

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA19023843**

Date In: 6/6/14-13:15	Job description	Date & Time Completed	Done by
Ref No: NA/171901005/24	SAS e-filing		
Veh No: SMF 29994	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 5/6/14-14:15	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:	Veh No: MA34642	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

NA1904168	Invoice Preparation Checklist	Ant (\$) In 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		
	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:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	06/06/2019 17:15
Date Of Accident	05/06/2019 19:15
Exact Location Of Accident	LOYANG AVE TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2929Y
Insured/Policyholder	
Name Of Registered Owner	MR NORSHAIRAZI BIN NORUDIN
NRIC No	S8619848G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94599613
Alternative Phone No	OFFICE-94599613

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EVO-GSR 2.0 MT ABS D/AB 4WD TURBO
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	DMPCSN1840861800
Cover Note Number	

Driver

Name of Driver	NORSHAIRAZI BIN NORUDIN
NRIC No	S8619848G
Date Of Birth	30/07/1986
Occupation	INDOOR
Date Of Driving Pass	18/01/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94599613
Fax Number	
Contact Number	OFFICE-94599613
Email Address	NOEMAIL

Address	BLK 632 CHOA CHU KANG NORTH 6 #04-209
Postcode	680632
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	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)	4
Passenger 1	NAME: : NUR AL' ANNISA NATASHA BINTE NOR HISHAM GENDER: : FEMALE
Passenger 2	NAME: : IZZ KHALIFAH GENDER: : MALE
Passenger 3	NAME: : YUNIZAR BINTE HAMBALI 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA3464R
Vehicle Make/Model/Colour	HONDA
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 NORSHAIRAZI BIN NORUDIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF2929Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AL' ANNISA NATASHA BINTE NOR HISHAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF2929Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name IZZ KHALIFAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF2929Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name YUNIZAR BINTE HAMBALI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF2929Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

