

Date In: 8/4/19 15:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAICTZ 19006159/h4.	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SJM 2733T	I-Motor Claim Form		
D.O.A: 6/4/19 10:45.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / HC Assign Wksp / GW: () Tol: () Fax: ()

TP Particulars: Veh No: SGQ 365A. 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: (INC within 6/18/6016)
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Claims Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Ref: 1: Ref: 2/3:	NA1902498	Invoice/Reparation Credits	Am't (\$)	Ytd Amt (\$)
	1) AR: Accident Reporting (\$30)	30.00		
	2) DA: Damage Assessment (\$100); INC (\$10)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming at least IHC Only (ref 10 Jan 2005)			
	6) TR: Re-Inspection \$75			
	7) NI: Idan DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
Q1:				
* N5: Courtesy Car / Tpt Allowance \$3				
* N6: Repair Coordination \$10				
* N7: Post Repair Inspection \$25				
* N8: DV / Collect Excess Coordination \$3				
TP (N11): TP (Non INC) against INC \$20				
N12: Idan 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	08/04/2019 15:00
Date Of Accident	06/04/2019 10:45
Exact Location Of Accident	BUKIT TIMAH RD B4 ESSO STATION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM2733T
Insured/Policyholder	
Name Of Registered Owner	KAMAL NORGHAMAR BIN ABDUL GHAFAR
NRIC No	S8010739J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82015285
Alternative Phone No	OFFICE-82015285
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
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	DMPCSN3020151900
Cover Note Number	-
Driver	
Name of Driver	KAMAL NORGHAMAR BIN ABDUL GHAFAR
NRIC No	S8010739J
Date Of Birth	03/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82015285
Fax Number	
Contact Number	OFFICE-82015285
EMail Address	NOEMAIL

Address	BLK 615 WOODLANDS AVE 4 #09-503
Postcode	730615
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : A'AISA BIN M.ARIS GENDER: : MALE
Passenger 2	NAME: : ZAEEDA BTE MAJID GENDER: : FEMALE
Passenger 3	NAME: : NUR NABILA A'AISA GENDER: : FEMALE
Passenger 4	NAME: : RASIDAH 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

PLEASE REFER TO 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	SGQ365A
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFK2678C
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)

DETAILS OF INJURED PERSON 1

Name KAMAL NORGHAMAR BIN ABDUL GHAFAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name A'AISA BIN M.ARIS
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ZAEHA BTE MAJID
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM2733T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address

Postcode

DETAILS OF INJURED PERSON 4

Name NUR NABILA A'AISA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJM2733T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name RASIDAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJM2733T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

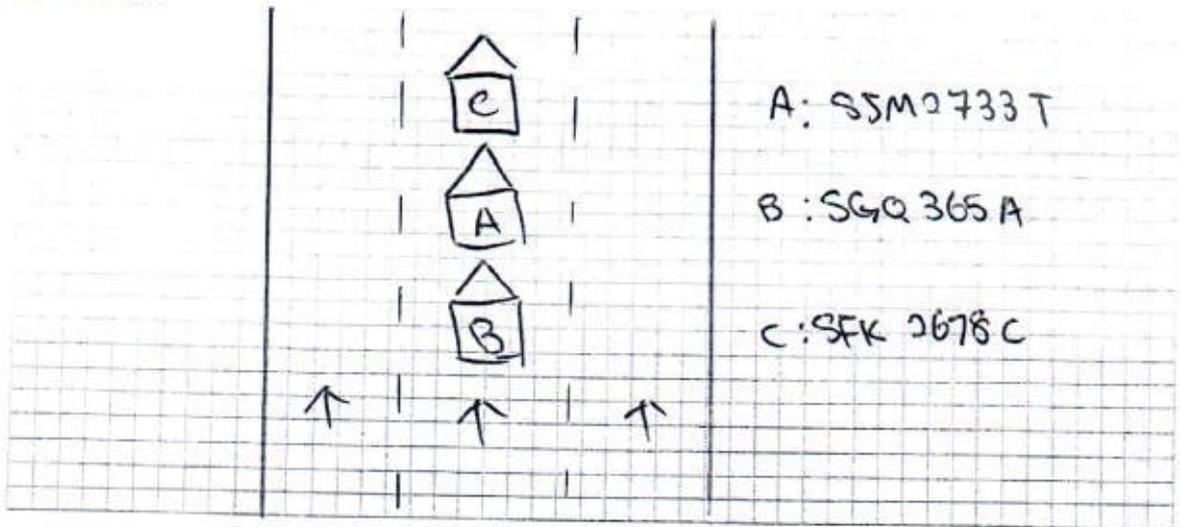


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date, time & location, I was driving my vehicle 'A', when the front vehicle slowed down & came to a complete stop. Stop, hence I follow suit. Suddenly, I felt a huge impact from the rear, the impact caused my vehicle to hit onto the vehicle front vehicle. I alight to make a check, it was vehicle 'B' that collided onto my rear portion, causing my vehicle to hit onto vehicle 'c'.

