

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/02/2019 17:29	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19002418/K4	SAS e-filing		
Veh No: SGV 2710Y	E-mail (within 8hrs, AIC 2hrs)		
DOA: 10/02/2019 12:50	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SHA 8533B	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

NA1901098		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	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			
		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:-			
		ON*			
		*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			
Auditors' Comments:-		Invoice dated		Fee Charged	
Cat. 1:		Invoice dated		Fee Charged	
Cat. 2 / 3:					

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	11/02/2019 17:29
Date Of Accident	10/02/2019 12:50
Exact Location Of Accident	PIE EXITING TO TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV2710Y
Insured/Policyholder	
Name Of Registered Owner	MISS TEO LILIN
NRIC No	S8304653H
Email Address	TIS.SOLDIER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82827207
Alternative Phone No	OTHERS-82827207
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	DMPCSN3036631803
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TISWAL BIN BACHOK
NRIC No	S8224730J
Date Of Birth	10/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82827207
Fax Number	
Contact Number	OTHERS-82827207
Email Address	TIS.SOLDIER@GMAIL.COM

Address	BLK 271 TAMPINES STREET 21 #06-117
Postcode	520271
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 (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)	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

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	SHA8533B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW NGAN NGUAN
NRIC/Passport Number	S1281371F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD TISWAL BIN BACHOK
------	----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SGV2710Y

YES

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: 11/2/19

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

TPE

A-SGV 2710Y
B-SHA 8533B

I was ~~stop~~ at a stop and vehicle SHA 85338 hit my
car from the rear.

I was stationary from PIE exiting to TPE and vehicle
B (SHA 85338) hit on to my rear.

DECLARATION

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

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

Annex A

Transaction ref 20180821124924502571


The owner and vehicle particulars for Vehicle No. SGV2710Y as at 21 Aug 2018 are as follows:

1. Name	: TEO LILIN
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: S8304653H
4. Country/Region	: -
5. Vehicle No.	: SGV2710Y
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 08 Jun 2017
8. Original Registration Date	: 11 Jun 2007
9. First Registration Date	: 11 Jun 2007
10. Vehicle Type	: P10 - Passenger Motor Car
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: MITSUBISHI
16. Vehicle Model	: LANCER 1.6 M
17. Year of Manufacture	: 2007
18. Primary Colour	: Black
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: JMYSNCS3A7U008896
22. Propellant	: Petrol
23. Engine No./Motor No.	: 4G18J313
24. Engine Capacity(cc)/Power Rating(kW)	: 1,584.0
25. Maximum Power Output(kW/bhp)	: 79.0 / 105
26. Unladen Weight(kg)	: 1162

Annex A

Transaction ref 20180821124924502571

The owner and vehicle particulars for Vehicle No. SGV2710Y as at 21 Aug 2018 are as follows:



27. Maximum Laden Weight(kg)	: 1600
28. Open Market Value	: \$10,852.00
29. PARF Eligibility	: Forfeited
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: -
32. No. of Transfers	: 2
33. IU Label No.	: 1124526344
34. COE No.	: 2007070101001433W
35. COE Expiry Date	: 10 Jun 2027
36. COE Category	: A - Car (1600cc & below)
37. Quota Premium/Prevailing Quota Premium	: \$50,625.00
38. Actual Quota Premium/PQP Paid	: \$50,625.00
39. Actual ARF Paid	: \$11,579.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: -
49. Road Tax Amount	: \$0.00
50. Road Tax Start Date	: 13 Jun 2018
51. Road Tax End Date	: 12 Jun 2019
52. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category A.

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 10/5/19 Time 1251 Hrs
Exact Location Of Accident * PIE exiting to TPE

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SUV 2710 Y

Insured / Policyholder

Name of Registered Owner * TED LILIN
NRIC/FIN/Passport Number * 88304653H

Vehicle Particulars

Manufacturer Mitsubishi
Model Lancer 1.6M
Exact Purpose for which vehicle was being used at time of accident
* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
* Yes ☐ No ☒ Others

If No, please state action to be taken
* Third Party Claim ☒ Reporting Only ☐

Vehicle Category
* Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * CHINA TAIPING
Type of Coverage * Comprehensive
Fleet Policy Yes ☐ No ☒
Policy Number * DMPCSN 3036631803
Cover Note Number

Driver

Name of Driver * MO TIUWAL BIN BALHOK
NRIC/FIN/Passport Number * 88224730J
Date of Birth * 10/08/1982
Occupation * Crane Operator
Date of Driving Pass * 18/10/2010
Gender * Male ☒ Female ☐
Mobile Number * 82827207
Address * Blk 271 Tampines S7 21 #06-117 (520271)
Email Address * TIS.SOLDIER@GMAIL.COM

Was driver an employee of the Insured's Company?
* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured
* Spouse

SAS 1

TIS.SOLDIER@

GMAIL.COM

passenger 4 person

injury 1 person

3 person own
1 person
injured.

1-Driver

82827207

Injury
yes.

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident * ☒ collision rear damage.
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☒ No ☐
Was any other material or property damaged? Yes ☐ No ☒

Details of Injured Persons

Name * MD TIOWAL BIN BACHOK
Address * BIK 271 TAMPIKES ST 21 06-117
Approximate Age * 36
Injuries Sustained * Back, Neck & Head.
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☒ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☒

Details of Police Action

Was the Accident reported to the Police? * Yes ☒ No ☐
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☐
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SHA 8533 B
Vehicle Make / Model / Colour * HYUNDAI
Detail Of Properties
Name of Driver * LAW NGAN NGUAN
NRIC/Passport Number * S1281371F
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

Details Of Witness

Name
Phone Number
Email Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8224730J



Name

MUHAMMAD TISWAL BIN BACHOK



Race

MALAY

Date of birth

10-08-1982

Country/Place of birth

SINGAPORE

Sex

M

S8224730J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S8224730J

MUHAMMAD TISWAL BIN BACHOK

Birth Date: 10 Aug 1982

Issue Date: 18 Oct 2010



001902659C

5201454



NRIC No. S8224730J



Date of issue

02-08-2013

Address

APT BLK 271 TAMPINES STREET 21
#06-117
SINGAPORE 520271

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

Class 4A Omnibuses

EFFECTIVE DATE

18 Oct 2010

29 Jan 2012

S8224730J

S/No. 9000168611

NP 428A



Licence No. S8224730J

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)

58304653H

CERTIFICATE No.	DMPCSN3036631803	Engine No : 4G18JC6622 Chassis No: JMYSNCS3A7U008896
1. Index Mark and Registration Number of Vehicle	SGV2710Y	
2. Name of Policy Holder	MISS TEO LILIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 AUGUST 2019	NAMED DRIVERS EX SECT. IS\$800.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25S\$3,000.00 EX SECT. I - AGE >= 26S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	20 AUGUST 2019	EX ON WINDSCREENS\$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 * 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

CCL INSURANCE AGENCY PTE LTD
BLK 9006 TAMPINES ST.93
#01-198 SINGAPORE 528840
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

Accident

Hotline: 96214 666
24 Hours / 7 Days