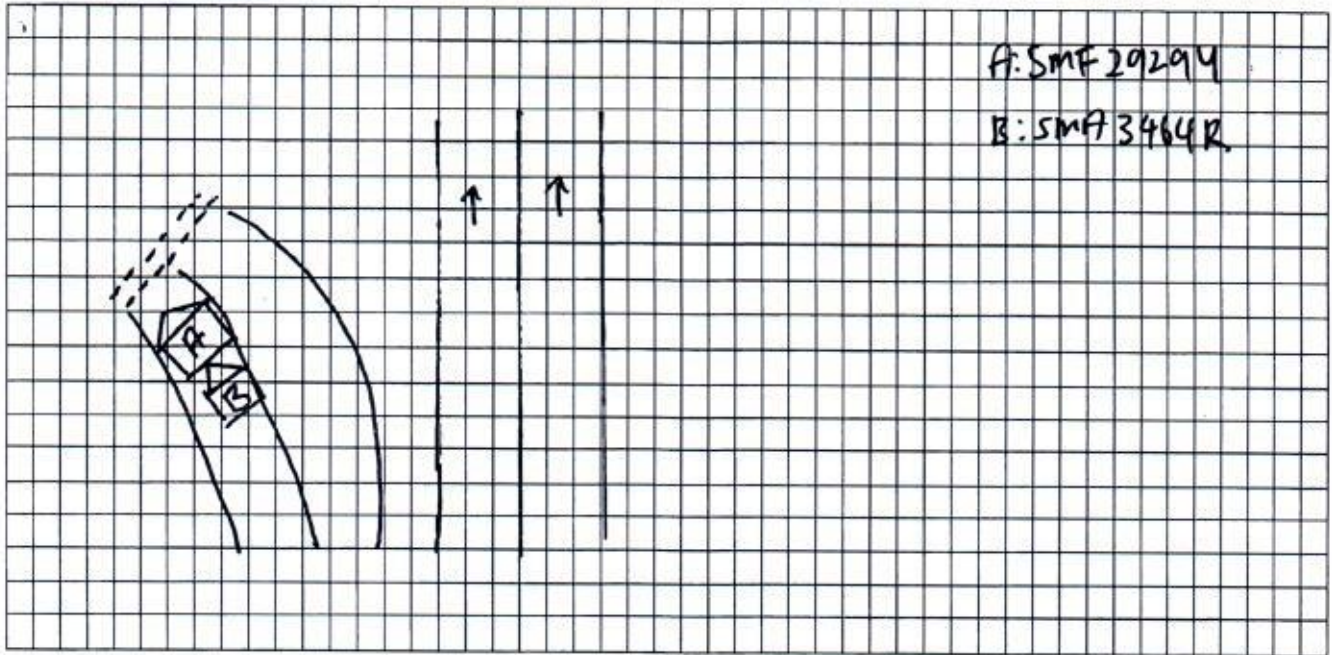


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Loyang Avenue towards ~~TPG (PIG)~~, & was turning into a slip road towards TPG (PIG) - I then proceeded to stop to check for oncoming traffic and was stationary suddenly I felt a huge impact on the rear of my vehicle. I got down and realised I was involved in an accident.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	05/06/19	(DD/MM/YY)
Time of accident	19:16	(HH:MM)
Exact location of accident	LOYANG AVENUE TOWARDS TPE (PIE)	

DETAILS OF VEHICLE

Vehicle registration number	SMF29294		
Vehicle make and model	MITSUBISHI EVOLUTION X		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	LEISURE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	CHINA TAIYING		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	NORSHAIKAZI BIN NORUDJIN	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S86198484		
Contact	94599613		
Address	BLK 632 HOA CHU KANG NORTH 6 #04-209	S680632	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	NORSHAIKAZI BIN NORUDJIN	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S86198484		
Contact			
Address			
Email address			
Date of birth	30/07/1986		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	30 JUL 1986		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	4 (Inclusive of driver)

PASSENGER 1	
Name	NORSHARAZI BIN NORUPIN
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	NUR AI' Annisa Natasha Binte NOR Hisham
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	Izz Khalifah
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	YUNIZAR BINTI HAMBALI
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMA 3464 R
Vehicle make model	HONDA
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	NORSHARIZI BIN MURYDIN
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	MYR AL'ANNISA NATASHA BINTI NOR HISHAM
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	MUNIZAK BINTI HAMBALI
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	IZZ KHALIFAH
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

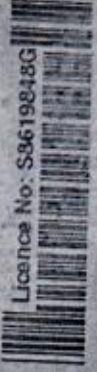
INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Issue Date
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg	18 Jan 2005

NP 428A

Licence No: S8619848G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8619848G



Name
NORSHAIRAZI BIN NORUDIN

Race
MALAY

Sex
M

Date of birth
30-07-1986

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE
DRIVING LICENCE



NORSHAIRAZI BIN NORUDIN

Birth Date: **30 Jul 1986**
Issue Date: **18 Jan 2005**

001315016H



5701066



NRIC No. S8619848G



Date of issue
15-02-2017

APT BLK 632 CHOA CHU KANG NORTH 6 #04-209
SINGAPORE 680632

NRIC No: S8619848G Date: 23/03/2019



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

MX1/BN SN
AN0592A
Cov.Type: C
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, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN1640861600	Engine No : 4B11BQ8465 Chassis No: JMF5NCZ4A9U000243
1. Index Mark and Registration Number of Vehicle	SMF2929Y	
2. Name of Policy Holder	MR NORSHAIRAZI BIN NORUDIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 DECEMBER 2018 (16:06 HOURS)	NAMED DRIVERS EX SECT. 1\$33,500.00 EXCESS SECT. 1 (OUTSIDE SINGAPORE).....\$37,000.00 EX ON WINDSCREEN\$9100.00
4. Date of Expiry of Insurance	19 DECEMBER 2019	
5. Persons or Classes of Persons entitled to drive *	<p>AS PER NAMED DRIVER(S) STATED BELOW.</p> <p>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.</p> <p>THE INSURED DRIVING ONLY</p>	
6. Limitations as to use: *	<p>USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.</p> <p>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.</p>	
<p>HIRE PURCHASE CO. : SPEEDO CAPITAL PTE LTD AS HP OWNER</p> <p>* 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.</p>		

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