

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA419004533

Date In: 10/01/2009 17:15	Job description	Date & Time Completed	Done by
Ref No: M3A/CTI9000639/Y	SAS e-filing		
Vch No: SW 2373X	E-mail (within 6hrs, AIC 2hrs)		
D.O.A: 10/01/2009 11:15	I-Motor Claim Form		
OID: TR: 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: SKQ 8596A	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:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time:	Location:

NA1900293	Invoice Particulars:	Amount (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: 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 (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idau DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil) : TP (Nil) INC against INC	\$20
	9) N12: Idau 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 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. 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	10/01/2019 17:19
Date Of Accident	10/01/2019 11:15
Exact Location Of Accident	SLIP ROAD FROM ALEXANDRA ROAD TO TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2373X
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HAFIS BIN SELAMAT
NRIC No	S8838884D
Email Address	MDHAFIS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85716583
Alternative Phone No	OTHERS-85716583

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	DMPCSN3009541800
Cover Note Number	

Driver

Name of Driver	MOHAMED HAFIS BIN SELAMAT
NRIC No	S8838884D
Date Of Birth	08/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85716583
Fax Number	
Contact Number	OTHERS-85716583
Email Address	MDHAFIS@HOTMAIL.COM

Address	BLK 488D CHOA CHU KANG AVE #05-169
Postcode	684488
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 (including own vehicle) 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)	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

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	SKQ8596A
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LAY CHOON
NRIC/Passport Number	S6842583B
Contact Number	98322544
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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: 10/11/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

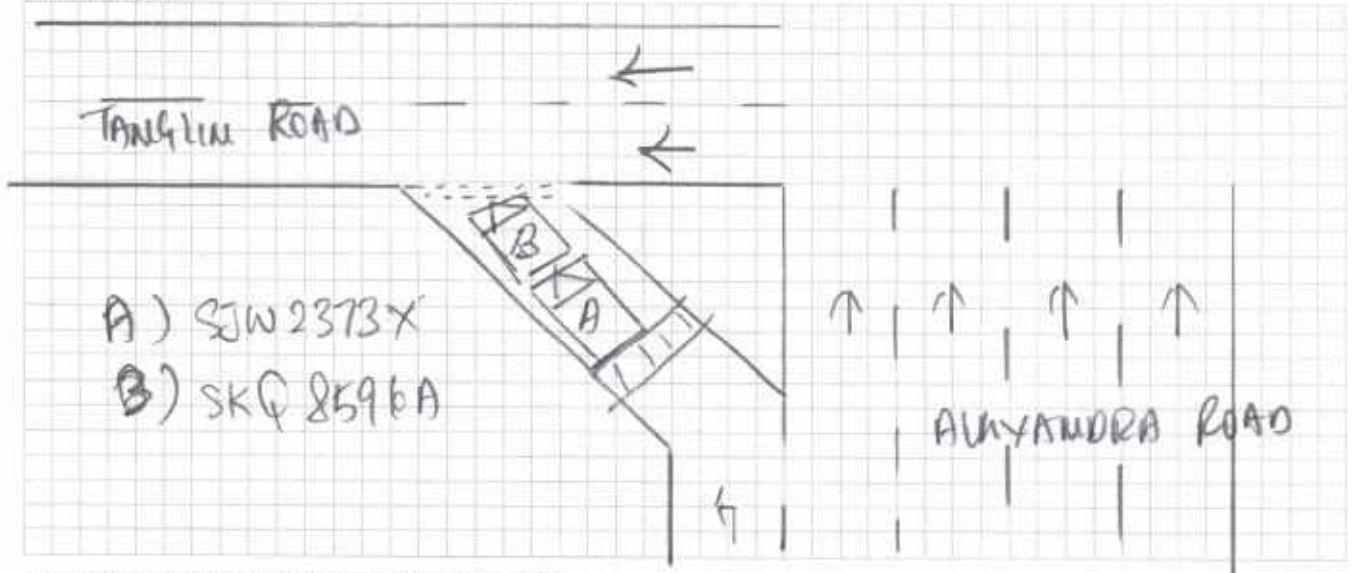
Name:

NRIC/FIN No.:

10/11/2019

Roshan Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling Alexandra Rd and turning in to Slip road Tanglin Rd while I on blindspot on the right to make sure no incoming car when I turn my head straight I saw this car SKQ 8596A stop at the pedestrian crossing and causing me to jam brake and hit her car.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 10-11/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature _____

Name:

NRIC/FIN No.:

10/01/2019
Personnel's Signature
Rafael Gutierrez

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 1 / 2019) (DD/MM/YYYY). TIME: (11 : 13) (HH:MM)

LOCATION: Tanglin Road (Pedestrian crossing)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW 2373 X
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMP/CSN3009541800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda fit GEG
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: MOHAMED HAFIS BIN SELAMAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S883884D CONTACT: _____
c) ADDRESS: BIC 480D CHOA CHU KANG AVE 5 #05-169
S(684488)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT: 85716583
c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: (08 / 10 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/11/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SKQ 8596A MODEL: mini cooper
b) DRIVER'S NAME: YEO LAY CHUAN
c) NRIC/FIN/PASSPORT: S6842583B CONTACT: 98322544

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKQ 8596A MODEL: mini cooper
e) DRIVER'S NAME: YEO LAY CHUAN
f) NRIC/FIN/PASSPORT: S6842583B CONTACT: 98322544

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

Email = mdhafis@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8838884D



Name
MOHAMED HAFIS BIN SELAMAT

Race
MALAY

Date of birth
08-10-1988

Country of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8838884D**

Name
MOHAMED HAFIS BIN SELAMAT

Birth Date **08 Oct 1988**

Issue Date **22 Dec 2006**



001467519E



3410338



NRIC No. **S8838884D**

Date of issue
08-10-2003

APT BLK 488D CHOA CHU KANG AVENUE 5 #05-188 SINGAPORE 684488

NRIC No: **S8838884D**

Date: **17/12/2015**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	22 Dec 2006
Class 2A	Motorcycles between 201 CC and 400 CC	24 Jun 2008
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	17 Nov 2008
Class 4	Heavy motor cars and motor tractors > 3500 kg	15 May 2011

S8838884D

S / No. 9000127012

NP 478A

Licence No: S8838884D



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. DMPCSN3009541800 Engine No : L13A4228988
Chassis No: GE61208816

1. Index Mark and Registration Number of Vehicle SJW2373X

2. Name of Policy Holder MR MOHAMED HAFIZ BIN SELAMAD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 02 FEBRUARY 2018 NAMED DRIVERS EX SECT. I.....S\$500.00
IN ADDITION TO NAMED DRIVERS EX:
EX SECT. I - AGE <= 25.....S\$3,000.00
EX SECT. I - AGE >= 26.....S\$500.00
* AGE AS AT DATE OF ACCIDENT

4. Date of Expiry of Insurance 11 MARCH 2019 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\$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. : TOKYO CENTURY LEASING (S) 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:

Authorised Officer

Authorised Signatory