

NATIONAL Assessment Centre Services

NA18048914

Date In: 02/04/2018 17:16
Ref No: NA18048914
Veh No: SJJ 1433G
D.O.A: 29/03/2018 18:10
OD: TP Reporting Only

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

TP Insure:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yeh No: SLP 6125H INC () / Non-INC ()
Owner / Driver: Tel: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: BIL, SLAND (WO)) NI 0.20% PI 21.79% PI 80.100%
Year of Registration: () Warranty: YES () / NO ()
Excess: \$ () Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
() Work-In-Progress: Customer's information strictly Confidential & strictly NO refer of reporter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: ()
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()
Date/Time: ()
Action: ()

NA1802069	Invoice Preparation Checklist	Amount	Remarks
Customer/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (410)	
Damaged Portion:	3) TP: Towing Fee (\$20/\$40)		
C. Checked by (Sign-In-Charge):	4) PT: Follow-Through Survey (\$130)		
	5) PT: Follow-Through Survey (Resurvey) (\$25)		
	6) TR: Repair Estimate (\$30)		
	7) NI: NI: DA + SMRT Survey (\$160)		
	8) NTUC Additional Survey (\$000)		
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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	02/04/2018 17:16
Date Of Accident	29/03/2018 18:10
Exact Location Of Accident	SLIP ROAD OF CHIN SWEE ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1433G
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN ABDUL SAMAD
NRIC No	S1364910C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90252712
Alternative Phone No	OTHERS-90252712

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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	DMPCSN306661700
Cover Note Number	

Driver

Name of Driver	AMRAN BIN ABDUL SAMAD
NRIC No	S1364910C
Date Of Birth	21/12/1959
Occupation	INDOOR
Date Of Driving Pass	18/09/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90252712
Fax Number	
Contact Number	OTHERS-90252712
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #12-416
Postcode	090006
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	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)	2
Passenger 1	NAME: : PASSENGER 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 PLAN

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	SLP6125H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE WING FOO
NRIC/Passport Number	S7400560H
Contact Number	98751475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AMRAN BIN ABDUL SAMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ1433G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

VEHICLE NO: STJ1433GDOA: 29/03/2018

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 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 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.

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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policy holder) / Date & Time

[Signature] 02/04/2018
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


~~I was~~ My car (A) was stationary along slip road of Chin Swee Road
Towards Havelock Road


I was giving way to vehicles on the major road and that was
when vehicle (B) came from behind and hit my car (A).

Declaration

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


Witnessed by Reporting Centre
Personnel

() OWN DAMAGE

☒ THIRD PARTY CLAIM

() REPORTING ONLY

2 PAX
1 from Acc

Personal Particulars

Date of Accident: 29/03/2018 (dd/mm/yy)

Time of Accident: 6:10pm (24 Hrs)

Vehicle No.: SJT1433G

Vehicle Make / Model: Honda Civic 1.8A

Exact location of Accident: Along Slip Road of Chin Swee Road Towards Havelock Road

Owner's Name / IC No.: Amran Bin Abdul Samad / S1364910C

Driver's Name / IC No.: Amran Bin Abdul Samad / S1364910C

Driver's Contact No.: 9025 2712 Insurance Company & Policy No.: China Taiping

Driver's E-mail address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: —

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? —

The Other Party (Vehicle B) Details:

Driver's Name / IC No.: Luke Wing Foo / S7400560H

Vehicle No.: SLP6125H

Insurance Company: —

Driver's Contact No.: 98751475

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: —

Independent Witness (If Any): — Contact No.: —

Preferred workshop Name (If Any): — Contact No.: —

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1364910C



Name
AMRAN BIN ABDUL SAMAD

Race
MALAY
Date of birth
21-12-1959 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1364910C**

Name
AMRAN BIN ABDUL SAMAD

Birth Date: **21 Dec 1959**

Issue Date: **22 Jul 2003**



9025 2712



NRIC No. **S1364910C**



Date of issue
09-03-2012

Address
**APT BLK 6 TELOK BLANGAH CRESCENT
#12-415
SINGAPORE 090006**

4836771

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	08 Oct 1984
Class 2A Motorcycles between 201 cc and 400 cc	08 Oct 1984
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1988

NP 428A



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. **CHPCHN3066661700** Engine No: **R18A13043562**
1. Index Mark and Registration Chassis No: **JHMFD163068210332**
Number of Vehicle **57J1433G**

2. Name of Policy Holder **MR AMRAN BIN ABDUL SAMAD**

3. Effective date of the Commencement of Insurance for **21 AUGUST 2017** **NAMED DRIVERS EX SECT. 1.....\$8750.00**
the purposes of the Regulations, Ordinance or Enactment **112:10 HOURS** **IN ADDITION TO NAMED DRIVERS EX:**
01 SEPTEMBER 2018 **EX SECT. 1 - AGE <= 25.....\$3,000.00**
4. Date of Expiry of Insurance **EX SECT. 1 - AGE >= 26.....\$500.00**
*** AGE AS AT DATE OF ACCIDENT**
5. Persons or Classes of Persons entitled to drive * **EX ON WINDSCREEN.....\$4100.00**

(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 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 \$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.

Terry's Office
36 Parbury Avenue #04-02 S467034
73 Jalan Seaview S436386
Tel: WhatsApp: 9127 5514

Countersigned By:

Authorised Officer

Authorised Signatory