

NATIONAL Assessment Centre Services [wef 1 Jan 09] **MA119007540**

Date In: 16/1/19 - 16/53	Job description	Date & Time Completed	Done by
Ref No: NA/C72190004/24	SAS e-filing		
Veh No: 4566162	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 11/1/19 - 8:30	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLP9993H** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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 :-	6) TR : Re-inspection \$75		
Pat. 1:	7) N1 : Idao DA + SMRT Survey \$160		
Pat. 2 / 3:	8) NTUC Additional Services:-		
	Q1)*		
	*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: Idao 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 willful 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	16/01/2019 16:53
Date Of Accident	11/01/2019 08:30
Exact Location Of Accident	MEDICAL DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ6616Z
Insured/Policyholder	
Name Of Registered Owner	MR MOHAMED HANIFAH S/O MOHAMED JAMAL
NRIC No	S0235466G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90224700
Alternative Phone No	OFFICE-90224700
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	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	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	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635186
Fax Number	
Contact Number	OFFICE-97635186
EEmail 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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : SHAHIRAH BINTE ABDUL RAMZAN GENDER: : FEMALE

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	SGP9993H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOO SU HEN @HO SU HEN
NRIC/Passport Number	S7931764J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NAZRUL AMAN S/O MOHAMED HANIFAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ6616Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SHAHIRAH BINTE ABDUL RAMZAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ6616Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



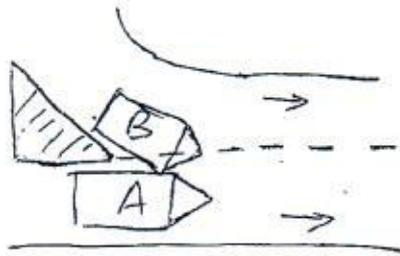
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Medical Drive



A = SGJ 6616 Z

B = SGP 9993 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Medical Drive. Suddenly vehicle B did not keep to his lane and cut into my lane. Thus hitting the left 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.:

Date of Accident : 11/1/19 . Accident Time: 0830 . (24-HR-Format)
 Accident Place : Medial Drive
 Vehicle Reg. No. (Car Plate No.) : SGJ 6616 Z
 Vehicle Make/Model : Toyota wish
 Insurance Company : Chera Taming Policy No. DMPCW1423551B04
 Owner or Company Name /IC No. : MUHAMMAD HANIFAH S/O MUHAMMAD SAMAN 502354664
 Owner or Company Contact No. : 90224700 Owner's Hp Company Tel
 DRIVER'S Name / IC No. : Nazrul Aman S/O MHD Hanifah S7931764J
 DRIVER'S Date Of Birth : 06/10/1979 DRIVER'S License Pass Date 22 Sep 2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : PJ11/20 TEBAN GARDENS RD # 28-109 CS) 600026
 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 + 1 Passenger (Female)
 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) SGP9993 H.</u>	Vehicle Reg. No: <u> </u>
Vehicle Make/Model: <u> </u>	Vehicle Make/Model: <u> </u>
Name Driver: <u>HOU SU HEN @ HO SU HEN</u>	Name Driver: <u> </u>
IC No. Driver: <u>S7931764J</u>	IC No. Driver: <u> </u>
Driver's Contact & Add: <u> </u>	Driver's Contact & Add: <u> </u>

* Injured Person ① Driver: Nazrul Aman S/O MHD HANIFAH / S7931764J
 ② Passenger: SHAHIRAH BINTE ABDUL RAMZAN / S8610104A
 (Female)

REPUBLIC OF SINGAPORE DRIVING LICENCE

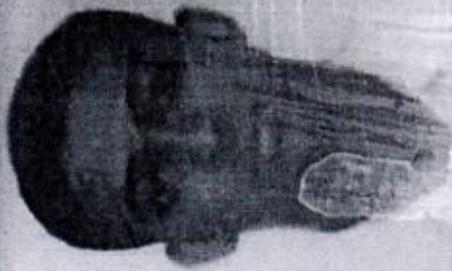
Licence Number: **S 7931764 J**

Name

**NAZRUL AMAN S/O MOHAMMED
HANIFAH**

Birth Date: **06 Oct 1979**

Issue Date: **22 Sep 2003**



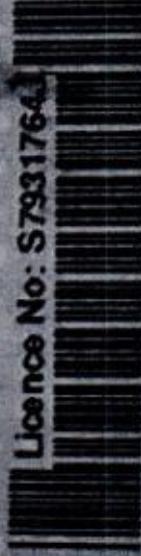
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE:

**Class 3 Motor Cars and Motor Tractors the weight of 22 Sep 2003
which unladen does not exceed 2500 kilograms**



NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7931764J



Name

NAZRUL AMAN S/O MOHAMED
HANIFAH



Race

INDIAN

Date of birth

06-10-1979

Country/Place of birth

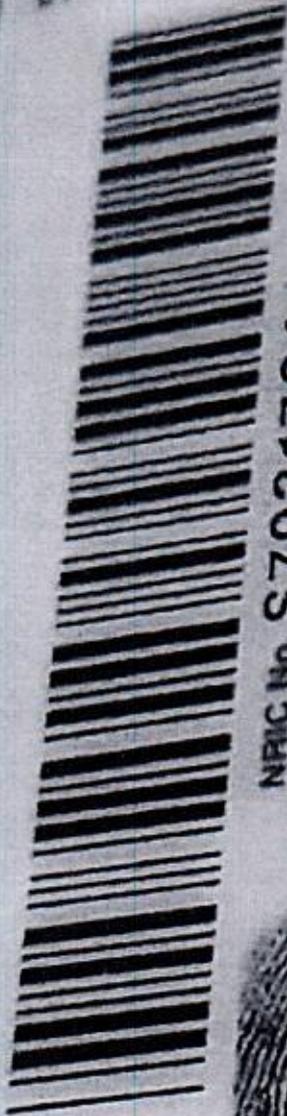
SINGAPORE

Sex

M



5291637



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



中国太平
CHINA TAIPING

中国太平保險(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

100, ROBINSON ROAD, SINGAPORE 068976

03137

8 51

PLM31687

01 JUL 2018

PLM 316687

ORIGINAL

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Under the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third Party Risks and Compensation) Rules 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1980 (Malaysia)

CERTIFICATE No.

DMPCMI423551804

Engine No. 112261334

Chassis No. 180318100

1. Make, Mark and Model of Motor Vehicle

9036163

Auto Sale

2. Name of Policy Holder

PO MORGANED HANIFAH S/O MORGANED JAMAL

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

28 July 2018

Named Drivers Ex Sect. 1 21750.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age 21-23 283,000.00

Ex Sect. 1 - Age 24-74 21500.00

* Age 25 at date of accident

Ex OM WINDSCREEN 27100.00

4. 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.

5. Limitation of 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 \$15,000 excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$2500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for each Policy Year.

HIRE PURCHASE CO. : D&S BANK LTD AS HP OWNER

* Excesses considered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 169) and Section 23 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.