

NATIONAL Assessment Centre Services (011 811 000)

191048041265

Date In: 27/03/2018 12:51
 Ref No: NBS/CRI/8005656/Y
 Vch No: PC 6633D
 D.O.A: 27/03/2018 07:50
 OD / TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (vehicle sheet, AIC sheet)		
1-Motor Claim Form		
1-Motor W/O (Vehicle sheet, TP sheet)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / QW):
 TP Particulars: Yell No: SEG 4792D INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Est. Status: (WO): NI 0-20%; P1 21-79%; P1 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 rate of repair.
 () 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: _____
 Other: _____
 Action: _____

Number	Description	Amount	Unit	Notes
NA1801953				
1)	AR: Accident Reporting (\$30)			
2)	DA: Damage Assessment (\$100)		INC (\$30)	
3)	TP: Towing Fee		\$1050	
4)	PT: Follow Through Survey		\$120	
5)	PT: Follow Through Survey (Resurvey)		\$120	
For claims report INC Only (Ref 10 Jan 2018)				
6)	TR: Re-inspection		\$11	
7)	NI: (4x) DA + SMRT Survey		\$140	
8)	NTUC: Additional Services			
OIL:				
	NI: Courtesy Car / Tpl Allowance		\$3	
	NI: Repair Coordination		\$10	
	NI: Post Repair Inspection		\$11	
	NI: PD / Collect User's Coordination		\$1	
	TE (NI) / TP (Non-INC) report INC		\$30	
	NI: Mileage Rebill		10	
	Invoice dated			File Charged
	Invoice dated			File 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 willful 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	27/03/2018 12:51
Date Of Accident	27/03/2018 07:50
Exact Location Of Accident	ALONG FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6633D
Insured/Policyholder	
Name Of Registered Owner	YEO SIO HUA
NRIC No	S7107524I
Email Address	SUMAHASIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86067080
Alternative Phone No	OTHERS-90783223

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FETCH STUDENT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMB1SN1739401700
Cover Note Number	

Driver

Name of Driver	KASUMAH BINTE HASIM
NRIC No	S7521911C
Date Of Birth	21/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86067080
Fax Number	
Contact Number	OTHERS-90783223
Email Address	SUMAHASIM@HOTMAIL.COM

Address	BLK 124 KIM TIAN PLACE #09-217
Postcode	160121
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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?	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: : LEE SIANG 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

PLEASE REFER TO SKETCH

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	SKG4792D
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU MEI
NRIC/Passport Number	G3160221T
Contact Number	87996472
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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:

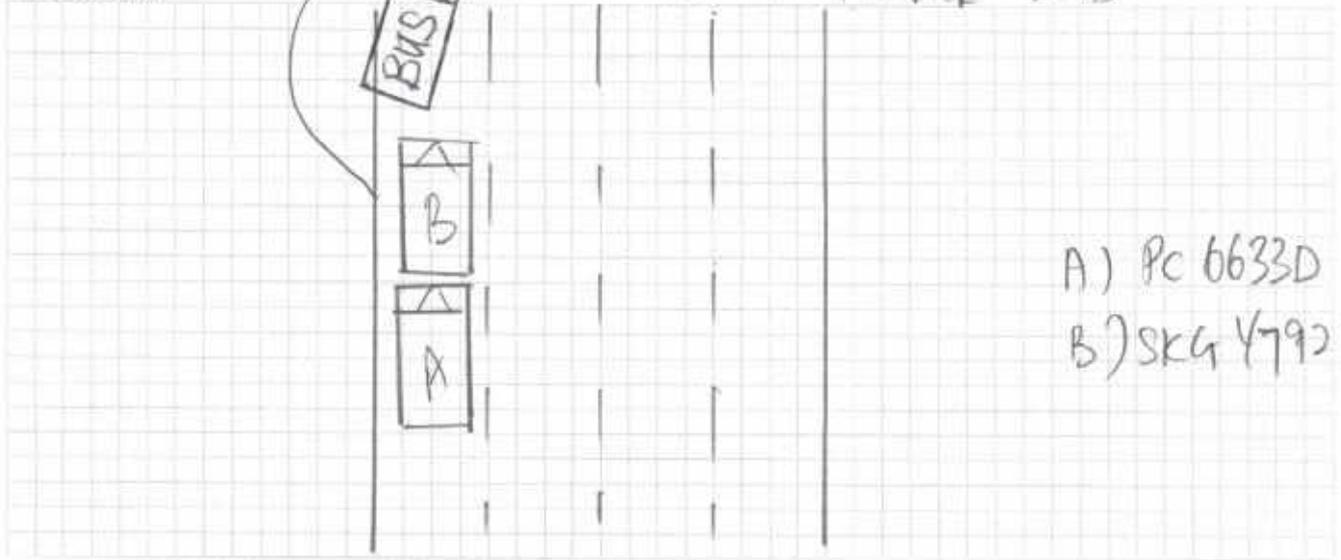
NRIC/FIN No.:



27/03/2018
Kelli Wintors

SKETCH PLAN

Along FARRER ROAD



A) PC 6633D
B) SKG 4792D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27th March 2018, @ about 0750hrs, I was driving along Farrer Rd at 60 km/hr when a Toyota Camry SKG 4792D in front of me ~~suddenly~~ slow down and stop. I did brake but it moved forward due to slippery surface and hit the rear of the car.

We moved our car to the road shoulder / bus stop to take picture and exchange particulars.

No one was injured at the particular of time. Condition of the road, Slippery.

We decided to settle this incident among our self.

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 Wadhwa NRIC/FIN No.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/2018 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: Farrer Rd.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PC66320
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: OMB15N1739401700
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Fetch Student
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

INSURED / POLICY HOLDER

a) NAME: YEO SIO HUA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71075247 CONTACT: 86067080
c) ADDRESS: BLK 70A TELOK BLAGAN HEIGHTS
#21-307 S101070

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: KASUMAH BTE HASIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S752911C CONTACT: 90783223
c) ADDRESS: BLK 124 KIM TIAN PLACE
#09-217 (S160124)

d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: () (DD/MM/YYYY)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ()

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)
IF YES, PLEASE STATE WHICH POLICE STATION: ()

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PC66330 MODEL: TOYOTA HIACE
b) DRIVER'S NAME: KASUMAH BTE HASIM
c) NRIC/FIN/PASSPORT: S752911C CONTACT: 90783223

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SKG 4792D MODEL: TOYOTA CAMRY
e) DRIVER'S NAME: CHU MEI
f) NRIC/FIN/PASSPORT: G31602217 CONTACT: 87996472

Car Search (F)
No of passenger (including driver) (2)

No of passenger (including driver) (2)

No of passenger (including driver) ()

email: sumahasim@hotmail.com
fax:
video:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S752 1911C



Name

KASUMAH BINTE HASIM

Race

BOYANESE

Date of birth

21-07-1975

Country of birth

SINGAPORE

Sex

F

S7521911C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7521911C

Name

KASUMAH BINTE HASIM

Birth Date 21 Jul 1975

Issue Date 31 Jul 2010



001880045F

Land Transport Authority



VOCATIONAL LICENCE

Licence No S7521911C

Name KASUMAH BINTE HASIM

Issue Date 6/2/2013

Please visit www.lta.gov.sg to check the status of this vocational licence



4847725

NRIC No S7521911C



Date of issue

08-03-2012

AFT BLX 124 KIM TIAN PLACE #09-217
SINGAPORE 160124

S7521911C

23/09/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 19 Feb 2010



Licence No: S7521911C

NP 429A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	06/02/2013
04	BUS ATTENDANT	06/02/2013





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

M2601/PH-SH
AN0580A
Cov.Type: T

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.	DMB1SN1739401700	Engine No: (2KH1811204 Chassis No: (KDH2000073811
1. Index Mark and Registration Number of Vehicle	PC6633D	
2. Name of Policy Holder	YEO SIO HUA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	2 JUNE 2017	EXCESS SECT. II 59750.00
4. Date of Expiry of Insurance	1 JUNE 2018	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER. (B) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE. THE POLICY DOES NOT COVER: (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (2) USE WHILEST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p><i>*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></p>	

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:

Authorized Officer

Authorized Signatory