

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

11/10/2005 15:00

Date In: 11/10/2005 15:00	Job description	Date & Time Completed	Done by
Ref No: XBA/C72/90/7968/Y	SAS e-illing		
Veh No: 57059533	E-mail (w/oda 2hrs, AIC 2hrs)		
DOA: 10/10/2005 14:55	1-Motor Claim Form		
QID (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLR 1749E	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Injury:	Accident Location:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idea 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 (NI) / TP (N+INC) against INC	\$30
9) NI2: Idea 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	11/10/2019 15:01
Date Of Accident	10/10/2019 14:55
Exact Location Of Accident	JLN BAHAR TOWARDS OLD CHUA CHU KANG RD AT L/P 49
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5953J
Insured/Policyholder	
Name Of Registered Owner	MOHD MATRAS BIN SUJA'IE
NRIC No	S7143414A
Email Address	MATTTTOUGH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97212855
Alternative Phone No	OTHERS-97212855

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	DMPCSN3019291908
Cover Note Number	

Driver

Name of Driver	MOHD MATRAS BIN SUJA'IE
NRIC No	S7143414A
Date Of Birth	05/12/1971
Occupation	INDOOR
Date Of Driving Pass	12/09/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97212855
Fax Number	
Contact Number	OTHERS-97212855
Email Address	MATTTTOUGH@YAHOO.COM

Address	BLK 421 CHOA CHU KANG AVENUE 4 #06-216
Postcode	680421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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)	2
Passenger 1	NAME: : DRISSI AWATIF 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	SLR1749E
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 SLL7642X
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 MOHD MATRAS BIN SUJA'IE
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SJQ5953J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DRISSI AWATIF
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SJQ5953J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

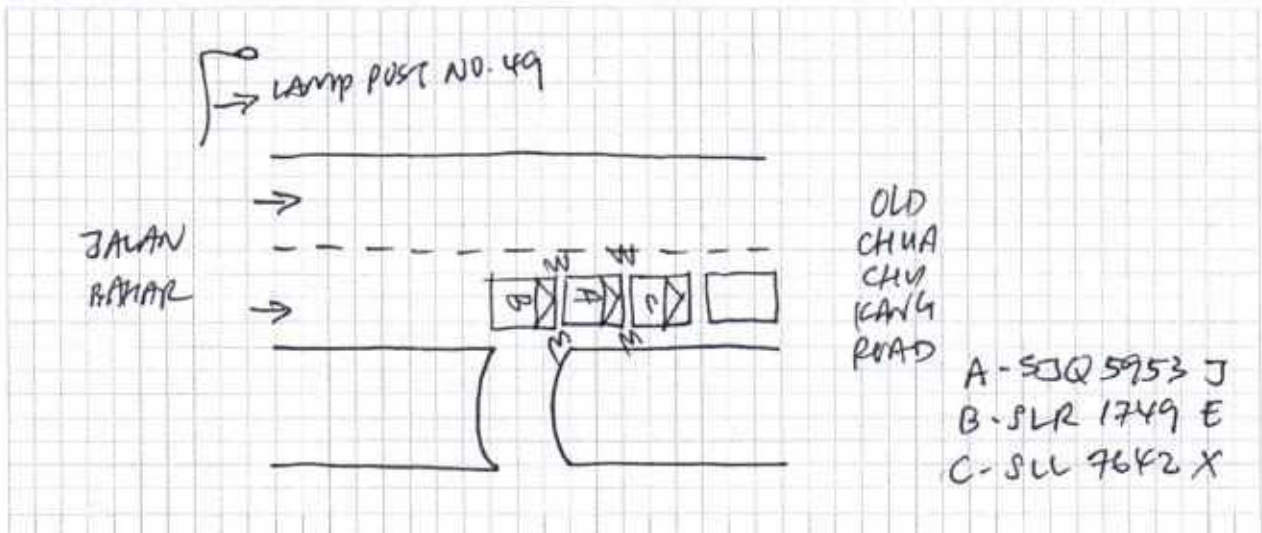


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: 11/10/2013

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JALAN BAHAR TOWARD OLD CHUA CHU KANG ROAD ON THE RIGHT LANE OF A 2 LANE ROAD. SOMEWHERE NEAR THE LAMP POST NO. 49, VEHICLE INFRONT OF ME SUMED DOWN AND STOPPED DUE TO THE TRAFFIC LIGHT IS RED. AS SUCH, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY BEHIND OF VEHICLE (C). AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD HIT ONTO THE REAR PORTION OF VEHICLE (C). AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLE.

A - SJQ 5953 J
B - SLR 1749 E
C - SL 7642 X

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 ACCIDENT STATEMENT

ACCIDENT DATE: 10 OCT 2019		TIME: 14:55HRS (hh:mm) 24 hrs Format	
LOCATION: JALAN BAHAR TOWARD OLD CHINA CHU KANG ROAD AT LAMP POST NO. 49			
VEHICLE NUMBER: SJR 5953 J			
INSURED NAME: MOHD MATRAS BIN SUJATIE			
NRIC / FIN: S7143414A		CONTACT: 9721 2855	
MAKE: KIA		MODEL: CERATO FORTÉ	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : () Third Party () Reporting Only			
INSURANCE COMPANY: CHINA TAIPING			
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: DMPCSN 309291908			
NAME DRIVER: () SAME AS INSURED			
NRIC / FIN:		CONTACT:	
DATE OF BIRTH: 05 DEC 1991			
DRIVING PASS DATE: 12 SEP 1996			
OCCUPATION: () INDOOR () OUTDOOR			
GENDER: () MALE () FEMALE			
EMAIL ADDRESS: mattytough@yahoo.com () NO EMAIL			
ADDRESS OF DRIVER: BLK 421 CHUA CHU KANG AVE 4 #06-216 S(680421)			
Number Of Passenger Include Driver: DRIVER WITH ONE PASSENGER DRISSI AMATIE			
Was driver an employee of the Insured's Company? () YES () NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling () Others			
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: () Clear () Raining () Drizzling () Others			
Road Surface : () Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES () NO			
Was Anybody Injured In The Accident? () YES () NO			
If YES, Injured details : MOHD MATRAS BIN SUJATIE (M) BODY DRISSI AMATIE (F) BODY			
Convey By Ambulance: () YES () NO			
Was There Any Video Capture By Car Camera? () YES () NO			
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B SLR1749 E		() / Not Sure ()	
Veh C SLL7642 X		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

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)

PLM 329179

ORIGINAL

CERTIFICATE No.

DMPCSN3019291908

Engine No :G4FC9H251301

ChaNo:KNAFR221395068170

1. Index Mark and Registration
Number of Vehicle

SJQ5953J

2. Name of Policy Holder

MR MORD MATRAS BIN SOJA'IE

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

19 May 2019

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

18 May 2020

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\$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. : MAYBANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory