

# NATIONAL Assessment Centre Services

(Form 1 Jan 2019)

MAY 19 07 9810

Date In: 19/06/2019 11:51	Job description	Date & Time Completed	Done by
Ref No: 19010719010835/4	SAS e-filing		
Veh No: SJE 29134	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/2019 15:00	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: (
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TP Particulars:	Veh No: SJE 1288M	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: (
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Date/Time	Actions

NA/904606	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$20		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
Cal. J:	6) TR: Re-inspection \$25		
Cal. 2/3	7) N1: Idno DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:		
	9) N11: TP (N-in INC) against INC \$20		
	10) N12: Idno Mobile \$30		
	Invoice dated	Pen 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	19/06/2019 11:51
Date Of Accident	16/06/2019 15:00
Exact Location Of Accident	SLE TOWARDS CITY BETWEEN THOMSON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2913H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUMTAJ BIVI D/O MUHAMED ANWAR
NRIC No	S6909500C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96150495
Alternative Phone No	OTHERS-96150495
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CIVIC
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1920151900
Cover Note Number	
<b>Driver</b>	
Name of Driver	KISHEN S/O NIBALAGI
NRIC No	S9444069F
Date Of Birth	21/11/1994
Occupation	INDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96150495
Fax Number	
Contact Number	OTHERS-96150495
Email Address	NOEMAIL

Address	BLK 518 WOODLANDS DRIVE 14 #07-259
Postcode	730518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCE'S MOTHER
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	7
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)	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	SME1283M
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	SJL12L
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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 3

Vehicle Registration Number SJJ8758Z  
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 4

Vehicle Registration Number SKM7670X  
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 5

Vehicle Registration Number SLR3873R  
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 6

Vehicle Registration Number SLE3223K  
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 KISHEN S/O NIBALAGI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJE2913H  
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.

x 

Policy holder's signature  
Date / time:



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

  
19/08/2019  
reporting centre personnel's Signature  
Date / time:



SKETCH PLAN

SUEX CITY BEFORE Womoku taxi 7



A: SJE2913H  
 B: SME1283M  
 C: STL12L  
 D: STJ8758Z  
 E: SKM7670X  
 F: SLR3873R  
 G: SLE 3223K

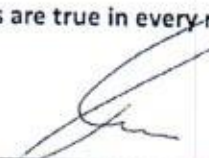
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



I was travelling along CTE towards city before upper thoman on the 2nd lane. As the front car suddenly stop and stop, I was able to stop in time and at a sudden, I felt a huge impact from my vehicle rear portion and the impact caused my car to swerve forward and collided onto the front.

DECLARATION

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

x   
 Policy holder's signature  
 Date & time:

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

 19/08/2019  
 reporting centre personnel's Signature  
 NRIC/FIN No.: 

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

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

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16/06/2019 (dd/mm/yy) Time of Accident: 15:00 (24-HR-FORMAT)

Vehicle No.: SJE 2913H Vehicle Make & Model: Honda Civic

Exact location of Accident: PLE > city bet Thomson Exit

Policyholder's Name / IC No.: Mumtaj Binti D/O Mohamed Anwar S+909500

Driver's Name / IC No.: Kishen S/O Nibalagi 59444069F (As Above) ☐

Driver's Contact No.: 96150495 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: Blk 518 Woodlands Dr 14 #07-255 S(730518)

Email address: \_\_\_\_\_ Insurance Company: China Taipei

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Fiance & mother

**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?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver): 01

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

**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: Kishen S/O Nibalagi, 2 days MC

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SJE 2913H

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: (B) SME 1283M ✓

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: (C) SJL 12L ✓

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

(D) SJJ87582 ✓

(F) SLR 3873R ✓

(E) SKM 7670X ✓

(G) SLE 3223K ✓



Driver

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE  
IDENTIFICATION CARD NO: S9444069F



Name  
KISHEN S/O NIBALAGI

Race  
INDIAN

Date of birth  
21-11-1994

Sex  
M

Country of birth  
SINGAPORE

S9444069F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Kishen S/O Nibalagi

License Number: S9444069F

Name: KISHEN S/O NIBALAGI

Birth Date: 21 Nov 1994

Issue Date: 26 Sep 2016

Barcode: 002613483E

For LKK/NAC Use Only

Barcode

NRIC No: S9444069F

Expiry of Period: 06-01-2009

Address:  
APT BLK 518 WOODLANDS DRIVE 14  
#07-259  
SINGAPORE 730518

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

Class	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	EFFECTIVE DATE
Class 3		26 Sep 2016

For LKK/NAC Use Only

NP 425A



OWNER

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S6909500C**



Name



**MUMTAJ BIVI D/O MOHAMED  
ANWAR**

Race

**INDIAN**

Date of Birth

**17-03-1969**

Sex

**F**

Country of Birth

**SINGAPORE**

*For LKK/NAC Use Only*

243461



NRIC No. **S6909500C**



Nationality

**MALAYSIAN**

Blood Group

**O-**

Date of issue

**09-01-2002**

*For LKK/NAC Use Only*

Address

**APT BLK 278 BISHAN STREET 24  
#04-68  
SINGAPORE 570278**





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co Reg. No. 200208384E

MX1F  
N SN  
BR0066A  
Cov.Type: C

MOTOR PRIVATE CAR

### 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)

ORIGINAL

CERTIFICATE No.	DMPCSN1920151900	Engine No :R16A13003768 Chano:JHMF046208S201251
1. Index Mark and Registration Number of Vehicle	SJE2913H	AUTOSAFE
2. Name of Policy Holder	MUMTAJ BIVI D/O MOHAMED ANWAR	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07 May 2019 (17:13 Hours)	Named Drivers Ex Sect. I ..... S\$500.00 Additional Ex other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	06 May 2020	
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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.	

\* 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.

Issued By: GING PEI WEN ADELINE  
Authorised Officer

Authorised Signatory