

NATIONAL Assessment Centre Services.

(Ref 1 Jan 00)

MAH419157092

Date In: 28/11/2019 12:23	Job description	Date & Time Completed	Done by
Ref No: NBR/C12/9021053/4	SAS e-filing		
Veh No: GBJ 9457P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 22/11/2019 11:30	I-Motor Claim Form		
OD: 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/Whar		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBJ 9457P	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: ()

Repairer's Particulars:

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Assessor

<p>NA1908057</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Date:</p>	<p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (110)</p> <p>3) TP: Towing Fee \$40/245</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PF: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (Ref 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OR:</p> <p>* NS: Courtesy Car / Tpl Allowance \$3</p> <p>* NG: Repair Co-ordination \$10</p> <p>* NP: Post Repair Inspection \$25</p> <p>* NR: DV / Collect Excess Coordination \$3</p> <p>* TE (Nil): TP (Non INC) against INC \$10</p> <p>9) NI: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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	28/11/2019 12:23
Date Of Accident	22/11/2019 11:30
Exact Location Of Accident	7 SOPHIA ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9497P
Insured/Policyholder	
Name Of Registered Owner	SSL LIMOUSINE PTE LTD
Co-Reg No	201907894E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87761439
Alternative Phone No	OFFICE-87761439

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE
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	DMCVSNA00000101900
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARIS BIN ABDULLAH
NRIC No	S9528950I
Date Of Birth	23/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87761439
Fax Number	
Contact Number	OTHERS-87761439
Email Address	NOEMAIL

Address	BLK 487A CHAO CHU KANG AVENUE 5 #13-97
Postcode	682487
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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: : 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	SGP5558H
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

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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.



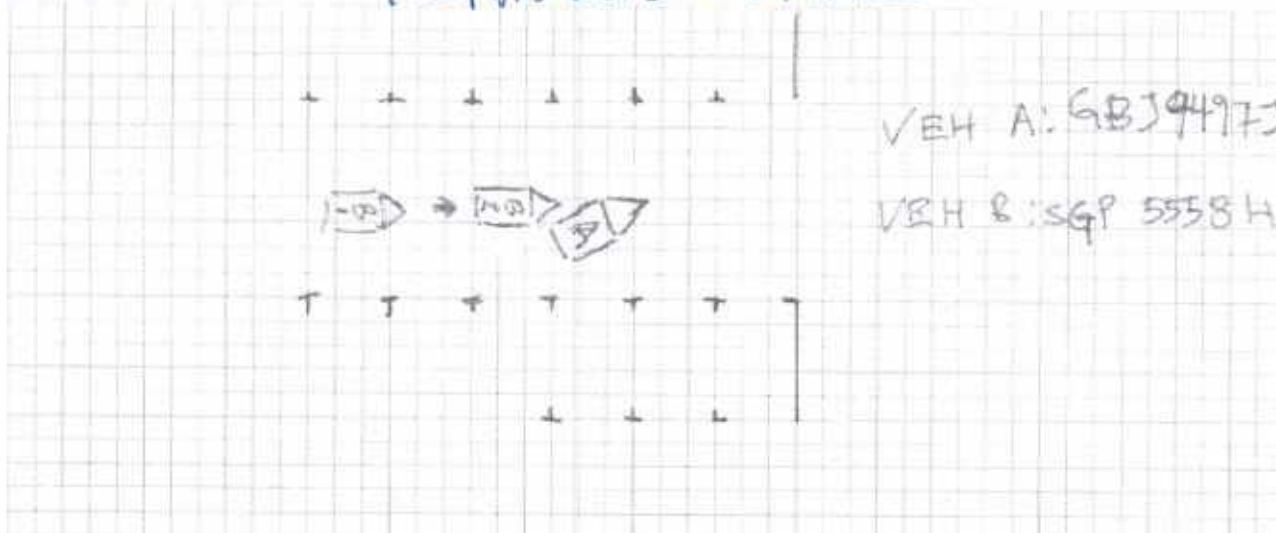
Policyholder's Signature
Date & Time:

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

28/11/2019
Reporting Centre Personnel's Signature
Name: *Reda*
NRIC/FIN No.: *123456789*

SKETCH PLAN

7. SOPHIA ROAD CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I, VEH A GBJ9497P was driving in the car park of 7 Mount SOPHIA ROAD. I found a parking lot empty. I slow down to a complete stop to check all spot and make sure it was safe to reverse. Suddenly i felt an impact from my back. I alighted to check and found out that VEH B SGP 5558H have failed to stop in time and Collided into my vehicle left rear 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: 28/11/2015
NRIC/FIN No.:

Date of Accident : 22/11/19 Accident Time: 1130 (24-HR-FORMAT)
Accident Place : 7 SOPHIA ROAD CAR PARK
Vehicle Reg. No (Car plate No.) : G839497P Vehicle Make/Model: TOYOTA REGIUS ACE
Insurance Company : China Taiping Policy No. DMCVSNAA0000010190
Name of Registered Owner : Company / Individual SSL LIMOUSINE PTE LTD
ID of Registered Owner : Co Reg No: 201907894E Owner's NRIC No: -
DRIVER'S Name : Co Contact No: 87761439. Owner's Contact No: -
DRIVER'S Date of Birth : Mohammad Faris Bin Abdullah DRIVER'S NRIC No: 395289501
Relationship bet. Owner & Driver : 28-08-95 DRIVER'S License Pass Date 04/08/17
DRIVER'S Address : Spouse \ Parents \ Children \ Sibling ☒ Employee Others: -
DRIVER'S Contact No./ Alt No. : 487B CHA CHU KANH AVE 5 #13-97 5'68 2487
DRIVER'S Occupation : 1) 87761439 2)
Email Address : INDOOR ☒ OUTDOOR (eg. working inside or outside of an ofc)
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : ☒ Claim Other Party ☐ Claim Own Insurance
Number of Passengers (including Driver): 02 - 7 Passenger: Wife.
Was the accident reported to the police? YES \ ☒ NO
Was there any video Captured by car camera: YES \ ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ ☒ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SGP5558H
Vehicle Make/Model:
Name DRIVER:
IC No. DRIVER:
DRIVER'S Contact & add:

Vehicle Reg No:
Vehicle Make/Model:
Name DRIVER:
IC No. DRIVER:
DRIVER'S Contact & add:



中国太平
CHINA TAIPING

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

Motor Commercial

MZ407/C

N SN

AN0420A

Cov. Type C

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.

DMCVSNA0000101000

Engine No. 1Q06470383

Chs. No. GDH2011031024

1. Index Mark and Registration
Number of Vehicle

GBJ9497P

AUTOSAFE

2. Name of Policy Holder

SSL LIMOUSINE PTE LTD

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

29/10/2019

4. Date of Expiry of Insurance

28/10/2020

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: SINGAPURA FINANCE 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



Issued By:

Authorized Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorized Signatory