

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAA419129339

Date In: 30/09/2019 15:30	Job description	Date & Time Completed	Done by
Ref No: MAA419129339	SAS e-filing		
Veh No: SJR 8917P	E-mail P (2 jobs 3hrs, AIC 2hrs)		
O.O.A: 30/09/2019 08:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: GBA 16530T 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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Available comments: ( )

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## 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 15:50
Date Of Accident	30/09/2019 08:30
Exact Location Of Accident	PIE BEFORE BKE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8917P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	53243454D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94998324
Alternative Phone No	OFFICE-94998324
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO FORTE-1.6 A/T ABS AB 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMHCSN1915501900
Cover Note Number	

### Driver

Name of Driver	MOHAMED AZRIN BIN HAMID
NRIC No	S7348740D
Date Of Birth	07/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94998324
Fax Number	
Contact Number	OTHERS-94998324
Email Address	NOEMAIL

Address	BLK 727 JURONG WEST AVENUE 5 #02-190
Postcode	640727
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : HASLINDA (DRIVER WIFE) GENDER: : FEMALE

#### 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	GBA6530T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD HAFIZ
NRIC/Passport Number	S9132619A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

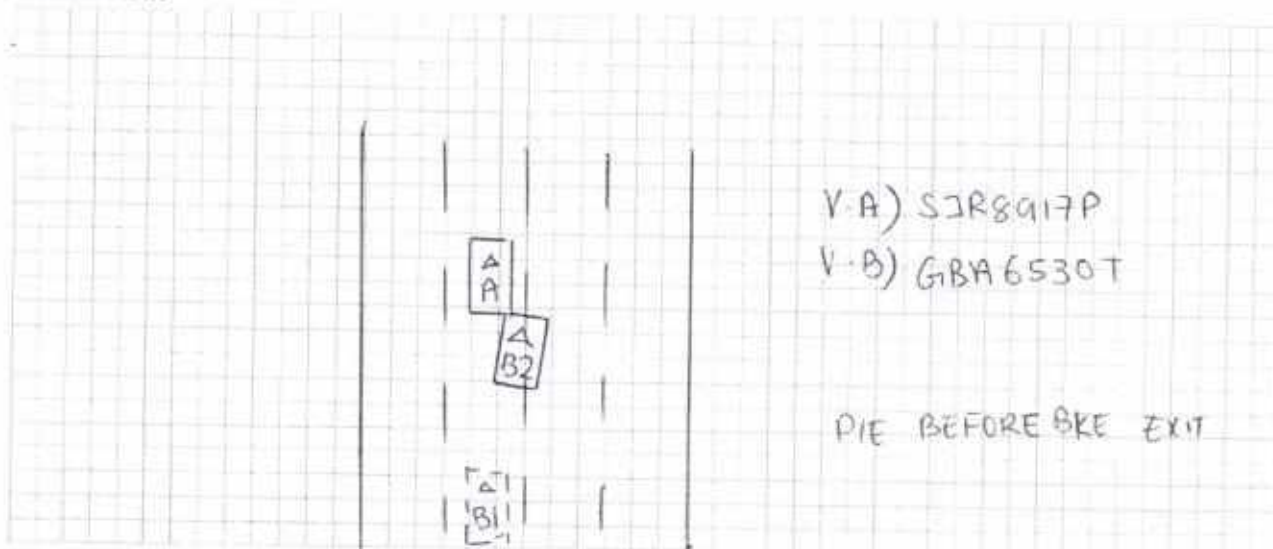


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated date and time, I vehicle 'A' SJR8917P was travelling on the stated route. I was travelling at a slow speed as there was another car from the left lane was cutting into my lane, he was 1/4 in my lane hence I slowed down. Suddenly I felt an impact on my vehicle rear right portion. After the accident we alighted and took photos at the scene, our cars did not move, we are in our original position when the accident happened. Later I then knew that vehicle 'B' was changing lane towards the right, when he turned, he did not notice I was slowing down, hence his vehicle collided against my rear right portion.

## 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.:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

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

Date of Accident: 30/09/2019 (dd/mm/yy) Time of Accident: 08:30 (24-HR-FORMAT)  
Vehicle No.: SJR 8917 P Vehicle Make & Model: KIA CERATO EX FORTE 1.6L A/T ABS AB  
Exact location of Accident: PIE BEFORE BKE EXIT  
Policyholder's Name / IC No.: ECHAN STUDIO 53243454D  
Driver's Name / IC No.: MOHAMED AZRIN BIN HAMID S7348740D (As Above) ☐  
Driver's Contact No.: 9499 8324 Company Contact No.: \_\_\_\_\_  
Driver's Address: 258C PUNGGOL FIELD #16-61 PUNGGOL TOPAZ S(823258)  
Insurance Company: CHINA TAIPING Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** EMPLOYEE

or Others specify: \_\_\_\_\_

**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):** 02

**Passenger Name :** HASILINDA (Driver's wife)

**Gender :** Female

**Passenger Name :** \_\_\_\_\_

**Gender :** \_\_\_\_\_

**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: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

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

**The Other Party(s) Details:**

1. Driver's Name / IC No: Muhammad Hafiz 59152619A Vehicle No: GBA 6530 T

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

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

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

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



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

RECEIVED BY OWNER  
AM44004  
Car Type: C  
AUTOMATE

### 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	00000001000000000000	Engine No	10480400000000
		Chassis No	SC1000000000000000
1. Index Mark and Registration Number of Vehicle	30000000		
2. Name of Policy Holder	EDMAN 200000		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	1 APRIL 2014	EXCESS SECT. 1	\$1,500.00
		EXCESS SECT. 2 OUTSIDE SINGAPORE	\$3,000.00
		EXCESS SECT. 11	\$1,500.00
4. Date of Expiry of Insurance	6 APRIL 2015	EXCESS SECT. 11 OUTSIDE SINGAPORE	\$3,000.00
		EX ON WINDSCREEN	\$100.00
5. Persons or Classes of Persons entitled to drive *			

AS PER NAMED DRIVER(S) STATED BELOW.

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 RESPECT FROM DRIVING THE MOTOR VEHICLE.

ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORIZED DRIVER/DRIVER ONLY

#### 6. Limitations as to use \*

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.
- THE POLICY DOES NOT COVER
- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
  - (2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OTHER THAN FOR REWARD OF ANY ONE-DRIVEN MECHANICALLY PROPELLED VEHICLE.

HIRE FORCAGE CO., 1 LAM HONG PTE LTD AS HIRER 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

Authorised Signatory