

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NMA 419039408

Date In: 26/03/2019 12:26	Job description	Date & Time Completed	Done by
Ref No: NMA/CTZ/19005353/Y	SAS e-Milling		
Veh No: GBT 5005 M	E-mail (by date 2hrs, A/C 2hrs)		
D.O.A: 25/03/2019 19:00	I-Motor Claim Form		
OID: 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: 96P 2352D	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Forfeiting against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	9) NI: Idao Mobile	
QC Checked by (Engr-In-Charge):	ON:	
	* NS: Courtesy Car / TP Allowance	\$1
	* Not Repair Coordination	\$10
	* Not Post Repair Inspection	\$25
	* Not DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non-INC) * galraud	\$30
	Invoice dated	
	Fee Charged	
	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	26/03/2019 12:28
Date Of Accident	25/03/2019 19:00
Exact Location Of Accident	INFRONT OF BEDOK POINT @ NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5005M
Insured/Policyholder	
Name Of Registered Owner	M/S VALUTA-AYU-YAN-SERVICES & TRADING
Co Reg No	52972621A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86848829
Alternative Phone No	OFFICE-86848829

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1818981800
Cover Note Number	

Driver

Name of Driver	HIMAM ICHWANDY BIN SYAIFUL ICHWAN
NRIC No	S8012768E
Date Of Birth	30/04/1980
Occupation	INDOOR
Date Of Driving Pass	21/04/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86848829
Fax Number	
Contact Number	OTHERS-86848829
Email Address	NOEMAIL

Address	BLK 171 LORONG 1 TOA PAYOH #02-1138
Postcode	310171
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)	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	SGP2352D
Vehicle Make/Model/Colour	
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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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.

210, ROBINSON ROAD, #01-100 CITY PLAZA
SINGAPORE 068973
TEL: 6743 1576 FAX: 6743 2081

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.:

in front of Bedok Point
@ New Upper Changi Road

Vehicle A: GBH 5005 m
Vehicle B: SGP 2352 D

On the stated date and time, I Vehicle A stopped as the vehicle in front of me stopped. Suddenly Vehicle B hit onto my vehicle rear portion.

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



Reporting Centre Personnel's Signature
Name: Resh Winton
NRIC/FIN No.: 26/03/2009

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/03/2019 / 2018 (dd/mm/yy) Time of Accident: 19 : 00 (24-HR-FORMAT)

Vehicle No.: GBH 5005 M Vehicle Make & Model: Toyota Hiace

Exact location of Accident: Infront of Bedok Point @ New Upper Changi Road

Policyholder's Name / IC No.: VALUTA-AYU-YAN SERVICES & TRADING 52972621A

Driver's Name / IC No.: Himam Ichwandy Bin Syaiful Ichwan S8012768E (As Above) ☐

Driver's Contact No.: 8684 8829 Company Contact No: _____

Driver's Address: 810 GEYLANG ROAD #02-11 CITY PLAZA SINGAPORE (409286)

Insurance Company: China Taiping Email address (if any): _____

Relationship between Owner & Driver: Employee
Owner / Spouse / Children / Friend / Parent / Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGP 2352 D

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Number: **S8012768E**

Name: **HIMAM ICHWANDY BIN SYAIFUL ICHWAN**

Birth Date: **30 Apr 1980**


Issue Date: **21 Apr 2010**

001849462C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8012768E



Name: **HIMAM ICHWANDY BIN SYAIFUL ICHWAN**


Race: **BOYANESE**

Date of birth: **30-04-1980**

Sex: **M**

Country of birth: **SINGAPORE**

S8012768E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with < 27 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: 21 Apr 2010

NP 428A

License No: **S8012768E**

47147451



NRIC No: **S8012768E**



Date of issue: **30-04-2011**

Address: **APT BLK 171 LORONG 1 TDA PAYOH #02-1138 SINGAPORE 310171**

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.	DMCVSN1818981800	Engine No :1KD2808197
		Chassis No:JTFHT02P100243330
1. Index Mark and Registration Number of Vehicle	GBH5005M	
2. Name of Policy Holder	M/S VALUTA-AYU-YAN SERVICES & TRADING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 JUNE 2018	EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	19 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. : UNITED OVERSEAS BANK LIMITED 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA419039409 Vehicle Registration No: GBH 5005M
Name (as shown in NRIC): HIMAN JETHWANI Bm SHATEEL JETHANI NRIC/FIN/Passport No: S80/2768E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 86848829
Email Address: _____
Date of Accident: 25/03/2019 Time of Accident: 19:00
Place of Accident: IN FRONT OF BROOK POINT GINAW UPPER CHONGEY ROAD
Insurance Company: CHINA TAIPIER

(B) ADDITIONAL INFORMATION & AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE SHOULD BE CHINA TAIPIER & NOT INDIA INTERNATIONAL

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid Wani
NRIC/FIN No.:
Date: 27/03/2019