

NATIONAL Assessment Centre Services.

(Ref 1 Jan 00)

MAA 419163645

Date In: 12/12/09 14:48	Job description	Date & Time Completed	Done by
Ref No: MAA 419163645	SAS e-filing		
Veh No: 88V 3156E	E-mail (to: 3hrs, AIC 2hrs)		
DOA: 12/12/09 08:10	1-Motor Claims Form		
OID: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMN 4563M	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 repair.

() 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: _____

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

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

NAI 909450	Invoice Details
Driver/Owner:	1) All: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (NI) / TP (NI) INC against INC \$30
	9) N12: 1 day Mobile
	Invoice dated
	Invoice dated
	Fee Charged
	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	12/12/2019 14:48
Date Of Accident	12/12/2019 08:10
Exact Location Of Accident	TPE TOWARDS SLE AFTER SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3156E
Insured/Policyholder	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	53361615L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87681135
Alternative Phone No	OFFICE-87681135

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSN1921281900
Cover Note Number	

Driver

Name of Driver	NUR SHALI HUTABARAT KAREL JULIANUS
NRIC No	S9003282H
Date Of Birth	25/01/1990
Occupation	INDOOR
Date Of Driving Pass	14/09/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87681135
Fax Number	
Contact Number	OTHERS-87681135
Email Address	NOEMAIL

Address	BLK 615C EDGEFIELD PLAINS #10-355
Postcode	823615
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)	1

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	SMN4563M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO HUAN AAN
NRIC/Passport Number	S1787926Z
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.:

12/12/2019
Resh Chohan

SKETCH PLAN



TPE SLE After Sengkang East Rd

Vehicle A: SJV 3156E

Vehicle B: SMN 4563M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A was travelling straight on my rightful lane. The vehicle in front of me stopped. I followed Suit. Suddenly vehicle B hit onto my stationary Vehicle rear position.

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.:

12/12/2018
Resat Chohan

Date of Accident : 12/12/19 Accident Time: 8:13 (24-HR-FORMAT)
 Accident Place : TPE SLE after Sengkang East Rd
 Vehicle Reg. No (Car plate No.) : STV 3156E Vehicle Make/Model: Honda stream 1.8 LA
 Insurance Company : China Taiping Policy No. DMHC SN 1921281700
 Name of Registered Owner : Company / Individual Car Concept Leasing
 ID of Registered Owner : Co Reg No: S3361 615L Owner's NRIC No: _____
 : Co Contact No: _____ Owner's Contact No: _____
 DRIVER'S Name : Nurshah Hufabarat Kacel Julius DRIVER'S NRIC No: S 9003282 H
 DRIVER'S Date of Birth : 25/01/1990 DRIVER'S License Pass Date 14/09/2012
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hired
 DRIVER'S Address : Blk 615C Edgefield Plains #10-355 S (823615)
 DRIVER'S Contact No./ Alt No. : 1) 8768 1135 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01
 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: SMN 4563M
 Vehicle Make/Model: _____
 Name DRIVER: Foo Juan AN
 IC No. DRIVER: S17879262
 DRIVER'S Contact & add: _____

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

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, 1950 (Malaysia)

CERTIFICATE No	DMWZEN1921281900	Engine No: H16A13800933
1. Index Mark and Registration Number of Vehicle	SPV3156E	Chassis No: JH0246F46091200932
2. Name of Policy Holder	M/S CAR CONCEPT LEASING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 MAY 2019	
4. Date of Expiry of Insurance	29 MAY 2020	
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 REGARD FROM DRIVING THE MOTOR VEHICLE.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/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 WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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

Countersigned By



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory