

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MA18 084109**

Date In: <b>29/6/18-16:21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTZ18011916/24</b>	SAS e-filing		
Veh No: <b>SKH584J</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>28/6/18-18:20</b>	i-Motor Claim Form		
OD : <b>TP</b> 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: <b>SKL80022</b>	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

<b>NA1804128</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est. 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):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Lat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Lat. 2 / 3:	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	29/06/2018 16:21
Date Of Accident	28/06/2018 18:20
Exact Location Of Accident	PIE (TUAS) AFTER TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH584J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIWA S/O GENASON
NRIC No	S2690999F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83210041
Alternative Phone No	OFFICE-83210041
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3013971801
Cover Note Number	
<b>Driver</b>	
Name of Driver	JIWA S/O GENASON
NRIC No	S2690999F
Date Of Birth	27/03/1965
Occupation	INDOOR
Date Of Driving Pass	03/06/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83210041
Fax Number	
Contact Number	OFFICE-83210041
EEmail Address	NOEMAIL

Address	BLK 630 SENJA ROAD #09-212
Postcode	670630
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?	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

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	SKL8002Z
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)	1

#### DETAILS OF INJURED PERSON 1

Name	JIWA S/O GENASON
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKH584J

YES

NO




## 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

(A) SKH 584J  
(B) SKL 8002Z



PIE towards Tuas after Toa Payoh Exit.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/06/18 at @1820hrs, I was travelling in my vehicle (SKH 584J) along PIE towards Tuas after Toa Payoh exit on the centre lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SKL 8002Z) from behind collided onto the rear portion of my vehicle.

## 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.:



<b>Vehicle No.</b>	SKH 584J	<b>Model / Make</b>	BMW 520
<b>Date of Accident</b>	28/06/18		
<b>Time of Accident</b>	1820 HRS		
<b>Location of Accident</b>	Pt towards Tuas after Toa Payoh exit		
<b>Exact purpose use during accident</b>	Private Used		
<b>Name of Owner</b>	Jiwa S/O Genason		
<b>Telephone No.</b>	H/P: 8321 0041	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	S 2690999/F		
<b>Address</b>	B/630 Senja Road #09-212 (S) 670630		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	China Taiping		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	DMPCSN3013971801		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers:</b>	N.A.
<b>Date of birth</b>	27/03/1965		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	03/06/2000		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P:	<b>Home:</b>	<b>Office:</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.	owned	
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Jiwa S/O Genason	(H/P: 8321 0041)	
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No,</u> If Yes, Where?		
<b>Vehicle B No.</b>	SKL 8002 Z	<b>Any Passengers:</b>	N.A.
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>	N.A.	<b>Witness Contact:</b>	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>	erwinggenason@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / <u>No</u>	
<b>PARTICULAR WORKSHOP</b>	Twincar		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n5i.com.sg		

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2690999F**




Name: **JIWA S/O GENASON**

Race: **INDIAN**

Date of Birth: **27-03-1965** Sex: **M**

Country of Birth: **MALAYSIA**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**  
**S2690999F**



Name: **JIWA S/O GENASON**

Issue Date: **27 Mar 1965**  
 Validity Date: **04 Jul 2016**



002584764K

**8307216**




NRIC No: **S2690999F**

Nationality: **MALAYSIAN**

Blood Group: **B+** Date of issue: **23-04-1999**

APT BLK 630 SENJA ROAD #09-212  
 SINGAPORE 670630

NRIC No: **S2690999F** Date: **11/11/2003 (R)**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

	EFFECTIVE DATE
Class 2B Motorcycles $\leq 200$ cc	03 Jun 2000
Class 3 Motor cars with unladen weight $\leq 3000$ kg with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500$ kg	03 Jun 2000

NP 428A





\$1369.34



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MX1E  
R SN  
AN0590A  
Cov.Type: C

MOTOR PRIVATE CAR

**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 DMPCSN3013971801

Engine No :A036I457N46B20BE  
Chano:WBANT12010CX30074

1. Index Mark and Registration  
Number of Vehicle

SKH584J

AUTOSAFE

2. Name of Policy Holder

JIWA S/O GENASON

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

10 February 2018

Named Drivers Ex Sect. I ..... S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance

09 February 2019

Ex Sect. I - Age >= 26..... S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN ..... S\$100.00

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\$1,000 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. : 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

Issued By:

TECK WEI CREDIT PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory