

NATIONAL Assessment Centre Services

| | | | |
|----------------------------|--|------------------------|----------|
| Date In: 22/01/19 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CFI/19001450/13 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: 647500J | i-Motor Claim Form | | |
| DOA: 21/01/19 1830 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: (TP) Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (TORQUE 5) | Tel: | Fax: |
| TP Particulars: | Veh No: GBTJ28J | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------------------|----------------------|
| NA1900743 | Invoice Preparation Checklist | | Ant (\$) 1st 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) RT: 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 \$0 | | | |
| Cat. 1: | Invoice dated | Fee Charged | | |
| Cat. 2 / 3: | 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 | 22/01/2019 15:29 |
| Date Of Accident | 21/01/2019 18:30 |
| Exact Location Of Accident | KALLANG PUDDING ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GU7500J |
| Insured/Policyholder | |
| Name Of Registered Owner | DATA CLEAN ASIA PTE LTD |
| Co Reg No | 200504100R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67485377 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCVSN1629901802 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMMED HENDRY BIN MOHD NOOR |
| NRIC No | S8204619D |
| Date Of Birth | 25/02/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/02/2014 |
| Driving Experience | 4 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84976643 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------|
| Address | BLK 424D YISHUN AVE 11 |
| | #05-322 |
| Postcode | 764424 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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) | 4 |
| Passenger 1 | NAME: : JANI GENDER: : MALE |
| Passenger 2 | NAME: : AMIRUL GENDER: : MALE |
| Passenger 3 | NAME: : DEVINDRAN 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

PLS REFER TO THE ATTACHED 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 | GBJ228J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |

Contact Number

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.



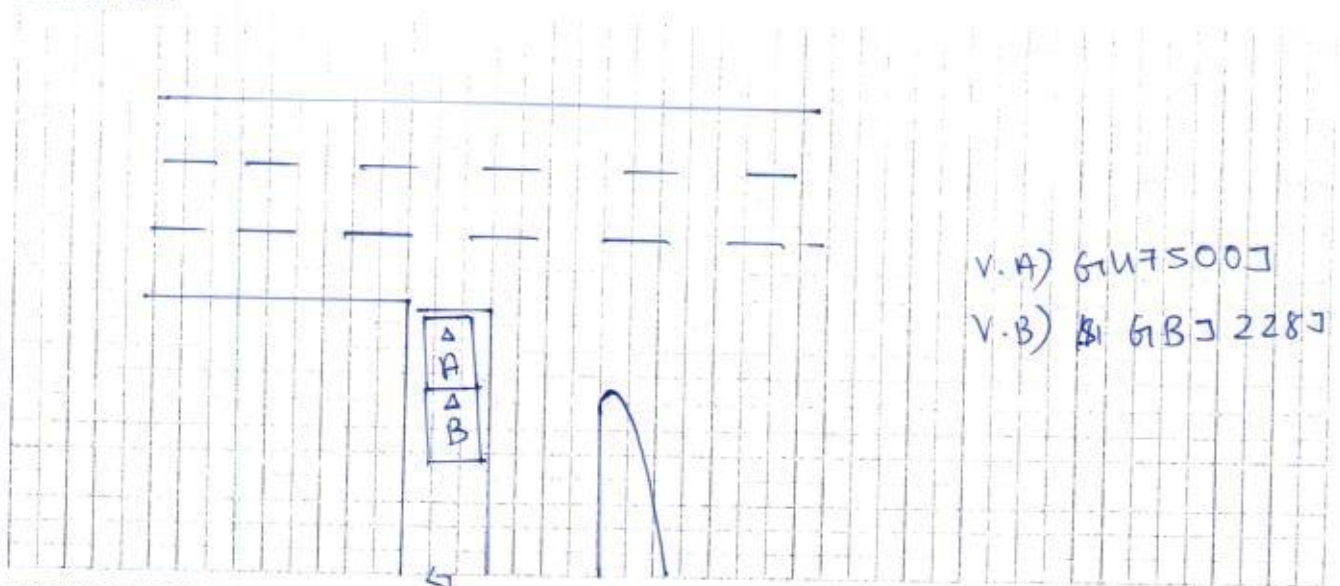
Policyholder's Signature
Date & Time:

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

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

22nd Jan 2019
1204hrs

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane awaiting for traffic to clear before I proceed to turn left. While waiting, suddenly vehicle 'B' collided onto my vehicle rear portion. I wish to state that my vehicle was stationary upon the impact.

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: 22nd Jan 2019 1204hrs

Reporting Centre Personnel's Signature
Name: slym 22/01/19
NRIC/FIN No.:

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that **Muhammed Hendry Bin mohd Noor , NRIC: S8204619D , Tel: 84976643** has reported to the Police a non-injury traffic accident which occurred **Kallang Pudding Road junction of Macpherson Road** on **21/01/2019** at **18:30** p.m. involving the following vehicles :-

- i) **GU7500J (Complainant, Nissan, Silver Colour)**
- ii) **GBJ228J (Fiat, Brown)**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSGT T130143 Liza
Date: 21/01/2019
Time: 1954hrs
Station Diary ref: 48
Police Post/Unit: Bedok South NPC

Bedok South NPC
No. 20 Chai Chee Drive
Singapore 469045
Tel: 1800-2448999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 19) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)
LOCATION: Kallang Pudding Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G47500J
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMCVSN 1629901802
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN CABSTAR
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: DATA CLEAN ASIA PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200504100R CONTACT: 6748 5377
c) ADDRESS: 246 Macpherson Road #05-02 Betime Building
S(248578)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammed Hendry Bin Mohd Noor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8204619D CONTACT: 8497 6643
c) ADDRESS: Blk 424D Vishun Ave 11 #05-322 S(764424)

* d) DATE OF BIRTH: (25 / 02 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Employer

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: Bedok South NPC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: G1BJ 228J MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(Including driver)
(04)

Passenger 1: Jani (M)

11 2: Amirul (M)

11 3: ~~Dev~~ (M)
Devindran

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

1000
Unit 101 Industrial Park 2
1000 25, 51 Ubi Ave
S(408933)

Email = REPORTING@
TOPQUE5.com
Fax = 6452 4584

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8204619D**

Name: **MUHAMMED HENDRY BIN MOHD NOOR**

Birth Date: **25 Feb 1982**

Valid Until: **02 Mar 2010**

001635193D

REPUBLIC OF SINGAPORE **IDENTITY CARD NO. S8204619D**

Name: **MUHAMMED HENDRY BIN MOHD NOOR**

Race: **MALAY**

Date of birth: **25-02-1982** Sex: **M** S8204619D

Country of birth: **SINGAPORE**

VEHICLES TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

| Class | Description | Valid Until |
|----------|--|-------------|
| Class 2B | Motorcycles < 200 CC | 15 Apr 2007 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 16 Nov 2004 |
| Class 2 | Motorcycles > 400 CC | 22 Nov 2006 |
| Class 3 | Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 1500 kg | 22 Feb 2014 |
| Class 4A | Omni-buses | 22 Mar 2017 |

S8204619D

S/No. 9000259807

Licence No: S8204619D

NP 428A

4430932

NRIC No: **S8204619D**

Date of issue: **30-06-2009**

APT BLK 424D YISHUN AVENUE 11 #05-322
SINGAPORE 764424

NRIC No: **S8204619D** Date: **05/02/2015 (R)**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Chi. Reg. No. 200206554E

MZ300/C
R SN
AN0586A
Cov.Type: F

MOTOR COMMERCIAL VEHICLE

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1952 (Malaysia)

ORIGINAL

CERTIFICATE No

DMCVSN1629901802

Engine No : QD32153245

Chano: JN1SF4F23Z0844190

1. Index Mark and Registrar
Number of Vehicle

GU75003

2. Name of Policy Holder

DATA CLEAN ASIA PTE LTD

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

06 June 2018

4. Date of Expiry of insurance

05 June 2019

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover:
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : HITACHI CAPITAL SINGAPORE PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

CHING PEI WEN ADELINE

Authorised Officer

Authorised Signatory