

NATIONAL Assessment Centre Services

[Ref: JAV00]

Date In: 10/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ19010223/13	SAS e-filing		
Veh No: SKT6522K 1345	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/06/19	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: (TWINCAR) Tel: Fax:)

TP Particulars: Veh No: SLQ2227M 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

NA1904295 Invoice Preparation Checklist Amt (\$) Amt (\$) Ist 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

Auditors' Comments:- For claiming against INC Only (wef 10 Jan 2005)

Cat. 1: 6) TR: Re-inspection \$75

Cat. 2/3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idac Mobile \$30

Invoice date/ 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	10/06/2019 18:54
Date Of Accident	08/06/2019 13:45
Exact Location Of Accident	BLK 35A MARINE CRES MSCP DECK 1 OR DECK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6522K
Insured/Policyholder	
Name Of Registered Owner	MR MUHAMMAD FIRDAUS BIN ABDUL MALEK
NRIC No	S8715309F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90109647
Alternative Phone No	OTHERS-90109647

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	DMPCSN3055051800
Cover Note Number	

Driver

Name of Driver	MR MUHAMMAD FIRDAUS BIN ABDUL MALEK
NRIC No	S8715309F
Date Of Birth	18/05/1987
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90109647
Fax Number	
Contact Number	OTHERS-90109647
EMail Address	NOEMAIL

Address	BLK 511B YISHUN STREET 51 #09-433
Postcode	762511
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	INSIDE MSCP
Road Surface	INSIDE MSCP

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2327M
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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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

 10/06/19

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

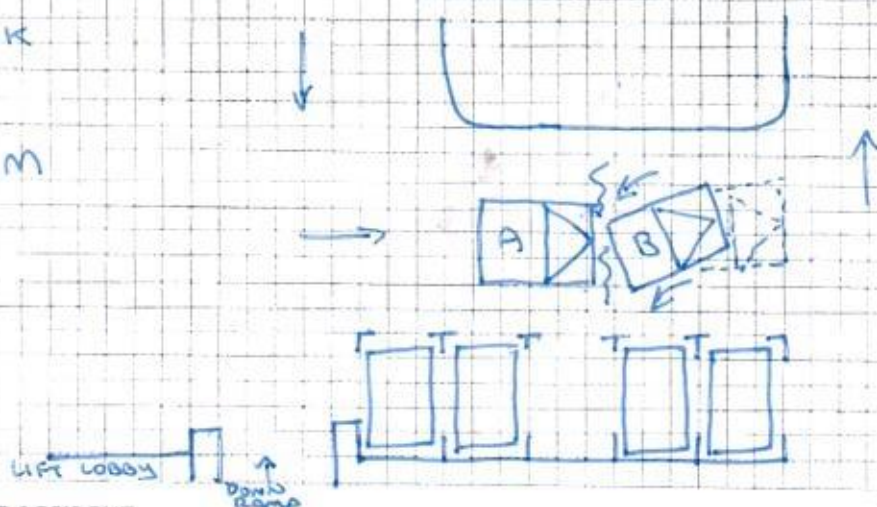
SKETCH PLAN

BLK 35A MARINE CRESC MSCP

DECK 1 OR DECK 2

VEHICLE A
- SKT 6522K

VEHICLE B
- SLQ 2327M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ALONG THE DRIVEWAY OF THE MSCP OF BLK 35 A MARINE CRESCENT.

WHILE MAKING MY WAY OUT OF THE MSCP, THERE WAS THIS VEHICLE IN FRONT OF ME. SUDDENLY STOPPED HIS VEHICLE, AND SO I TOO APPLIED BRAKES TO STOP MY VEHICLE. THEN I NOTICED THAT HE ENGAGED INTO THE REVERSE GEAR AND STARTED REVERSING HIS VEHICLE, SO IMMEDIATELY I SOUNDED MY HORN TO WARN THE DRIVER AND I TOO ENGAGED INTO REVERSE GEAR HOPE THAT I CAN PREVENT MYSELF BEING HIT BY THE VEHICLE. NEVERTHELESS, AS THE VEHICLE REVERSED TOO FAST, I DOESN'T HAVE ENOUGH TIME TO REACT AND EVENTUALLY GOT HIT ON THE FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO ADD IN THAT, DURING THIS REVERSING, HE DIDN'T SWITCH ON THE HAZARD LIGHT TO SHOW HIS INTENTION OF PARKING HIS VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLQ 2327M) THAT HIT ONTO MY VEHICLE WHEN HE WAS REVERSING HIS VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SKT 6522K

VEHICLE B - SLQ 2327M

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.	SKT 6522 K	Model / Make	BMW 523i
Date of Accident	08/06/2019		
Time of Accident	1345	HRS	
Location of Accident	BLK 359 MARINE CASCANT (MSCP) EITHER DECK 1 OR DECK 2		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUHAMMAD FIRDANS BIN ABDEL MALEK		
Telephone No.	H/P : 9010 9647	Home :	Office :
NRIC	S 8715309F		
Address	BLK 511B MISHAW ST 51 #09-433 S(762511)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIAN		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPCLSN 3055051800		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	NIL
Date of birth	18 MAY 1987		
Occupation	Outdoor / Indoor		
Driving License Pass Date	26 JAN 2006		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	OWNER	
Weather condition	Clear Raining Other	INDOOR MSCP	
Road Surface	Dry Wet Other	INDOOR MSCP	
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLQ 2327 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT PORTION.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8715309F



Name

MUHAMMAD FIRDAUS BIN ABDUL
MALEK

Race

MALAY

Date of birth

18-05-1987

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8715309F

Name

MUHAMMAD FIRDAUS BIN ABDUL
MALEK

Birth Date: 18 May 1987

Issue Date: 21 Sep 2018



002848338H

5174164



NRIC No: S8715309F



Date of issue

23-05-2013

APT BLK 511B YISHUN STREET 51 #09-433
SINGAPORE 762511

SING S8715309F

Date: 03/12/2016

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	26 Jan 2006
Class 2A	Motorcycles between 201 cc and 400 cc	07 Aug 2007
Class 2	Motorcycles > 400 cc	21 Apr 2009
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	26 Jan 2006

NP 428A



Licence No: S8715309F

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.

DMPCBN3055051800

Engine No : 08957864N52B25AF

Chassis No: WBAFP32090C867946

1. Index Mark and Registration
Number of Vehicle

SKT6522K

2. Name of Policy Holder

MR MUHAMMAD FIRDAUS BIN ABDUL MALEK

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment

16 AUGUST 2018

NAMED DRIVERS EX SECT. 1.....S\$1,200.00

IN ADDITION TO NAMED DRIVERS EX:

EX SECT. 1 - AGE <= 25.....S\$3,000.00

EX SECT. 1 - AGE >= 26.....S\$500.00

* AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREEN.....S\$100.00

4. Date of Expiry of Insurance

16 AUGUST 2019

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\$1,000 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. : MAYBANK 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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Jermaine Kong
Autoshield Pte Ltd
Senior Manager,
Business Development

Authorised Signatory

DID: 63850777 Mobile: 85881688
Email: jermaine@autoshield.com.sg

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6388 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com
www.autoshield.com.sg