

# NATIONAL Assessment Centre Services

Wef 1 Jan 05 **MA11908530**

Date In: <b>11/1/19-10:21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C72/1901/78/24</b>	SAS e-filing		
Veh No: <b>576 368 52</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>24/6/19-12:12</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **516190530** 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

<b>NA1904902</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
		<b>Int Bill</b>	<b>Add Bill</b>
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:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref: 1:

Ref: 2 / 3:



## 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	01/07/2019 12:34
Date Of Accident	29/06/2019 10:10
Exact Location Of Accident	BLK 127 PASIR RIS ST 11 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3685Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MISS MURNI BINTE SALLEH
NRIC No	S8226894D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90061381
Alternative Phone No	OFFICE-90061381

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	DMPCSN3047501800
Cover Note Number	

### Driver

Name of Driver	SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL
NRIC No	S8601278B
Date Of Birth	09/01/1986
Occupation	INDOOR
Date Of Driving Pass	16/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590659
Fax Number	
Contact Number	OFFICE-98590659
Email Address	NOEMAIL

Address	BLK 127 PASIR RIS STREET 11 #05-385
Postcode	510127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	SKL9053U
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILFRED TAY
NRIC/Passport Number	
Contact Number	97423911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTE

- ❖ Please report correctly on the details of the accident to speed up the claims process.
- ❖ This form must be completed by the policy holder and/or the 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 police for investigation.
- ❖ 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.
- ❖ 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.

### SKETCH PLAN

A = SJG36852  
B = SLK9053U

B'K 127

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 29/6/2009, I parked my vehicle at B'K 127 Pasir Ris St 11 carpark.


When I went to collect my vehicle, I noticed my vehicle was damaged and a note was left on my front windscreen by Mr. Wilfred Tay (Driver of vehicle SKL9053U). Stated that he has collided on my vehicle when he reversed into the carpark lot.

As a result, my car sustained damages on the front portion.

### 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:

  
Witnessed by reporting centre personnel  
Date / time:

My deepest apologies!

Please do call me at 974 23911 and I'll  
meet with you at your block.

I seek your understanding and do pardon me  
should I not be able to answer your first call.

I'll be conducting a wedding ceremony and will  
return your call when the ceremony is over.

Thanks for your patience!

Wil

# 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 truthful 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

Email: [freesteamautodrive@gmail.com](mailto:freesteamautodrive@gmail.com)  
Fax: 67023577

Date and time of accident	Date: 29/6/2019 (DD/MM/YY) Time 10:10 (HH:MM)
Exact location of accident	Blk 127 Pasir Ris Street 11, carpark PR2

## Details of vehicle

Vehicle registration number	SJG36852
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon <input 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	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	China Taiping Insurance (Singapore) Pte Ltd.
Policy number	DMPCSN3047501800
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Murni Binte Salleh	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S82268940	
Contact	90061381	
Address	Apt Blk 127 Pasir Ris Street 11 #05-385 Singapore 510127	

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	Shak Muhammad Hisyam	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8601278B	
Contact	98590659	
Address	Apt Blk 127 Pasir Ris Street 11 #05-385 Singapore 510127	
Date of birth	07 Jan 1986	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	16 Oct 2015	



### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" 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"/>

### Other information

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

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

### Third party vehicle 1

Name	Wilfred Tan
Contact number	97423911
NRIC / Fin / Passport number	
Vehicle registration number	SKL 9053U
Vehicle make model	Honda Civic.

### Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

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 2

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 3

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 4

Name	NIL
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"/>



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8601278B**

Name: **SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL**

Birth Date: **09 Jan 1986**

Issue Date: **16 Oct 2015**

002484092H

SG 50

*For LKK/NAC Use Only*

**SINGAPORE ARMED FORCES IDENTITY CARD**

Name: **SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL**

NRIC No: **S8601278B**

*For LKK/NAC Use Only*

Property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	26 Mar 2005
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg	16 Oct 2015
	< 7 passengers, exclusive of the driver; and	
	other motor vehicles without clutch pedals =< 2500kg	

NP 428A

Licence No: S8601278B

**MINISTRY OF HOME AFFAIRS**

NRIC No: **S8601278B / PINK**

Race: **ARAB**

Date Of Birth: **09/01/1986**

Country Of Birth: **SINGAPORE**

Service Status: **REGULAR**

Military Rank Status: **WOSE**

Address: **APT BLK 127 PASIR RIS STREET 11 #05-385 SINGAPORE 510127**

DATE: **25.02.2013**

S8601278B

*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8226894D



NAME

MURNI BINTE SALLEH

For LKK/NAC Use Only

RACE

MALAY

Date of birth

03-09-1982 F

Country of birth

SINGAPORE

Sex

S8226894D



4937870

NRIC No: S8226894D



For LKK/NAC Use Only

Date of issue

18-02-2013

APT BLK 127 PASIR RIS STREET 11 #05-385  
SINGAPORE 510127

NRIC No: S8226894D

Date: 26/02/2013

No: 7233109



## 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.

DMPCSN3047501800

Engine No : 4A910082836

Chassis No: JMYSRCY2A8U006975

1. Index Mark and Registration  
Number of Vehicle

SJG3685Z

2. Name of Policy Holder

MISS MURNI BINTE SALLEH

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

14 JULY 2018  
(11:30 HOURS)  
13 JULY 2019

NAMED DRIVERS EX SECT. I.....S\$500.00

IN ADDITION TO NAMED DRIVERS EX:

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

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.

HIRE PURCHASE CO. : KENSO LEASING PTE LTD AS HP OWNER

\* Limitations rendered in  
and Section 95 of the R



the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Malaysia), are not to be included under these headings.

I/We hereby Certify that  
(Third-Party Risks and Compensation)

certificate relates is issued in accordance with the provisions of the Motor Vehicles  
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