

NATIONAL Assessment Centre Services Unit 48653318

Date In: 23/04/2018 15:11	Job description	Date & Time Completed	Done by
Ref No: N/A/CT/18007431/Y	QAS e-Mailing		
Veh No: SX 82714	E-mail (with 4th, 1st, 2nd)		
P.O.N: 22/04/2018	1-Motor Claim Form		
CO / TP (Reporting Only)	1-Motor W/O (Vehicle on 2nd, 3rd, 4th)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/VWSP		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yell No: SKA 231P	INC () / Non-INC ()	
Owner / Driver ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BIL Status (WO): NI 0-20%, PI 21-79%, PI 30-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Work-in Convention / Customers 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: () Repair Line ()	ONLINE Available	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Action

NA/802570	Invoice Preparation Checklist
Submitted Requirements:	1) AXI Accident Reporting (320)
Driver/Owner:	2) DA: Damage Allowance (3100) INC (40)
Police No:	3) TP: Towing Fee (100)
Assessed Portion:	4) PT: Follow Through Survey (100)
	5) PT: Follow Through Survey (Resurvey) (100)
	6) TR: All Inclusive (100)
	7) NI: DA + SMAT Survey (100)
	8) NTUC Additional Survey (100)
	9) NI: Courtesy Car / Tol Allowance (100)
	10) NI: Repair Coordination (100)
	11) NI: Post Repair Inspection (100)
	12) NI: DV / Collar/Driver Coordination (100)
	13) NI: TP (NI/INC) Transport INC (100)
	14) NI: Incident Details (100)
	15) Invoice dated ()
	16) Invoice dated ()

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	23/04/2018 15:11
Date Of Accident	22/04/2018 09:40
Exact Location Of Accident	BUKIT TIMAH ROAD SLIP ROAD TO SIXTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8271L
Insured/Policyholder	
Name Of Registered Owner	PNP PHOTOGRAPHY
Co Reg No	-
Email Address	MRAHUMATULLAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90265086
Alternative Phone No	OFFICE-90265086
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I45-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1751441700
Cover Note Number	
Driver	
Name of Driver	MOHAMMED RAHUMATULLAH BIN ABDUL BAZIR
NRIC No	S7930397F
Date Of Birth	04/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90265086
Fax Number	
Contact Number	OTHERS-90265086
Email Address	MRAHUMATULLAH@GMAIL.COM

Address	BLK 503 CHOA CHU KANG STREET 51 #14-163
Postcode	680503
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?	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: : 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	SKA231P
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTINE ANITA XAVIER
NRIC/Passport Number	S7509826Z
Contact Number	96209809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN


IMPORTANT NOTICE


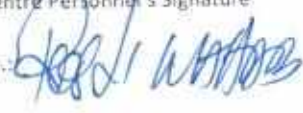
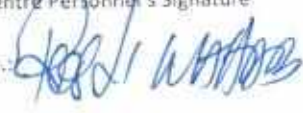
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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:

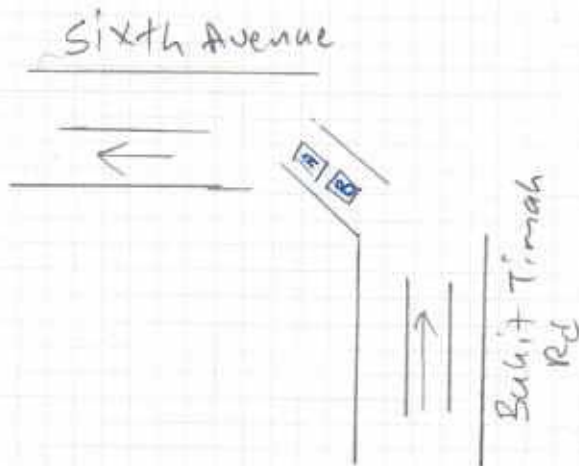
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/04/2018
1005413


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

SKETCH PLAN



B) SJX 8271 L
A) SKA 231 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bukit Timah Rd, veh ~~SJX~~ SKA 231 P signalled to enter the lane my vehicle was in. I gave way. Once in front of my veh the other veh made a left turn into Sixth Avenue. I was also turning left to Sixth Avenue. At the slip road veh SKA 231 P stopped. I believe I stopped my vehicle on time. Though my vehicle was very close to the other vehicle. Driver of SKA 231 P stopped after the slip Rd and we came down to check for each others vehicles and exchange particulars. As can be seen on the photos provided there was no damage to both vehicles.

A - SKA 231 P

B - SJX 8271 L

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:

24/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/04/2018 (DD/MM/YYYY), TIME: 09:40 (HH:MM)

LOCATION: Bukit Timah Rd Slip Rd to Sixth Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX8271L
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMHCSN1751441700
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai i45
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERING GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: PNP PHOTOGRAPHY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 90265086 CONTACT: 90265086
c) ADDRESS: 503 CHUA CHUAN KANG ST ST 14-163

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMED RAHMATULLAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 579203971 CONTACT: 90265086
c) ADDRESS: 503 CHUA CHUAN KANG ST ST 14-163

* d) DATE OF BIRTH: 04/10/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/05/2003

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) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
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: SKA231P MODEL: NISSAN QASHQAI
b) DRIVER'S NAME: CHRISTINE ANITA XAVIER
c) NRIC/FIN/PASSPORT: 575098262 CONTACT: 962984

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: / MODEL: /
e) DRIVER'S NAME: /
f) NRIC/FIN/PASSPORT: / CONTACT: /

Email = mrqahumatullah@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7930397F



Name

MOHAMMED RAHUMATULLAH
BIN ABDUL BAZIR

Race

INDIAN

Date of birth

04-10-1979

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7930397F
Name

MOHAMMED RAHUMATULLAH
BIN ABDUL BAZIR

Birth Date: 04 Oct 1979

Issue Date: 20 Dec 2003



NRIC No. S7930397F



Date of issue

15-10-2009

APT BLK 503 CHOA CHU KANG STREET 51 #14-163
SINGAPORE 680503

NRIC No: S7930397F

Date: 20/12/2003

No: 7127697

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

PASS DATE

20 Dec 2003

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S7930397F

NP 425A

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.	DMHCSN1751441700	Engine No : G4KDA447917
		Chassis No: KMHEC41BMA160096
1. Index Mark and Registration Number of Vehicle	SJX8271L	
2. Name of Policy Holder	PNP PHOTOGRAPHY	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 JULY 2017 (16:13 HOURS)	EXCESS SECT. IS\$1,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$2,000.00 EXCESS SECT. IIS\$1,000.00 EXCESS SECT. II (OUTSIDE SINGAPORE).....S\$2,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	26 JULY 2018	
5. Persons or Classes of Persons entitled to drive *		

ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH THE POLICYHOLDER'S 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.

6. Limitations as to use: *

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : KENSO LEASING 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