

# NATIONAL Assessment Centre Services

19/08/2018 16:10

Date In: 18/08/2018 16:10	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/80/5055/Y	SAS e-filing		
Veh No: SLX 9520M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/08/2018 12:15	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:

SLX 372L

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

19/08/2018

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30),		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
OD*		
*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	18/08/2018 16:16
Date Of Accident	17/08/2018 12:15
Exact Location Of Accident	TAMPINES ONE SHOPPING MALL (B2 CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9520M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SAIFULNAZRI BIN SARDANI
NRIC No	S8520404A
Email Address	IZYAN_MELLYNA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90675370
Alternative Phone No	OTHERS-96156960

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 T5 2.0 AT ABS D/AB 2WD 5DR TURBO
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	REPORTING ONLY
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	DMPCSN3052411800
Cover Note Number	

### Driver

Name of Driver	IZYAN MELLYNA BINTE ISHAK
NRIC No	S8520404A
Date Of Birth	21/05/1987
Occupation	INDOOR
Date Of Driving Pass	24/04/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90675370
Fax Number	
Contact Number	OTHERS-96156960
Email Address	IZYAN_MELLYNA@GMAIL.COM

Address	BLK 562B PASIR RIS STREET 51 #09-513
Postcode	512526
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	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?	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)	2
Passenger 1	NAME: : HUSBAND 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS THIRD PARTY REVERSE AND HIT INSURED)

#### 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	SLL3172L
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97735352
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:

18/2/2018 1609

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

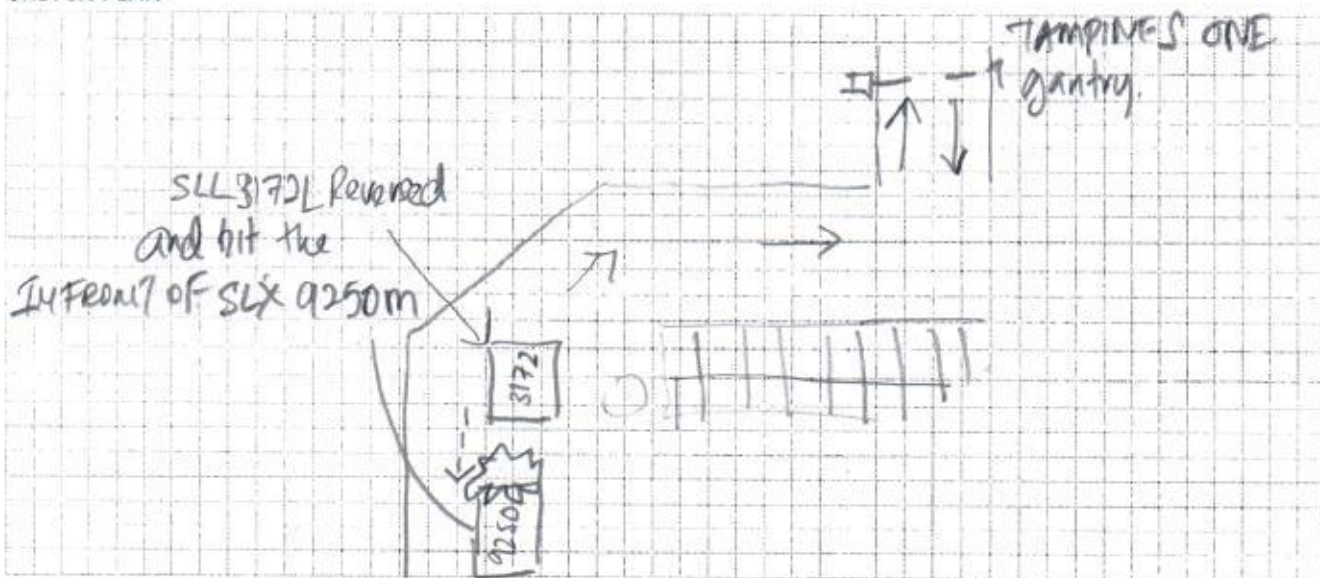
18/8/2018 1609.

