

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18124021

Date In: 24/1/18-18:09	Job description	Date & Time Completed	Done by
Ref No: NA/C9218017358/24	SAS e-filing		
Veh No: J6J66162	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/18-08:40	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: Vch No: JX579C 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

NA1806050	Invoice Preparation Checklist	Am't (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 / Tpl 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 \$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	24/09/2018 18:09
Date Of Accident	21/09/2018 08:40
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6616Z
Insured/Policyholder	
Name Of Registered Owner	MR MOHAMED HANIFAX S/O MOHAMED JAMAL
NRIC No	S0235466G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97635186
Alternative Phone No	OFFICE-97635186

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	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	DMPCSN1423551804
Cover Note Number	

Driver

Name of Driver	NAZRUL AMAN S/O MOHAMED HANIFAH
NRIC No	S7931764J
Date Of Birth	06/10/1979
Occupation	INDOOR
Date Of Driving Pass	22/09/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635186
Fax Number	
Contact Number	OFFICE-97635186
EMail Address	NOEMAIL

Address	BLK 20 TEBAN GARDENS ROAD #28-109
Postcode	600020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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	SJX579C
Vehicle Make/Model/Colour	TOYOTA WISH
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)	

SKETCH PLAN

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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.

x

Policyholder's Signature
Date & Time:

x

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Boon Lay Way

← [B] ← [A] ←

④ SGJ6662
④ SJX579C

$\leftarrow \boxed{B} \leftarrow \boxed{A} \leftarrow$

⑤ SJX579C

I was travelling along Boon Lay Way.

While vehicle B suddenly stopped, I couldn't manage to stop in time.

Hence, I accidentally hit onto the rear portion of vehicle B.

Hence, I accidentally hit onto the rear portion of vehicle B.

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 21/9/18 Accident Time: 08:40 (24-HR-Format)
 Accident Place : Bahk Lay Hwy
 Vehicle Reg. No. (Car Plate No.) : SGJ 6616Z
 Vehicle Make/Model : Toyota WSH
 Insurance Company : Chine Tarping Policy No. DHPCSM1423551804
 Owner or Company Name /IC No. : MOHAMED HANIFAH /S02354666
 Owner or Company Contact No. : S/O MOHAMED JAMAL Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : NAZRUL AMAN S/O MOHAMED HANIFAH /S7931764J
 DRIVER'S Date Of Birth : 06 Oct 1979 DRIVER'S License Pass Date 22 Sep 2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : APT BUK 20 TEBAN GARDENS RD # 28-109 (8) 600020
 DRIVER'S Contact No./ Alt No. : 1) 97635186 2) _____
 DRIVER'S Occupation : INDOOR + OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>(B) SJX 579 C.</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA WSH</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

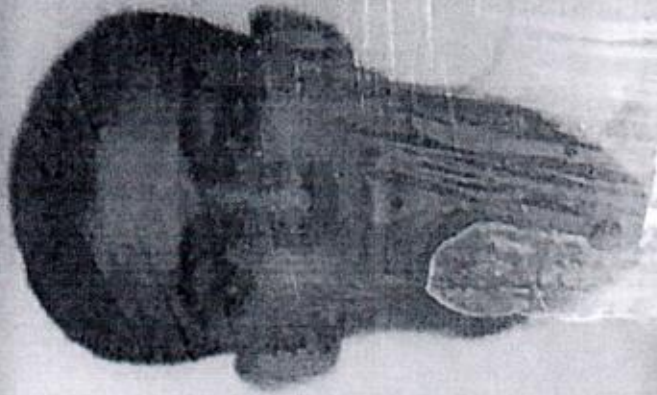
Licence Number: **S 7 9 3 1 7 6 4 J**

Name:

**NAZRUL AMAN S/O MOHAMED
HANIFAH**

Birth Date: **06 Oct 1979**

Issue Date: **22 Sep 2003**



000852685B



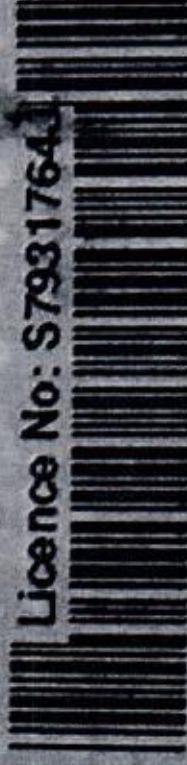
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of**
 which unladen does not exceed 2500 kilograms

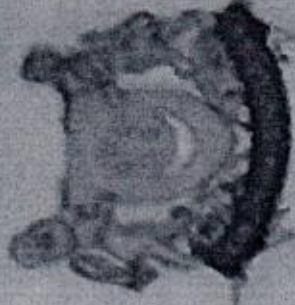
22 Sep 2003

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7931764J



Name

NAZRUL AMAN S/O MOHAMED
HANIFAH



Race

INDIAN

Sex

M

Date of birth

06-10-1979

Country/Place of birth

SINGAPORE





NRIC No. S7931764J



Date of issue

08-04-2014

APT BLK 20 TEBAN GARDENS ROAD #28-109
SINGAPORE 600020

NRIC No: S7931764J

Date: 22/02/2015

S291637



中国太平
CHINA TAIPING

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

MX1W

R 5H

BR026A

Cov. Type: C

PLM 316687

ORIGINAL

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)

CERTIFICATE No.

DMPCSN1423551804

Engine No. 1112613346

Chassis No. ZNE100316348

1. Index Mark and Registration
Number of Vehicle

SGJ6616Z

AutoSafe

2. Name of Policy Holder

MR. MOHAMED HANIFAN S/O MOHAMED JAMAL

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

18 July 2018

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

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

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

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

17 July 2019

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 will be
doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore.
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. : DBS BANK 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.