

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MVA/18083683

Date In: 28/6/18-17:50	Job description	Date & Time Completed	Done by
Ref No: NA 0721801860/24	SAS e-filing		
Veh No: 5GT29906	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 27/6/18-19:00	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: SKQ65087	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

NA1804113	Invoice Preparation Checklist	Am't (\$) Inc 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		
	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	28/06/2018 17:50
Date Of Accident	27/06/2018 19:00
Exact Location Of Accident	MCE TWDS KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT2990G
Insured/Policyholder	
Name Of Registered Owner	M/S YM CAR LEASING PTE LTD
Co Reg No	201308014C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64687555
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 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 HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSN1765041700
Cover Note Number	
Driver	
Name of Driver	SYED MUSTAFFA BIN SYED MOHD
NRIC No	S8526484B
Date Of Birth	09/08/1985
Occupation	INDOOR
Date Of Driving Pass	05/02/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87494250
Fax Number	
Contact Number	OFFICE-87494250
Email Address	NOEMAIL

Address	BLK 445B FERNVALE ROAD #08-393
Postcode	792445
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	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	3
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)	3
Passenger 1	NAME: : MD RIZAL GENDER: : MALE
Passenger 2	NAME: : KAMSANI 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

REFER TO 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	SKQ6508T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SJG8312S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 SYED MUSTAFFA BIN SYED MOHD
Approximate Age
Injuries Sustain BACK
Injured person in which vehicle? SLT2990G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

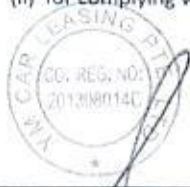
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

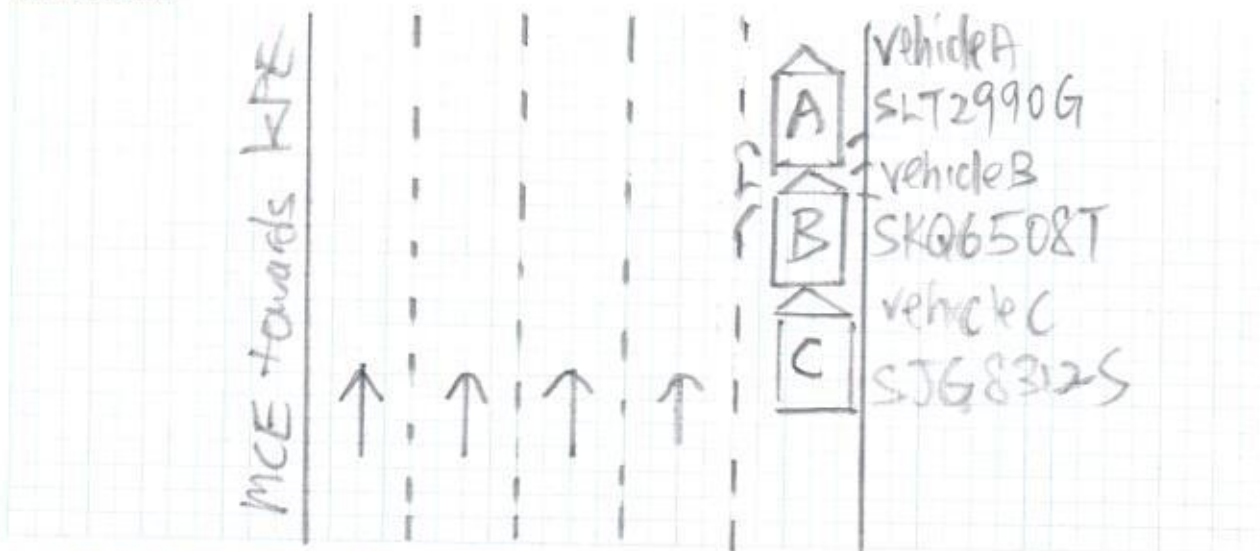


Policyholder's Signature
Date & Time:

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

At about 7pm on 27/06/18, I was driving my vehicle A (SLT2990G) on MCE towards KPE, suddenly my car was banged by vehicle B (SKQ6508T). I then alighted and realised there's three vehicles involved. The last vehicle C (SJG8312S) - Scene photos was taken down and particulars had exchanged. The traffic was heavy at the point of accident. My car rear was badly damaged & I had back pain and may consult doctor.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 28 06 2018
 ☆ Date Of Accident 27 06 2018 7pm
 ☆ Exact Location Of Accident MCE towards KPE
 ☆ Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SLT 2990G
Insured/Policyholder
 Name Of Registered Owner / Company YM CAR LEASING PTE LTD
 RIC No / Work Permit No / ROC No 201308014C
 Email Address ecv@elitecarventures.com
 Mobile Phone No (LOCAL) 6468 7555
 Alternative Phone No Others-

Vehicle Particulars

☆ Manufacturer Honda
 ☆ Model Odyssey
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken Yes / No Third Party

Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

☆ Vehicle Category China Taiping
Insurance Company
 Name of Insurance Company Third party
 ☆ Policy Of Coverage
 ☆ Policy Number Yes / No
 Cover Note Number DMHCSN1765041700

Driver

☆ Name of Driver Syed Mustafa bin Syed Mohd
 ☆ NRIC No S8526484B
 ☆ Date Of Birth 09 08 1985
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 05 02 2018
 Driving Experience
 ☆ Gender Male
 ☆ Mobile Number (Local) 8749 4250
 Fax Number
 Contact Number
 EMail Address Others-

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

B1K 445B Fernvale Rd. #08-393

S (792445)

Yes / ☒ No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / ☒ Hirer

General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

☆ Number of Passengers (Including Driver)

Details of Police Action

☆ Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Collision :

Chain Collision

Rainning / ☒ Clear / Other :

Wet / ☒ Dry / Other :

Yes / ☒ No

Yes / ☒ No

Name:

☒ Yes / No

Yes / ☒ No

3. Md Rizal (male) kamsani (male)

Yes / ☒ No

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

- FAX NO:

Yes / No

Attachment(s)

Are accident photos available for attachment?

☒ Yes / No

☆ Was there any video captured by Car Camera?

Yes / ☒ No

Was there any audio recorded?

Yes / ☒ No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

SKQ 6508T , SJG 8312S

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8526484B



Name

SYED MUSTAFFA BIN SYED MOHD

Race

MALAY

Date of birth

09-08-1985

Country/Place of birth

SINGAPORE

Sex

M



5700687



NRIC No. S8526484B



Date of issue

13-02-2017

Address

APT BLK 445B FERNVALE ROAD
#08-393
SINGAPORE 792445

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S8526484B**
Name: **SYED MUSTAFFA BIN SYED MOHD**


Birth Date: 09 Aug 1985
Issue Date: 05 Feb 2018

 002770816C

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	11 Jul 2007
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 Feb 2018

NP 428A

 Licence No: S8526484B

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

DMHCSN1765041700

Engine No : K24A65004610

Chassis No: JHMRB18508C204610

**1. Index Mark and Registration
Number of Vehicle**

SLT2990G

2. Name of Policy Holder

M/S YM CAR LEASING PTE LTD

**3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment**

1 NOVEMBER 2017

EXCESS SECT. IIS\$1,500.00

EXCESS SECT. II (OUTSIDE SINGAPORE)S\$3,000.00

4. Date of Expiry of Insurance

31 OCTOBER 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.

* 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