

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 20/07/19         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CF/19012841/13 | SAS e-filing                             |                       |         |
| Veh No: SKE9000J          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 21/07/19 0900      | 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: ( VISION AUTOWORK Tel: Fax: )

|  |                  |                       |
|--|------------------|-----------------------|
| TP Particulars:  | Veh No: SJ86560G | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1905425

## Invoice Preparation Checklist

| Amt (\$) | Amt (\$) |
|----------|----------|
| 1st Bill | Add Bill |

|                                 |   |             |  |
|---------------------------------|---|-------------|--|
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |             |  |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$30)   |             |  |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |             |  |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |             |  |
|                                 | 5) rT : 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): | OD*   |             |  |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |  |
|                                 | *N6: Repair Co-ordination \$10                  |             |  |
| Auditors' Comments :-           | *N7: Post Repair Inspection \$25                |             |  |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |  |
| Cat 1:                          | TP (N11) : TP (Non INC) against INC \$20        |             |  |
|                                 | 9) N12: Idac Mobile 30                          |             |  |
| Cat 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   | 22/07/2019 10:47                               |
| Date Of Accident   | 21/07/2019 09:00                               |
| Exact Location Of Accident   | SLIP RD OF BUANGKOK GREEN TWDS YIO CHU KANG RD |
| Country/State of Loss  | SINGAPORE                                      |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | SKE9000J                                       |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | SALEHA BINTE KAMSAN                            |
| NRIC No  | S0118727I                                      |
| Email Address  | NOEMAIL  |
| Mobile Phone No  | (LOCAL) +65-98509818                           |
| Alternative Phone No   | OTHERS-85889335                                |
| Vehicle Particulars  |  |
| Manufacturer   | MERCEDES-BENZ                                  |
| Model  | GLA200   |
| 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  | DMPCSN3031611901                               |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | NURASHIKIN BINTE RAHMAT                        |
| NRIC No  | S8015988I                                      |
| Date Of Birth  | 03/06/1980                                     |
| Occupation   | OUTDOOR  |
| Date Of Driving Pass   | 19/01/2001                                     |
| Driving Experience   | 18 YEARS AND 6 MONTHS                          |
| Gender   | FEMALE   |
| Mobile Number  | (LOCAL) +65-85889335                           |
| Fax Number   |  |
| Contact Number   |  |
| E-Mail Address   | NURASHIKINRAHMAT@GMAIL.COM                     |

|   |  |
|---|--|
| Address   | BLK 540 SERANGOON NORTH AVE 4<br>#02-103 |
| Postcode  | 550540                                   |
| Was driver an employee of the Insured's Company     | NO                                       |
| If No, Relationship of the Driver with the Insured  | CHILDREN                                 |
| 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?  | 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)   | 2  |
| Passenger 1   | NAME: : MOHAMMAD HARISMAN BIN ISMAIL<br>GENDER: : MALE |

#### 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?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJB6560G    |
| 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

### 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. 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:

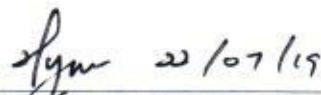
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

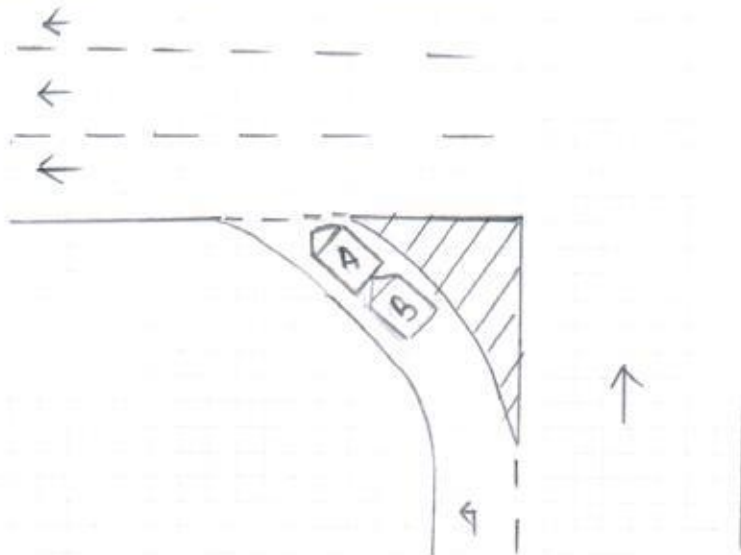


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



A = SKE 9000J

B = SJB 6560G

Slip Road Of  
Buangtok Green  
towards  
Yio Chu Kang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

22/07/19

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

On 21.07.19 at about 09:00 hours along Slip Road of Buangkok Green towards Yio Chu Kang Road. I was stationary along the above mentioned slip road and waiting for the oncoming traffic to clear.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised it was vehicle (B) collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKE 9000J

