

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA 118074034.

|                          |  |                       |          |
|--------------------------|--|-----------------------|----------|
| Date In: 716/18 14:36    | Job description                          | Date & Time Completed | Done by: |
| Ref No: NA1CTI1801038664 | SAS e-filing                             |                       |          |
| Veh No: SLS 8380H        | E-mail (within 5hrs, AIC 2hrs)           |                       |          |
| D.O.A: 716/18 12:50      | i-Motor Claim Form                       |                       |          |
| OD: (P) 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: GY 5886 M. 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1803611

## Invoice Preparation Checklist

Amt (\$)  
1st Bill

Amt (\$)  
Add Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Lat 1:

Lat 2/3:

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

118074034

## 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             | 07/06/2018 14:36                 |
| Date Of Accident           | 07/06/2018 12:50                 |
| Exact Location Of Accident | ALONG BOON LAY WAY TWDS CLEMENTI |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLS8380H                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | M/S SHARANI BINTE KHAMIS |
| NRIC No                     | S8136341B                |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             | (LOCAL) +65-98894201     |
| Alternative Phone No        | OFFICE-98894201          |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | KIA         |
| Model  | PICANTO     |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL  |
| 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             | DMPCSN3097561700                              |
| Cover Note Number         | -   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SHARANI BINTE KHAMIS  |
| NRIC No              | S8136341B             |
| Date Of Birth        | 07/11/1981            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 08/11/2002            |
| Driving Experience   | 15 YEARS AND 6 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-98894201  |
| Fax Number           |                       |
| Contact Number       | OFFICE-98894201       |
| E-Mail Address       | NOEMAIL               |



|   |                       |
|---|-----------------------|
| Address   | BLK 9 JLN BATU #04-31 |
| Postcode  | 431009                |
| 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   | CHAIN COLLISION |
| 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?   | 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?  | 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 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         | GY5886M            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHB2364G |
| Vehicle Make/Model/Colour   |          |

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name SHARANI BINTE KHAMIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS8380H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Date of Accident : 7/6/18 Accident Time: 12.48pm (24-HR-Format)  
 Accident Place : Along Borneo Lay Way towards Clementi  
 Vehicle. No. (Car Plate No.) : SL58380H Make/Model: Kia Picanto 1.1  
 Insurance Company : ching Policy No: DMPASN 3097561700  
 Owner or Company Name /IC No. : sharani Binte Khamis /58136341B  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 98894201 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : as above  
 DRIVER'S Date Of Birth : 7/11/1981 DRIVER'S License Pass Date 8/11/2002  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : BK9 Jalan Bortu #04-31 5431009  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1 driver  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

|                                   |                               |
|-----------------------------------|-------------------------------|
| Vehicle. No: <u>Gy 5886M (EQ)</u> | Vehicle. No: <u>STB 2364G</u> |
| Vehicle Make/Model: _____         | Vehicle Make/Model: _____     |
| Name Driver: _____                | Name Driver: _____            |
| IC No. Driver/Contact: _____      | IC No. Driver/Contact: _____  |

**\* NEW - Passenger's name & gender:**



## 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:

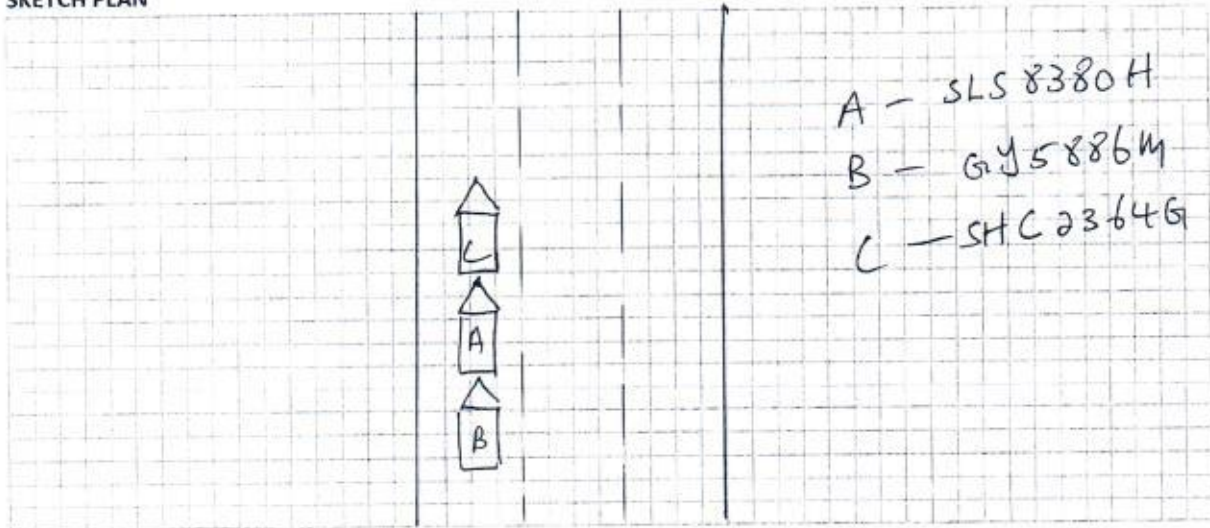
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

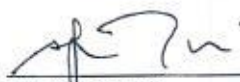
on 7/6/18 at 12.48pm, I was driving my vehicle A along Boon Lay way towards Clementi. In front of my car the taxi stop, I follow suit, suddenly vehicle B hit on my rear portion and cause my car to push forward and hit on vehicle C. There were 3 cars involved in an accident.

## 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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8136341B**  
 Name: **SHARANI BINTE KHAMIS**  
 Birth Date: **07 Nov 1981**  
 Issue Date: **06 Jan 2005**

001311721J



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8136341B**


 Name: **SHARANI BINTE KHAMIS**  
 Race: **MALAY**  
 Date of birth: **07-11-1981** Sex: **F**  
 Country of birth: **SINGAPORE**

S8136341B

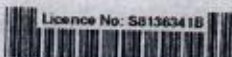
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 3** Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg

**PASS DATE**  
**08 Nov 2002**

NP 428A

Licence No: S8136341B



3455293



NRIC No: **S8136341B**


 Date of issue: **03-01-2005**

**APT BLK 9 JALAN BATU #04-31**  
**SINGAPORE 431009**  
**NRIC No: S8136341B** Date: **25/03/2014**



**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.   | DMPCSN3097561700                                      | Engine No : G4HG9557223<br>Chassis No: KNABA24339T753630   |
| 1. Index Mark and Registration<br>Number of Vehicle   | SLS8380H  |  |
| 2. Name of Policy Holder  | M/S SHARANI BINTE KHAMIS                              |  |
| 3. Effective date of the Commencement of Insurance for<br>the purposes of the Regulations, Ordinance or Enactment | 23 DECEMBER 2017<br>(11:41 HOURS)<br>22 DECEMBER 2018 | NAMED DRIVERS EX SECT. I.....S\$500.00<br>IN ADDITION TO NAMED DRIVERS EX:<br>EX SECT. I - AGE <= 25.....S\$3,000.00<br>EX SECT. I - AGE >= 26.....S\$500.00<br>* AGE AS AT DATE OF ACCIDENT<br>EX ON WINDSCREEN.....S\$100.00 |
| 4. Date of Expiry of Insurance  |   |  |
| 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 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.

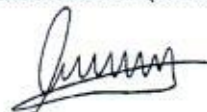
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

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. : 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