

# NATIONAL Assessment Centre Services. (wef 1 Jan 2005) MNA118 081298

Date In: 28/6/18-1051	Job description	Date & Time Completed	Done by
Ref No: NA/C721801K62/24	SAS e-filing		
Veh No: 607505	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/6/18-11:40	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: 607505	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:- (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

NA1803996	<b>Invoice Preparation Checklist</b>	Am't (\$) Int 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	25/06/2018 10:51
Date Of Accident	23/06/2018 11:40
Exact Location Of Accident	JUNC DOVER RD & DOVER CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU7500J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DATA CLEAN ASIA PTE LTD
Co Reg No	200504100R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67485377

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1629901802
Cover Note Number	

### Driver

Name of Driver	MUHAMMED HENDRY BIN MOHD NOOR
NRIC No	S8204619D
Date Of Birth	25/02/1982
Occupation	INDOOR
Date Of Driving Pass	25/02/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84976643
Fax Number	
Contact Number	OFFICE-84976643
Email Address	NOEMAIL

Address BLK 424D YISHUN AVENUE 11  
#05-322

Postcode 764424

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 - CHANGE/CROSS LANE

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) 5

Passenger 1  
NAME: : MUHAMMAD TARMIZI BIN SANI  
GENDER: : MALE

Passenger 2  
NAME: : -  
GENDER: : MALE

Passenger 3  
NAME: : -  
GENDER: : MALE

Passenger 4  
NAME: : -  
GENDER: : MALE

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 DOVER RD. SUDDENLY VEHICLE B FROM LANE 2 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE LEFT PORTION WAS DAMAGED.

#### 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 GRF2939Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHOO BOO CHYE
NRIC/Passport Number	S2179660C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD TARMIZI BIN SANI
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GU7500J
Were seat belts worn?	
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

Refer to attached  
Sketch plan

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

## DECLARATION

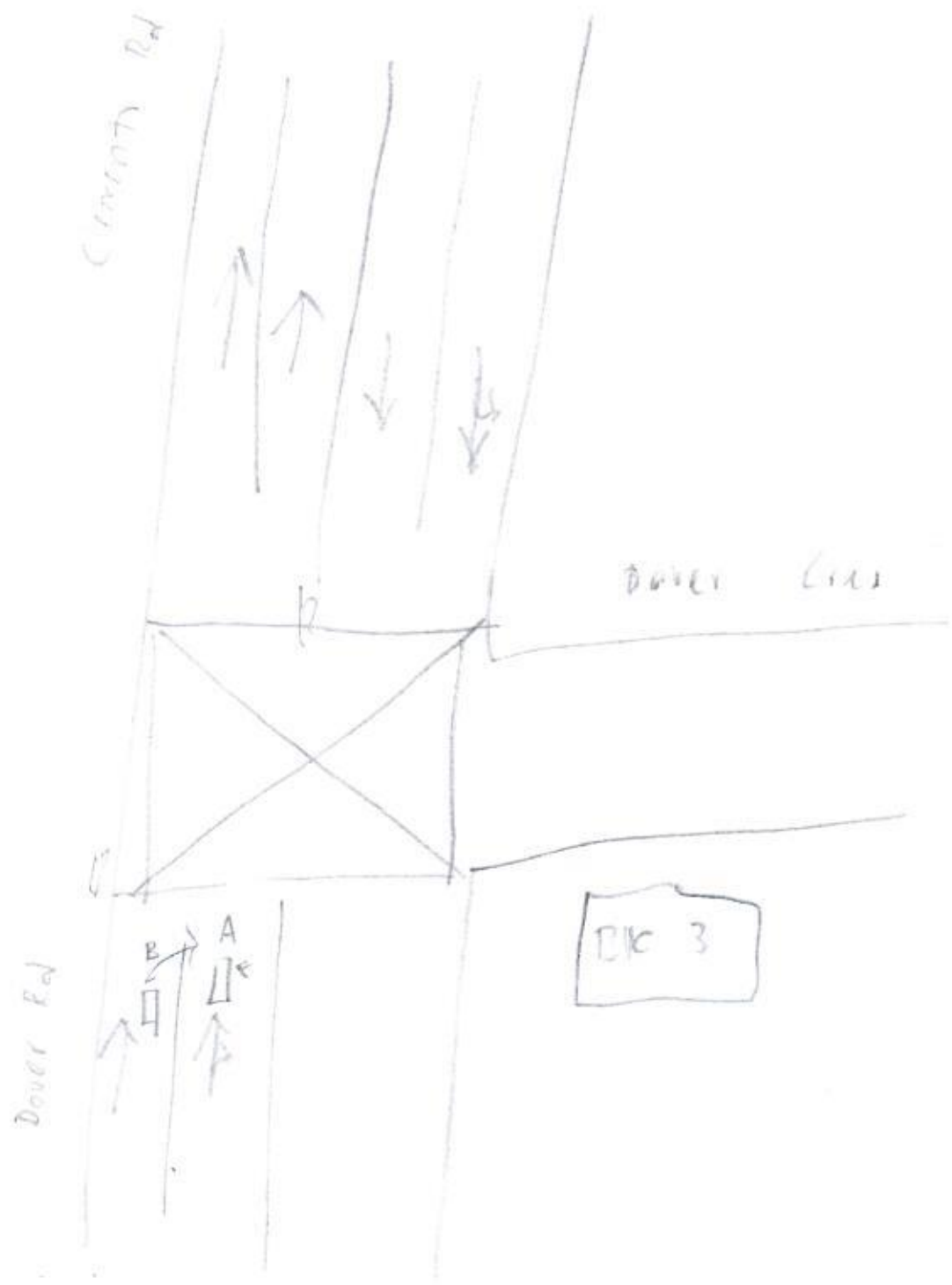
I/We declare the foregoing particulars are true in every respect.



