

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119128957

Date In: 30/9/19 11:45	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 19017133164	SAS e-filing		
Veh No: PC 7262J	E-mail (within 2hrs, AIC 2hrs)		
DDA: 30/9/19 04:45	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLQ 805 M.	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

NA1907336	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	75.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming status (INC Only) (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt 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) NI12: Idao Mobile \$0		
	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	30/09/2019 11:45
Date Of Accident	30/09/2019 04:45
Exact Location Of Accident	AIRPORT BLVD TWDS T1 ARRIVAL CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7262J
Insured/Policyholder	
Name Of Registered Owner	M/S AL HAQQI SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90171276

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3035141900
Cover Note Number	

Driver

Name of Driver	HARON BIN CHE MOHAMED
NRIC No	S1754365B
Date Of Birth	26/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171276
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #06-1325
Postcode	470131
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	RAINING
Road Surface	WET

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)	8
Passenger 1	NAME: : V.JOSEPH GENDER: : MALE
Passenger 2	NAME: : LIEW SWEE TIN GENDER: : FEMALE
Passenger 3	NAME: : JUSARI GENDER: : MALE
Passenger 4	NAME: : SALIYANAH SANI GENDER: : FEMALE
Passenger 5	NAME: : MOHD ARID GENDER: : MALE
Passenger 6	NAME: : PECHIAMMAL GENDER: : FEMALE
Passenger 7	NAME: : ZAHARUDIN 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

I WAS SENDING MY PASSENGER TO THE T1 CHANGI WHILE I WAS DRIVING ALONG THE AIRPORT BLVD TURNING TO T1 ARRIVAL CRESCENT, SUDDENLY VEH B WHICH WAS INFRONT OF ME STOP WITHOUT ANY REASON, DUE TO SUDDEN STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION, I WISH TO STATE, THERE WAS NO STOP LINE, VEH B SHOULD NOT STOP WHILE AT THE RIGHT BENT, I HAVE CAR CAMERA RECORD THE WHOLE INCIDENT HAPPENED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ805M
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.

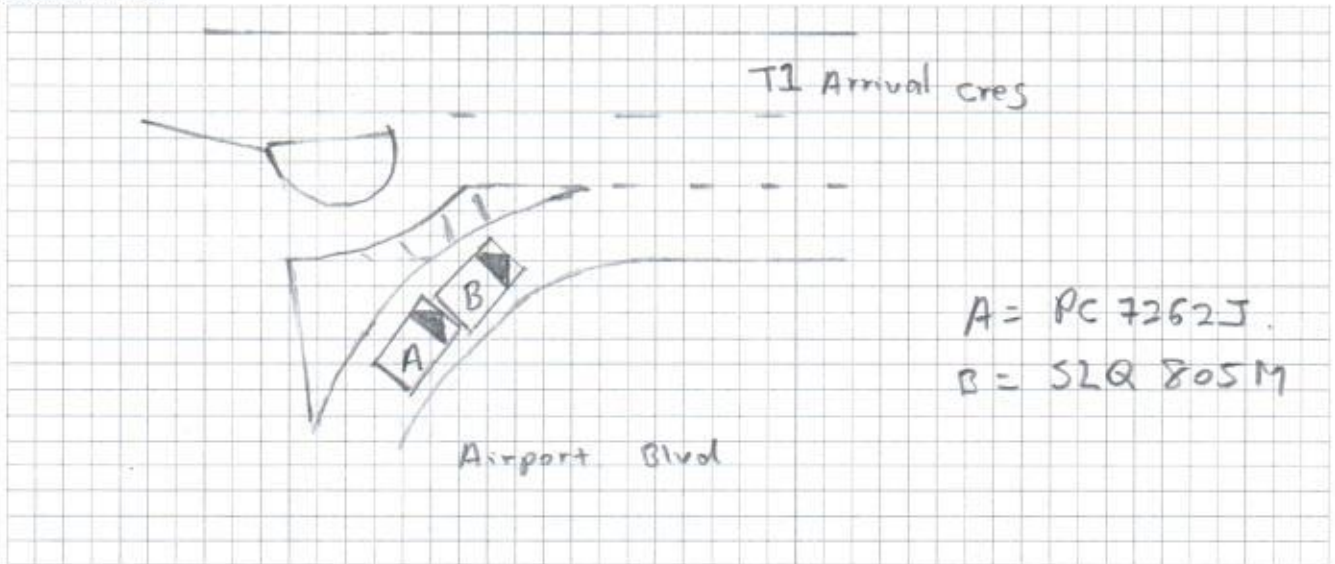


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:



**SINGAPORE
POLICE FORCE**



G/20190617/2033

1 of 3

POLICE REPORT (NP322)

Report No. G/20190617/2033



Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 17/06/2019 10:14	Vide Report No.	Station Diary No. 29
Name Of Informant HARON BIN CHE MOHAMED	Address APT BLK 131 BEDOK RESERVOIR ROAD #06-1325 SINGAPORE 470131	
ID Type / ID No. NRIC NO / S1754365B	Contact No. Home/Office Mobile 90171276	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DRIVER	Sex Male	Age 52
Institution/School Name	Date of Birth 26/06/1966	Race Malay
Date/Time Of Incident 14/06/2019 03:00	Location Of Incident 145 TECK WHYE AVENUE UNNAMED SINGAPORE 680145	

Brief details.

On the above mentioned date, time and location, I lost the below mentioned items.

Property Information

Signature Of Officer Recording The Report: G / Sgt 3 JAVIN NG CHEN BOON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2019 10:14
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / SI QUEK HAN XIONG, DARREN Contact No.: 62447200	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



G/20190617/2033

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190617

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC Bearing, HARON BIN CHE MOHAMED S1754365B
2	Licence	Lost	Qualified Driving Licence			1		One Driving License Bearing, HARO N BIN CHE MOHAMED S1754365B
3	Licence	Lost	Bus Driver's Licence			1	✓	One Bus Driving Licence Bearing, HARON BIN CHE MOHAMED S1754365B

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SI QUEK HAN XIONG, DARREN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



G/20190617/2033

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190617/2033

4	General property	Lost				1		One Caltex Discount Card
5	General property	Lost				1		One NTUC Link Card
6	General property	Lost				1		One Aviva Insurance Card
7	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		One DBS VISA Card
8	Cash	Lost				1	Singapore Dollars 200.00	Cash Amounting to \$200/- SGD
9	General property	Lost				1		One Ezlink Passion Card

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SI QUEK HAN XIONG, DARREN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645

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.	DMB1SN3035141900	Engine No :1GD8243690 Chassis No:GDH2232000019
1. Index Mark and Registration Number of Vehicle	PC7262J	
2. Name of Policy Holder	M/S AL HAQI SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 MAY 2019	EX SECT. IS\$1,500.00 EX SECT. IIS\$3,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	14 MAY 2020	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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 ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : ABS FINANCIAL PTE LTD 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

SG MOTOR TRADER PTE LTD

Reg. No.: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6458 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory