

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 1901936

Date In: 15/1/19-19:20	Job description	Date & Time Completed	Done by
Ref No: NA/1901936/24	SAS e-filing		
Veh No: 514870A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/1/19-10:55	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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: 514870A 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 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

NA1901936

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QD*			
*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 (N'n 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 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	15/04/2019 19:22
Date Of Accident	13/04/2019 10:55
Exact Location Of Accident	JURONG GATEWAY RD TWDS TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5873A
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	53243454D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91218800
Alternative Phone No	OFFICE-91218800

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMHCSN1915451900
Cover Note Number	

Driver

Name of Driver	SYARULNIZAM BIN MASLAN
NRIC No	S9112182D
Date Of Birth	29/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93468835
Fax Number	
Contact Number	OFFICE-93468835
EMail Address	NOEMAIL

Address	BLK 76 TELOK BLANGAH DRIVE #02-278
Postcode	100076
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?	
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: : - 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBT7105G
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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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

Jurong Gateway Rd Towards to Toh Guan

Veh A: SJW 5873A

Veh B: SBT 7105G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time. I veh A' (SJW 5873A) was stationary on Jurong gateway road towards tohguan waiting for the traffic light to turn green. When suddenly the veh B' (SBT 7105G) in front of me start reversing and collided into 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.:

VEHICLE NO:	SJW5873A		MAKE & MODEL:	PERATO FORTE	
DATE OF ACCIDENT	13 / 04 / 2019				
TIME OF ACCIDENT	10.55 AM				
LOCATION OF ACCIDENT	Jurong Gateway Rd Towards Ton Guan				
Exact Purpose use during accident					
NAME OF OWNER	ECHAN STUDIO				
TELP NO	9121 8800				
ROC	532434540				
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> Reporting Only				
PRIVATE HIRE	YES / <input checked="" type="checkbox"/> NO / ?				
INSURANCE CO.	CHINA TAI PING				
TYPE OF COVERAGE	Comprehensive / <input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft				
POLICY NO.	DMHCSN1915451900				
NAME OF DRIVER	As above / If No: SYARULNIZAM BIN MASLAN				
NRIC	S9112182D Any passengers: 01				
DATE OF BIRTH	29 / 03 / 1991				
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor				
DATE OF DRIVING PASS	15 / 03 / 2013				
GENDER	Male / <input checked="" type="checkbox"/> Female				
CONTACT NO.	9346 8855 Office: Home:				
ADDRESS	Rt 76 Telok Blangah Drive #02-278 S(100076)				
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No: -				
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:				
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:				
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:				
ANY INJURIES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	SBT 7105 G Any Passenger:				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
ARTICULAR WORKSHOP	Sme Motor Pte Ltd Email: ricoforautoservices@gmail.com				
WP NO	1 Kaldi bulkit ave 6 #02-15				
CONTACT PERSON	Autobay @ kaki bulkit				
FX NO	Singapore 417883				
	Telp: 67476106 (6 lines)				
	Fax: 67442368				

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9112182D**

Name:

SYARULNIZAM BIN MASLAN

Birth Date: **29 Mar 1991**

Issue Date: **30 Dec 2010**



001924370A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9112182D



Name

SYARULNIZAM BIN MASLAN



Race

MALAY

Date of birth

29-03-1991

Sex

M

Country of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASS

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 CC

30 Dec 2010

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

15 Mar 2013

S9112182D

S / No. 9000178692

NP 428A

Licence No: S9112182D

855663



NRIC No. S9112182D



Date of issue

01-04-2006

APT BLK 76 TELOK BLANGAH DRIVE #02-278
SINGAPORE 100076

NRIC No: S9112182D

Date: 01/10/2012

No: 7162382

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.	DMHCSK1915451900	Engine No: 104FC9H345508 Chassis No: KNAFM411MA5178517
1. Index Mark and Registration Number of Vehicle	SJW5873A	
2. Name of Policy Holder	ECHAN STUDIO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	7 APRIL 2019	EXCESS SECT. I EXCESS SECT. I (OUTSIDE SINGAPORE) EXCESS SECT. II EXCESS SECT. II (OUTSIDE SINGAPORE) EX OR WINDSCREEN
4. Date of Expiry of Insurance	6 APRIL 2020	
5. Persons or Classes of Persons entitled to drive *		
AS PER NAMED DRIVER(S) STATED BELOW.		
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.		
ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORIZED HIRER/DRIVER ONLY.		
6. Limitations as to use: *		
(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.		
(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.		
THE POLICY DOES NOT COVER:		
(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.		
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.		
HIRE PURCHASE CO.: SWEET BENG CREDIT PTE LTD AS HP OWNER		
* Limitations rendered inoperative by Section 9 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Authorised Officer

Authorised Signatory