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.:




A: GU7500J

B: GBF 29392



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8204619D



Name  
**MUHAMMED HENDRY BIN MOHD NOOR**

Race  
**MALAY**

Date of birth  
**25-02-1982**

Country of birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE LICENCE

Licence Number: S8204619D

Name  
**MUHAMMED HENDRY BIN MOHD NOOR**

Birth Date **25 Feb 1982**

Issue Date **02 Mar 2010**

001835193D



4430932



NRIC No. S8204619D



Date of issue  
**30-06-2009**

APT BLK 424D YISHUN AVENUE 11 #05-322  
SINGAPORE 764424

NRIC No: S8204619D Date: 05/02/2015 (R)

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Class	Valid Until
Class 2B	Motorcycles <= 200 CC	15 Aug 2002
Class 2A	Motorcycles between 201 CC and 400 CC	16 Nov 2004
Class 2	Motorcycles > 400 CC	22 Aug 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	15 Feb 2014
Class 4A	Quadracycles	22 Mar 2017

S / No. 9000259807

S8204619D

16F 428A

Licence No: S8204619D







中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg No: 202206384E

MZ300/C  
R SN  
AN0586A  
Cov.Type: F

MOTOR COMMERCIAL VEHICLE

### 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)

ORIGINAL

CERTIFICATE No: DMCVSN1629901802

Engine No: QD32153245  
Chano: JN1SF4F23Z0844190

1. Index Mark and Registration Number of Vehicle: GU75003
2. Name of Policy Holder: DATA CLEAN ASIA PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 06 June 2018
4. Date of Expiry of Insurance: 05 June 2019

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on 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 in connection with the Policyholder's business.  
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
(3) Use for social, domestic or pleasure purposes.  
The Policy does not cover:  
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.  
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL SINGAPORE 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.

Issued By: CHNG PEI WEN ADELINE  
Authorised Officer

Authorised Signatory