

NATIONAL Assessment Centre Services				[Stamp: 28-05-2018] MNAY28093075	
Date In	19/07/2018 10:35	Job description	Date & Time Completed		Done by
Ref No	118A/C11180/3104/Y	SAS e-filing			
Veh No	8JR 9774	E-mail (within 8hrs, A/C 2hrs)			
D.O.A	18/07/2018 14:00	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: PA 8298K	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR : Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TP : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idae DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QP* *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 (N/n INC) against INC \$20 9) N12: Idae Mobile \$0				
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	19/07/2018 10:35
Date Of Accident	18/07/2018 14:00
Exact Location Of Accident	SULTAN GATE PARKING LOT NO :10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9777U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUZANNA BINTE ABU TALIB
NRIC No	S7422488A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93584063
Alternative Phone No	OTHERS-83818676

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	DMPCSN3011491802
Cover Note Number	

### Driver

Name of Driver	ABDUL HAZIM BIN OMAR
NRIC No	S7438677F
Date Of Birth	23/11/1974
Occupation	INDOOR
Date Of Driving Pass	18/09/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83818676
Fax Number	
Contact Number	OTHERS-93584063
E-Mail Address	NOEMAIL



Address	BLK 812 CHOA CHU KANG AVENUE 7 #05-673
Postcode	681812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

#### 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 SKETCH PLAN

#### 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	PA8298K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUN LIYU
NRIC/Passport Number	G5182402X
Contact Number	
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
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.

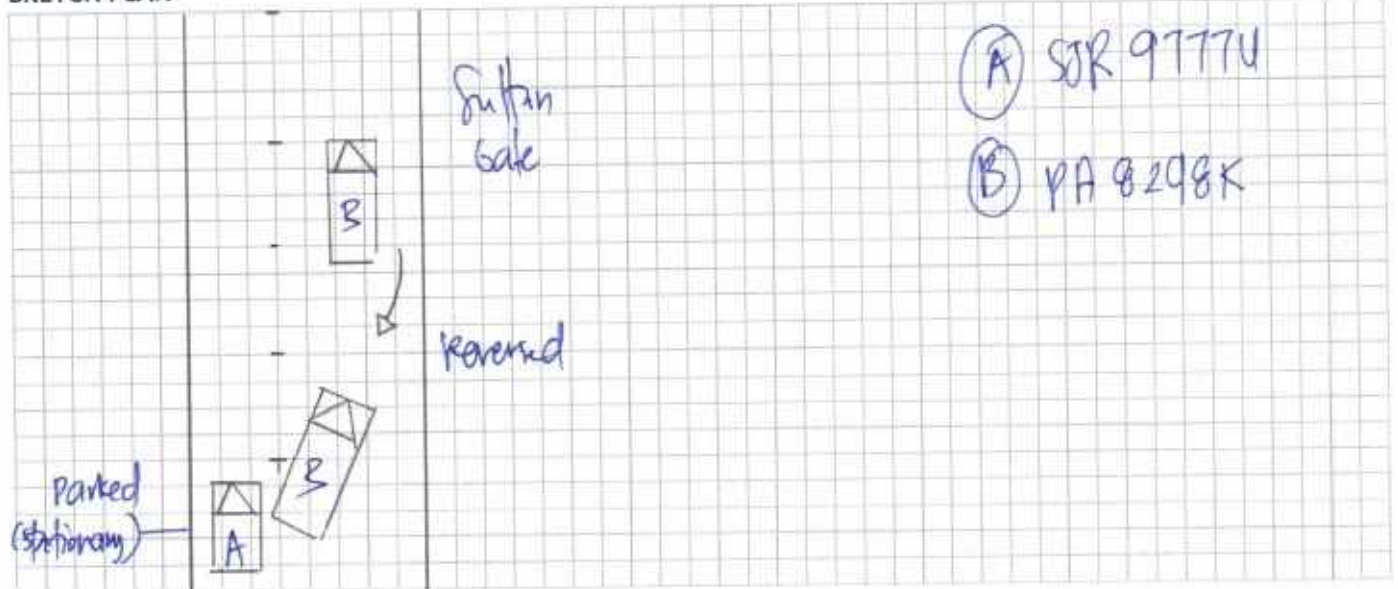
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Resh*  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.07.2018 at about 14:00hrs. I parked my vehicle along Sultan Gate of parking Lot No:10. I was eating nearby. All of a sudden, I heard a loud bang. Then I saw a bus PA 8298K had reversed and hit onto my stationary vehicle. My vehicle was badly damaged.