Reporting Centre Personnel's Signature  
Name: 908d! a A/H  
NRIC/FIN No.: 908d! a A/H

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, IZYAN MELVINA BTE ISHAK, DRIVER OF SLX 9250M, WAS DRIVING OUT OF TAMPINES ONE BASEMENT TWO CARPARK (B2) WHEN A WHITE NISSAN QASHQAI SLL 3172L STOPPED AT LEAST FOUR (4) METERS IN FRONT OF OUR VEHICLE. WE ALSO STOPPED UPON NOTICING.

WITHIN A FEW SECONDS, THE WHITE NISSAN QASHQAI SLL 3172L SUDDENLY REVERSED, DESPITE SOUNDING ~~THE~~ MY HORN TO ALERT THE DRIVER. THE WHITE NISSAN QASHQAI SLL 3172L HIT THE FRONT BUMPER OF OUR CAR, CAUSING ~~TO OUR~~ DAMAGE TO THE LICENCE PLATE OF OUR VOLVO SLX 9250M AND TO THE FRONT BUMPER. THERE WAS A SCRATCH FOUND ON THE FRONT BUMPER OF THE VOLVO SLX 9250M.

THE DRIVER OF THE NISSAN QASHQAI SLL 3172L, A MALE CHINESE MAN IN HIS 50s, BY THE NAME - CHEW, ACKNOWLEDGED HIS MISTAKE. ~~AND~~ ~~de~~.

## DECLARATION

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

Policyholder's Signature

Date & Time:

18/8/2018 1618

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/8/2018 1618

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/8/2018  
Rosa Waters



# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 08 / 2018) (DD/MM/YYYY), TIME: (12 : 17) (HH:MM)

LOCATION: TAMPINES ONE (B2 carpark)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX9520M  
 b) INSURANCE COMPANY: CHINA TAIPEI  
 c) POLICY NUMBER: 80MVC513052411  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volvo  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD SAIFULNAZRI BIN SARDANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8520404A CONTACT: 90675370  
 c) ADDRESS: BLK 526B PASIR RIS ST 51 #09-513 S/PRE 512526

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: IZYAN MELLINA BTE ISHAK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8714079B CONTACT: 96156960  
 c) ADDRESS: BLK 526B PASIR RIS ST 51, #09-513. S(512526)

\*d) DATE OF BIRTH: (21 / 05 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/04/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 3172L MODEL: NISSAN QASHQAI  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT: 9773 5352

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = izyan\_mellyna@gmail.com

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8714079B



Name

IZYAN MELLYNA BINTE ISHAK

Race

JAVANESE

Date of birth

21-05-1987

Country/Place of birth  
SINGAPORE



Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8714079B

Holder

IZYAN MELLYNA BINTE  
ISHAK

Birth Date 21 May 1987

Issue Date 24 Apr 2009



001735568E

5757489



NRIC No. S8714079B



Date of issue

19-06-2017

Address

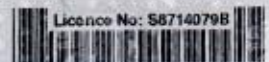
APT BLK 526B PASIR RIS STREET 51  
#09-513  
SINGAPORE 512526

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg  
with  $\leq$  7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals  $\leq$  2500kg

24 Apr 2009



Licence No: S8714079B

NP 428A



**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.

EMPOSK30-2411800

Engine No: B4204T71112669  
Chassis No: YV10247HBD2406032

1. Index Mark and Registration Number of Vehicle

SLX95294

2. Name of Policy Holder

MR MUHAMMAD SAIFULNAZRI BIN SARDANI

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

03 AUGUST 2014

4. Date of Expiry of Insurance

02 AUGUST 2015

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

NAMED DRIVERS EX SECT. 1 ..... \$2,500.00  
IN ADDITION TO NAMED DRIVERS EX:  
EX SECT. 1 - AGE <= 25 ..... \$95,000.00  
EX SECT. 1 - AGE >= 26 ..... \$9500.00  
\* AGE AS AT DATE OF ACCIDENT  
EX ON WINDSCREEN ..... \$4100.00

(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 RACE-MARKING, 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.

REPAIRS WORKSHOPS IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WITH RE-COUPLED.

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 WORKSHOP CO. 1 APPEND CAPITAL 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:

  
WINNIE SOO SIEW WAH  
Authorised Officer

  
Authorised Signatory