A : SJM 2733 T
 B : SGQ 365 A
 C : SFK 2678 C

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.:

AK.

ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 4 / 2019 (DD/MM/YYYY), TIME: 10 : 45 (HH:MM)

LOCATION: Bukit Timah Road Before Esso Fuel station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSM 2733T
- b) INSURANCE COMPANY: CHINA TAIPIING
- c) POLICY NUMBER: DMPCSN 3020151900
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MITSUBISHI LANCER EX 1.5
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- 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: KAMAL NORHAMAR BIN ABOL (MALE / FEMALE) GHAFAH
- b) NRIC/FIN/PASSPORT: S2010739J CONTACT: 82015285
- c) ADDRESS: 615 Woodlands Ave 4 #09-503 S(730615)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 03 / 05 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SGO 365A (B) MODEL: Volkswagen TOURAN
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFK 2678C (C) MODEL: Infinity Q50
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)
(05)

① A'aisa Bin M. Aris - M

② Zaheda Bte Majid - F

③ Nur Nabila A'aisa - F

④ Rasidah - F

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email = ric06044+oservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8010739J



Name
KAMAL NORGHAMAR BIN
ABDUL GHAFAR
كامل نورقمر بن عبدالغفار

Race
MALAY

Date of birth
03-05-1980

Country of birth
SINGAPORE

Sex
M

S8010739J

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8010739J

KAMAL NORGHAMAR BIN
ABDUL GHAFAR

4897028



NRIC No. S8010739J

Date of issue
24-03-2011

APT BLK 615 WOODLANDS AVENUE 4 #09-503
SINGAPORE 730815

NRIC No: S8010739J Date: 11/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

Class 2B	Motorcycles <= 200 CC	10 May 1999
Class 2A	Motorcycles between 201 CC and 400 CC	17 Dec 2002
Class 2	Motorcycles > 400 CC	22 Feb 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 3500 kg	27 Apr 2004

S8010739J

S/No. 9000135849

NP 420A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

MX1F
N SN
AN05B2A
COMPREHENSIVE
AUTOSAFE

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, 1959 (Malaysia)

CERTIFICATE No.	DMPC8N3020151900	Engine No : 4A910118648	Chassis No: JMYSRCY2A9U002547
1. Index Mark and Registration Number of Vehicle	SJM2733Y		
2. Name of Policy Holder	MR KAMAL NORGHAMAR BIN ABDUL GHAFAR		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 MARCH 2019 (14.35 HOURS)	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:	
4. Date of Expiry of Insurance	14 MARCH 2020	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT	
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00	

- (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 FACE-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.

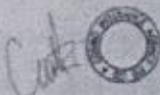
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

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. : TECK WEI CREDIT 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, 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.



Countersigned By:

Authorized Officer

Authorized Signatory

ORIGINAL

THE SCHEDULE

Agency	AN0582A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3020151900
Account	AN0582A	Issued on 15/03/2019 in SINGAPORE		
Client	3242464	Acceptance Date	15/03/2019		

Period of insurance from 1435 hours on 15/03/2019 to 2400 hours on 14/03/2020

Insured's Name...	KAMAL NORGHAMAR BIN ABDUL GHAFAR
Address.	BLK 615 WOODLANDS AVENUE 4 #09-503 SINGAPORE 730615

Business/Occupn...	POLICE OFFICER
Financial interest	TECK WEI CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium.....	\$51,568.60		
	Less 20% Autosafe Scheme.....	\$313.72-		
	No Claim Discount	\$80.00		
	Total Annual Premium	\$51,254.88	Premium Due	\$51,254.88
			Premium GST	\$87.84
			Total Due	\$51,342.72

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	26-12-2008		
1. Registration	SJM2733T	Make/Model ..	MITSUBISHI LANCER EX 1.5 MIVEC	
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ..	4A910110648	Capacity cc's	1499	Yr of Manuf/Regn 2008/2008
Chassis No...	JMYSRCY2A9U002547			
				Certificate Ref. MX1F
Sum Insured..Market value at the time of loss				
Named Drivers Ex Sect. I		\$500.00		
Additional Ex Other than Named Drivers:				
Ex Sect. I - Age <= 25.....		\$3,000.00		
Ex Sect. I - Age >= 26.....		\$500.00		
* Age as at date of accident				
EX ON WINDSCREEN		\$100.00		
Named Drivers THE INSURED				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00
 Notwithstanding anything contained to the contrary, we will waive up to the first \$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

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