Vehicle (B): SJB 6560G





## SINGAPORE ACCIDENT STATEMENT

|   |   |                     |            |                      |
|---|---|---------------------|------------|----------------------|
| Accident Date:  | 21/07/2019  | Time:               | 09:00      | (hh:mm) 24 hr format |
| Location  | Slip Road of Buangkok Green towards No Chu Kang Road. |                     |            |                      |
| Vehicle Number  | SKE9000J  |                     |            |                      |
| Insured Name  | Saleha Binte Kamsan.                                  |                     |            |                      |
| NRIC / FIN  | 501187271   | Contact Number      | 9850 9818. |                      |
| Make  | Mercedes Benz   | Model               | GLA200.    |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?  |   |                     |            |                      |
| ( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting                            |   |                     |            |                      |
| Insurance Company   | China Taiping   |                     |            |                      |
| Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive  | ( ) Third Party Fire & Theft                          | ( ) TP Only         |            |                      |
| Policy Number   | DMPCSN3031611901.                                     |                     |            |                      |
| Name of Driver  | Nurashikin Binte Rahmat.                              | ( ) Same as Insured |            |                      |
| NRIC / FIN  | 580159881   | Contact Number      | 8588 9335. |                      |
| Date of Birth   | 03/06/1980.   |                     |            |                      |
| Driving Pass Date   | 19/01/2001  |                     |            |                      |
| Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor   |   |                     |            |                      |
| Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female  |   |                     |            |                      |
| Email Address   | nurashikinrahmat@gmail.com                            | ( ) NO EMAIL        |            |                      |
| Address of Driver   | BLK 540 Serangoon North Ave 4<br>#02-103 S(550540).   |                     |            |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No                     |   |                     |            |                      |
| If No, Relationship of the Driver with the Insured  |   |                     |            |                      |
| ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling               |   |                     |            |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No   |   |                     |            |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle   |   |                     |            |                      |
| Insurance Company of Driver's Own Vehicle   |   |                     |            |                      |
| Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others                                 |   |                     |            |                      |
| Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others   |   |                     |            |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                   |   |                     |            |                      |
| Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                                 |   |                     |            |                      |
| If yes, injured detail  |   |                     |            |                      |
| Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No                          |   |                     |            |                      |
| Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report |   |                     |            |                      |
| DETAILS OF 3 <sup>rd</sup> party  |   | Name / Nric         |            | Contact              |
| Veh B   | SJB 65604   |                     |            |                      |
| Veh C   |   |                     |            |                      |
| Veh D   |   |                     |            |                      |
| Veh E   |   |                     |            |                      |
| Veh F   |   |                     |            |                      |

Passenger 1 = Mohammad Harisman Bin Ismail (M)

VISION



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S80159881



NURASHIKIN BINTE RAHMAT

**For LKK/NAC Use Only**

MALAY

03-08-1980 F

SINGAPORE

SKE9000J

Driver



0282972



NRIC No. S80159881

**For LKK/NAC Use Only**

Issue Date: 26-12-2002

APT BLK 540 SERANGOON NORTH AVENUE 4 #02-103  
SINGAPORE 550540

NRIC No. S80159881

Date: 03/04/2010

No. 6519296

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S80159881**  
Name  
**NURASHIKIN BINTE RAHMAT**

**For LKK/NAC Use Only**

Birth Date **03 Jun 1980**  
Issue Date **04 Jan 2003**

0000883860

SKE9000J

Driver

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

|   | PASS DATE   |
|---|-------------|
| Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 19 Jan 2001 |

**For LKK/NAC Use Only**

NP 428A

Licence No: S80159881



Owner SKE9000J

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S01187271



Name

SALEHA BINTE KAMSAN

For LKK/NAC Use Only



Race

JAVANESE

Date of Birth

Sex

04-08-1953

F

Country of Birth

SINGAPORE



0755775



NRIC No. S01187271



For LKK/NAC Use Only

Blood Group

Date of issue

A+

12-01-1993

Address

APT BLK 540 SERANGOON NORTH AVENUE 4 #02-103  
SINGAPORE 550540

NRIC No: S01187271

Date: 05/06/2010

No: 6537946



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

MX1/NDE  
R SN  
AN0472A  
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.  | DMPCSN3031611901                 | Engine No : 27091030943453<br>Chano: WDC15694323247870  |
| 1. Index Mark and Registration Number of Vehicle   | SKE90003                         | AUTOSAFE  |
| 2. Name of Policy Holder   | SALEHA BINTE KAMSAN (NON-DRIVER) |   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 28 April 2019                    | Named Drivers Ex Sect. I ..... S\$500.00<br>Additional Ex other than Named Drivers:<br>Ex Sect. I - Age <= 25 ..... S\$3,000.00<br>Ex Sect. I - Age >= 26 ..... S\$500.00<br>* Age as at date of accident<br>EX ON WINDSCREEN ..... S\$100.00 |
| 4. Date of Expiry of Insurance   | 27 April 2020                    |   |
| 5. Persons or Classes of Persons entitled to drive*  |                                  |   |

Any 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 loss 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. : TOKYO CENTURY LEASING (S) PTE LTD

\* 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  
CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST.93  
#01-198 SINGAPORE 528840  
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

Issued By: ..... CCL INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

.....  
Authorised Signatory