## 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: 19/07/2018  
NRIC/FIN No.: [Signature]

18/07/18

93523455

1400 hrs

I Sun liyu wpl 074579892

Said Bus driver, reverse and

hit car SJR 9777U @ Sultan gate.  
parking lot no 10

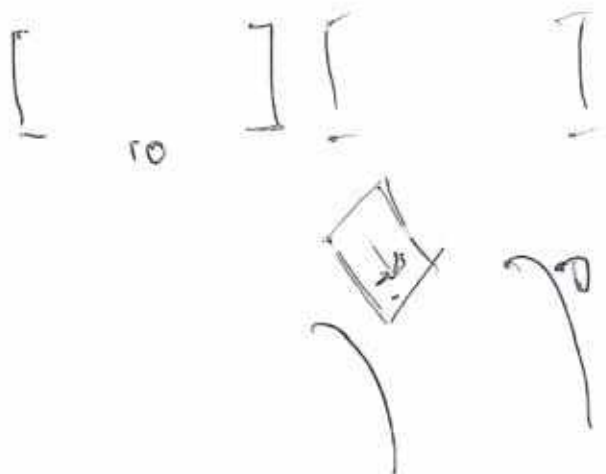
Bus driver

SUN LI YU

P. A. J. J. J.  
car owner

Ch.

Sultan gate.



19/07/2018  
P. A. J. J. J.



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18-07-2018	TIME: 14:00hrs	(hh:mm) 24 hrs Format
LOCATION Sultan Gate Parking Lot NO. 10		
VEHICLE NUMBER SJR 9TTJU		
INSURED NAME SUZANNA Binte Abu Talib		
NRIC / FIN S7422488A	CONTACT: 93584063	
MAKE TOYOTA	MODEL CAMRY 2.0 AUTO ABS AIRBAG	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY CHINA		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DmpcsN3011491802		
NAME DRIVER: Abdul Halim Bin Omar		( ) SAME AS INSURED
NRIC / FIN S74386TTF	CONTACT: 8381 8676	
DATE OF BIRTH: 26.11.1974		
DRIVING PASS DATE: 18-09-1998		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS:		( ) NO EMAIL
ADDRESS OF DRIVER: 812A Choa Chu Kang Avenue 7 #05-673 (601812)		
Number Of Passenger Include Driver: ( 0 Nil )		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B PA 8298K	Name / NRIC Sun Liyu	Contact 16 518 2402 X
Veh C	(Indid Insurance)	
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7438677F



Name

ABDUL HAZIM BIN OMAR

Race

MALAY

Date of Birth

23-11-1974

Sex

M

S7438677F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7438677F

Name

ABDUL HAZIM BIN OMAR

Birth Date 23 Nov 1974

Issue Date 05 Jan 2012



002031647A

4767456



NRIC No. S7438677F



Date of issue

18-08-2011

APT BLK 812A CHOA CHU KANG AVENUE 7 #05-673  
SINGAPORE 681812

NRIC No. S7438677F

Date: 22/06/2016

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	25 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	09 Mar 1994
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Sep 1998

NP 428A



Licence No: S7438677F



3604968



NRIC No. S7422488A

Date of Issue  
26-08-2004

APT BLK 812A CHOA CHU KANG AVENUE 7 #05-673  
SINGAPORE 681812

NRIC No: S7422488A

Date: 22/06/2016

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7422488A



Name

SUZANNA BINTE ABU TALIB



سوزنا بنت ابو طاليب

Race  
MALAY

Date of birth      Sex  
09-07-1974      F

Country of birth  
SINGAPORE

S7422488A



中国太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1/NDFF SN  
AN9472A  
Cov. Type: C  
AUTOSAFE

# 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.

DMPCSN3011491802

Engine No : 1AZE140191

Chassis No: MR053BK4107046717

1. Index Mark and Registration Number of Vehicle

SJR9777U

2. Name of Policy Holder

SUZANNA BINTE ABU TALIB (NON-DRIVER)

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

2 FEBRUARY 2018

NAMED DRIVERS EX SECT. I .....S\$750.00

4. Date of Expiry of Insurance

1 FEBRUARY 2019

ADDITIONAL EX OTHER THAN NAMED DRIVERS:

EX SECT. I - AGE <= 25.....S\$3,000.00

EX SECT. I - AGE >= 25.....S\$500.00

\* AGE AS AT DATE OF ACCIDENT

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

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

ANY 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. : EFIZZIO 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.

CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST. 93

#01-198 SINGAPORE 528840

TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

Countersigned By:

Authorised Officer

Authorised Signatory

**Accident**

Hotline: **96214 666**  
**24 Hours / 7 Days**



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	2488A
<b>Vehicle Details</b>	
Vehicle No.:	SJR9777U
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	1AZE140191
Chassis No.:	MR053BK4107046717
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$26,727.00
Original Registration Date:	24 Jul 2009
First Registration Date:	24 Jul 2009
Transfer Count:	1
Actual ARF Paid:	\$26,727.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jul 2019
PARF Rebate Amount:	\$13,363.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Jul 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$17,501.00
COE Rebate Amount:	\$1,643.00
<b>Total Rebate Amount:</b>	<b>\$15,006.00</b>

The information contained herein is correct as at 18 Jul 2018

OK