

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118083502.

Date In: 28/16/18 15:06	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 18011801/h4	SAS e-filing		
Veh No: SJJ 8056R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/16/18 09:30	i-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: SGP 725 A.	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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	

Auditors' Comments:-

Lat 1:	
Lat 2 / 3:	

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	28/06/2018 15:06
Date Of Accident	28/06/2018 09:30
Exact Location Of Accident	CHOA CHU KANG AVE 1 BLK 808D SERVICE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ8056R
Insured/Policyholder	
Name Of Registered Owner	M/S FORTE AUTO LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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 HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1722741700
Cover Note Number	-
Driver	
Name of Driver	RAHMAT BIN ADBAN
NRIC No	S1473774Z
Date Of Birth	27/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83398700
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 372 HOUGANG ST 31 #03-51
Postcode	530372
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS DRIVING STRAIGHT ALONG THE SERVICE ROAD OF BLK 808D CHOA CHU KANG AVE 1. ALL OF A SUDDEN, VEH B (BEARING NO SGP725A) FROM THE BLK 810B DASHED OUT WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO MY VEH LEFT HAND SIDE.

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	SGP725A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD FAZLI BIN JAFFAR
NRIC/Passport Number	S8700369H
Contact Number	87508031
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.:

No: THURSDAY
28 JUNE 2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1473774Z



RAHMAT BIN ADBAN
 رَحْمَتُ بْنُ أَدْبَانَ
 Race: MALAY
 Date of Birth: 27-06-1961 Sex: M
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1473774Z
 Name: RAHMAT BIN ADBAN

Birth Date: 27 Jun 1961
 Issue Date: 07 Jan 2003




2193149



MRIC No: S1473774Z



Blood Group: O+ Date of issue: 08-07-1994

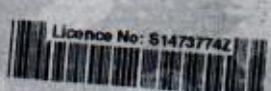
APT BLK 372 HOUGANG STREET 31 #0351
 SINGAPORE 530372
 NRIC No: S1473774Z Date: 27-02-1999 No: 3791763

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

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Feb 1995 08 Dec 1993

NP 428A

Licence No: S1473774Z



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)

\$217.26

CERTIFICATE No.	DMHCSN1722741700	Engine No :1NZD197780 Chassis No:NZE1416097555
1. Index Mark and Registration Number of Vehicle	SJJ8056R	
2. Name of Policy Holder	M/S FORTE AUTO LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22 MARCH 2017 (15:38 HOURS)	EXCESS SECT IS\$1,500.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$3,000.00 EXCESS SECT. IIS\$1,500.00 EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$3,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	24 SEPTEMBER 2018	
5. Persons or Classes of Persons entitled to drive *		
AS PER NAMED DRIVER(S) STATED BELOW.		
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.		
ANY EMPLOYEE OF THE COMPANY, OR ANY AUTHORISED HIRER/DRIVER ONLY		
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 AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED. 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. : TECK WEI CREDIT 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:

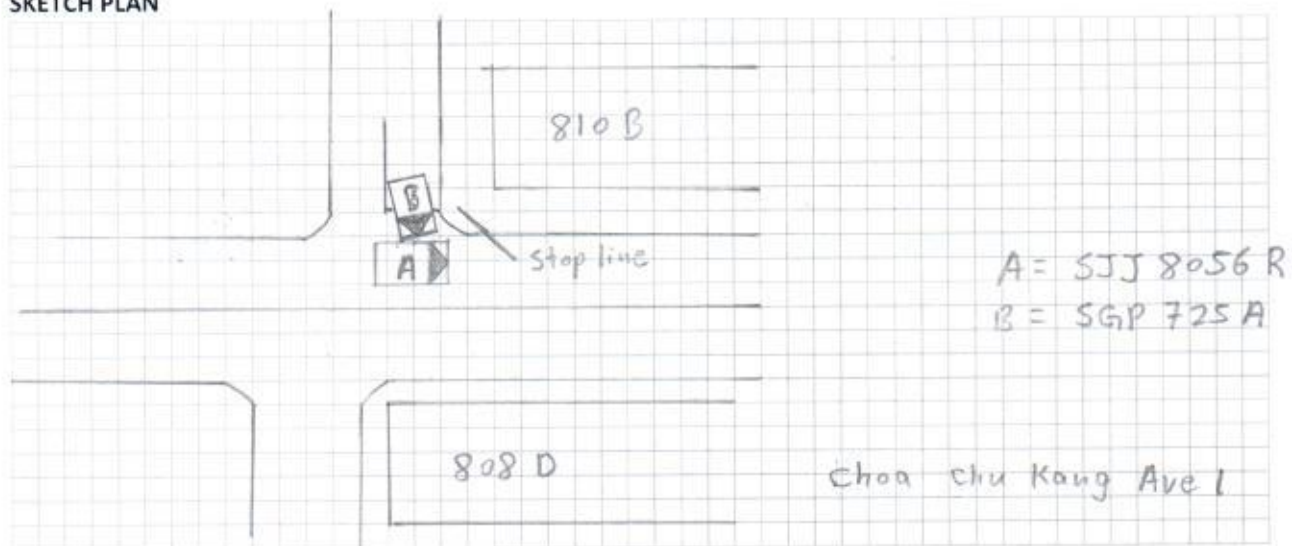


德威信託有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287955
Tel: 6465 0120 Fax: 6465 0017
E-mail: teckwei_a6@ahcc.com.sg

Authorised Officer

Authorised Signatory

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

No: THURSDAY

Date: 28 JUNE 2018

I, MOHAMAD FAZLI B JAFFAR I/C S8700369H DRIVER OF VEHICLE SGP 725H.
ON 28 OF JUNE 2018 @ 0930 HRS MET A COLLISION WITH VEHICLE MY
SJS 8056R DRIVEN BY RAHMAT BIN ADBAN I/C S1473774Z.

I WAS DRIVING UP A/CHE TOWARDS BLK 808D CHA CHU KANG AVE /
AND WAS DISTRACTED BY A PEDESTRIAN WAVING AT ME TO MOVE FORWARD.
THEN WHEN UPON MOVING FORWARD I COLLIDED INTO SIDE OF OP
COMING SAID VEHICLE SJS 8056R.

IS
THERE ~~NO~~ NO INJURY ON BOTH PARTY. BUT DAMAGE ON BOTH VEHICLE.
WHICH IS FRONT RIGHT BUMPER ON MY VEHICLE NUMBER SGP 725H AND
DAMAGED FRONT LEFT PASSENGER DOOR ON VEHICLE SJS 8056R.

WITH THIS I ASK THE SAID DRIVER RAHMAT BIN ADBAN TO CLAIM
AGAINST MY INSURANCE FOR THE DAMAGES THAT IM LIABLE FOR.

28/06/18 1125HRS

28/6/18 1125HRS

NAME: MOHAMAD FAZLI BIN JAFFAR

NAME: Rahmat Bin Adban

I/C: S8700369H

I/C: S1473774Z

ADDRESS: BLK 808D, CHA CHU KANG AVE

ADDRESS: BLK 372 Hougang St 2

#11-606, S(684808)

#03-51 Spore 53037.

HP: 87502031

HP: 83398707

