

NATIONAL Assessment Centre Services. [Ref: JAR005] MAY 19 15207

Date In: 18/4/2019 13:57	Job description	Date & Time Completed	Done by
Ref No: N34/C12190203724	SAS e-filing		
Veh No: SKH 1019 T	E-mail (to Julia Shih, AIC 2hrs)		
D.O.A: 17/4/2019 22:20	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Wksp		

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

TP Particulars: Vch No: STR B88M 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: ()

Additional Remarks:

2101908693	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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	
Verdicts/Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Ref: 1:	6) TR: Re-Inspection \$75	
2/3:	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OR:	
	• NS: Courtesy Car / Tpl Allowance \$5	
	• NG: Repair Co-ordination \$10	
	• NP: Post Repair Inspection \$25	
	• NO: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against 1st IC \$20	
	9) N12: 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	18/11/2019 13:57
Date Of Accident	17/11/2019 22:20
Exact Location Of Accident	JALAN BUKIT CHAGAR TOWARDS CIQ
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1019T
Insured/Policyholder	
Name Of Registered Owner	M. SUSEELA
NRIC No	S1766701G
Email Address	ABDULLAH_1922@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-81116124
Alternative Phone No	OTHERS-81116124

Vehicle Particulars

Manufacturer	BMW
Model	523i
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING BACK TO SINGAPORE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3076201900
Cover Note Number	

Driver

Name of Driver	ABDULLAH BIN ABDUL RAZAK
NRIC No	S8946580Z
Date Of Birth	19/12/1989
Occupation	INDOOR
Date Of Driving Pass	27/09/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81116124
Fax Number	
Contact Number	OTHERS-81116124
Email Address	ABDULLAH_1922@OUTLOOK.COM

Address	BLK 539 ANG MO KIO AVENUE 10 #02-2575
Postcode	560539
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	NO 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	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)	5
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : NEPHEW GENDER: : MALE
Passenger 3	NAME: : AUNTY GENDER: : FEMALE
Passenger 4	NAME: : AUNTY 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7348M
Vehicle Make/Model/Colour	TOYOTA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	CHIA CHANG LIN, LEONARD
NRIC/Passport Number	S8606615G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: ; GENDER: ;
Passenger 2	NAME: ; GENDER: ;

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: 18/11/2019
1115 HRS

Driver's Signature

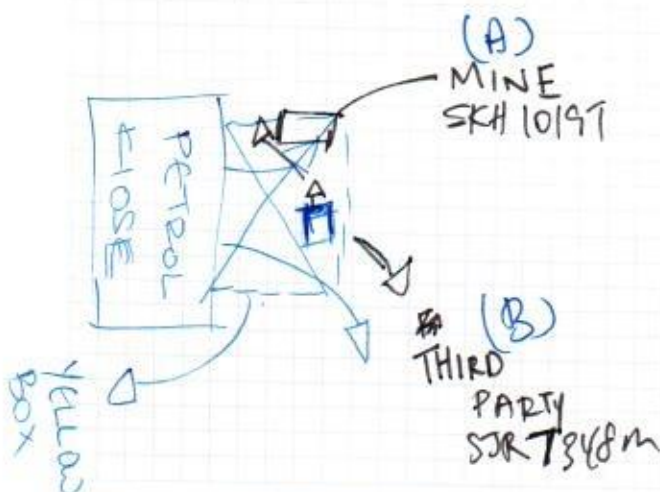
(If driver is not the policyholder)
Date & Time: 18/11/2019
1115 HRS

Reporting Centre Personnel's Signature

Name: 
NRIC/FIN No.:

SKETCH PLAN

Jalan Bukit Cagar towards CIQ (Malaysia)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/11/2019, 10:20 PM WAS TURNING LEFT OUT FROM PETROL CLOSURE TO RETURN TO SINGAPORE THERE WAS A CAR IN THE YELLOW BOX AND I TRIED TO MOVE OUT AND TURNED LEFT TO THE YELLOW BOX AND THE CAR IN THE YELLOW BOX GOT ANGRY AND TRIED TO DRIVE CENTRE OF BOTH LANES AND HIT ME. MY CAR & HIS BOTH A HAS NO DAMAGE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 18/11/2019

1115 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/11/2019

1115 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/11/2019
Keshav Kumar

ACCIDENT STATEMENT

ACCIDENT DATE: (17/11/2019) (DD/MM/YYYY), TIME: (22:20) (HH:MM)

LOCATION: JALAN RUKI @ CHAGAR TOWARDS CIO

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 1019 T
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSN 3076201900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520P
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELING BACK TO SG
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: M. SUSEELA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 989 S17667019 CONTACT: 81116124
 c) ADDRESS: BLK 539, M29 MO & HO AVE 10
 #02-2576 - S (560539)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 d) NAME: ABOMUNT BIN ABUL KAZAK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 81116124
 c) ADDRESS:

- * d) DATE OF BIRTH: () (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES/NO)
 7. a) REPORTED TO POLICE (YES/NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJR 7248 M MODEL: TOYOTA
 b) DRIVER'S NAME: CHIA CHAN LUN, TAI EDWARD
 c) NRIC/FIN/PASSPORT: S8606615G CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (5)

No of passenger
 (including driver)
 (3)

No of passenger
 (including driver)
 ()

email =

VIDEO abdullah_1922@outlook.com

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.	DMPCSN3076201900	Engine No : B3510293N20B20B Chassis No: WBAXG12010DX50915
1. Index Mark and Registration Number of Vehicle	SKH1019T	
2. Name of Policy Holder	MISS M SUSEELA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 NOVEMBER 2019	NAMED DRIVERS EX SECT. I.....S\$1,750.00 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
4. Date of Expiry of Insurance	31 OCTOBER 2020	
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 SINGAPORE LIMITED 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.**



Countersigned By:

Authorised Officer

Authorised Signatory