy Number : DMA CSN 304624/700
 Name of Owner : ROZAINI BIN ADNAN IC No.: 9773019C
 Contact No. of Owner: 8858326(HP) - (ALT No.) → MANDATORY
 Name of Driver : AS ABOVE IC No.: -
 Contact No. of Driver : -(HP) - (ALT No.) → MANDATORY
 Driver's Date of Birth : 24-01-1966 Driver's License Pass Date: 13-07-2009
 Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others: -
 Driver's Address : BLK 62B STRATHMORE AVE #14-60 (S) 143062
 Occupation : Indoor \ Outdoor (e.g. Indoor: work in a building)
 Fax No. \ Email Add : vfixauto@gmail.com
 Weather & Road Surface : DRIZZLING
Clear \ Raining \ Wet \ Dry
 Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins.

Was there any video captured by car camera : Yes \ No

Exact purpose for which vehicle was being used at the time of accident: Private \ Official

Other Party Driver's Particulars (if any)

Vehicle Reg. No. : <u>EW 9988 KJ</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC no. DRIVER : _____	IC no. DRIVER : _____
DRIVER'S contact & add : <u>8323 6991</u>	DRIVER'S contact & add : _____



POLICE REPORT (NP299)

Report No. E/20180326/2039

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 26/03/2018 12:34	Vide Report No.	Station Diary No. 60
Name Of Informant ROZAINI BIN ADNAN	Address APT BLK 62B STRATHMORE AVENUE #14-60 SINGAPORE 143062	
ID Type / ID No. NRIC NO / S1773019C	Contact No. Home/Office Mobile 88583262	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SHIPPING SUPERVISOR	Sex Male	Age 52
Institution/School Name	Date of Birth 24/01/1966	Race Malay
Date/Time Of Incident 25/03/2018 16:00	Location Of Incident Sultan Iskandar Checkpoint (Johor Bahru) MALAYSIA	

Brief details.

On 25/03/2018 at about 1600hrs, I was in my vehicle, SGV2316C - White Subaru Impreza, at Sultan Iskandar Chekpoint (Johor Bahru) on lane 2 out of 4 lanes queuing for the immigration. My vehicle was moving slowly as it was very congested. As I was inching forward very slowly, a vehicle from my right, EW9988K (HP:83236991), was changing lane into my lane and hit onto the right side of my vehicle, between the driver and rear passenger door. As a result, the right side of my vehicle was dented with scratches. No one was injured at that point of time. I did not managed to get the other driver's particulars.

Signature Of Officer Recording The Report: E / Sgt 2 NUR SABRINA TAN BINTE ABDUL RAHIM TAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2018 12:34
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt DE COSTA ELAINE ELICIA Contact No.: 63910000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



E/20180326/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180326/2039

Subsequently, I went to see the doctor on 26/03/2018 and was given 3 days of medical leave. I am lodging this report for insurance claim purposes.

My new address: 62A Strathmore Avenue #04-42, S(142062).

Signature Of Officer Recording The Report:

E / Sgt 2 NUR SABRINA TAN BINTE ABDUL RAHIM
TAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Staff Sgt DE COSTA ELAINE ELICIA
Contact No.: 63910000

Signature Of Informant:

Date/Time:
26/03/2018 12:34

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1773019C**

Name
ROZAINI BIN ADNAN

Photo

Race
MALAY

Date of Birth
24-01-1966

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1773019C**

Name
ROZAINI BIN ADNAN

Birth Date **24 Jan 1966**

Issue Date **13 Jul 2009**

Photo

Barcode: 001762474F

Barcode: 2978001

Photo

NRIC No. **S1773019C**

Blood Group **O+** Date of Issue **30-06-1997**

APT BLK 62B STRATHMORE AVENUE #14-60
SINGAPORE 143062
S1773019C **04/12/2013**

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE **13 Jul 2009**

NP 428A

Licence No. **S1773019C**



中国太平
CHINA TAIPING
MOTOR PRIVATE CAR

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

MX1F
N SN
AN0014A
COMPREHENSIVE
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.	DMPCSN1046241700	Engine No : EJ16D034079
		Chassis No: JF1GD5KR57G668795
1. Index Mark and Registration Number of Vehicle	SGV2316C	
2. Name of Policy Holder	MR ROZAINI BIN ADNAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JUNE 2017 (13:23 HOURS)	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	07 JUNE 2018	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(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 WE 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.



Gmcm

Countersigned By:

Authorised Officer

[Signature]

Authorised Signatory