

NATIONAL Assessment Centre Services

Date In: 18/12/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI/19022292/13	E-mail (within 24hrs):		
Veh No: SL69395H	i-Motor Claim Form		
DDA: 18/12/19 1415	i-Motor W/O (Within 24hrs: TP 4hrs)		
GD: (P) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	SWINCAR	Tel: ()	Fax: ()
TP Particulars:	Veh No: SL24465L	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%; F: 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 or repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1909539

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) RT : Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

Q11*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11) : TP (Non-INC) against INC \$20

N12: Idac Mobile 30

Invoice date: / Fee Charged

Signature: / Fee Charged

Cat 1

Cat 2 / 3

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	18/12/2019 17:03
Date Of Accident	18/12/2019 14:15
Exact Location Of Accident	TOA PAYOH LOR 2 SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9395H
Insured/Policyholder	
Name Of Registered Owner	ZAILANI BIN ABDULLAH
NRIC No	S1552935J
Email Address	ZACGUNNERS5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87665540
Alternative Phone No	OTHERS-87665540

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR

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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000261900
Cover Note Number	

Driver

Name of Driver	ZAILANI BIN ABDULLAH
NRIC No	S1552935J
Date Of Birth	05/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1985
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87665540
Fax Number	
Contact Number	OTHERS-87665540
Email Address	ZACGUNNERS5@GMAIL.COM

Address	BLK 223A SUMANG LANE #04-205
Postcode	821223
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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?	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: : UNKNOWN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLZ4465L
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	ZAILANI BIN ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE9395H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

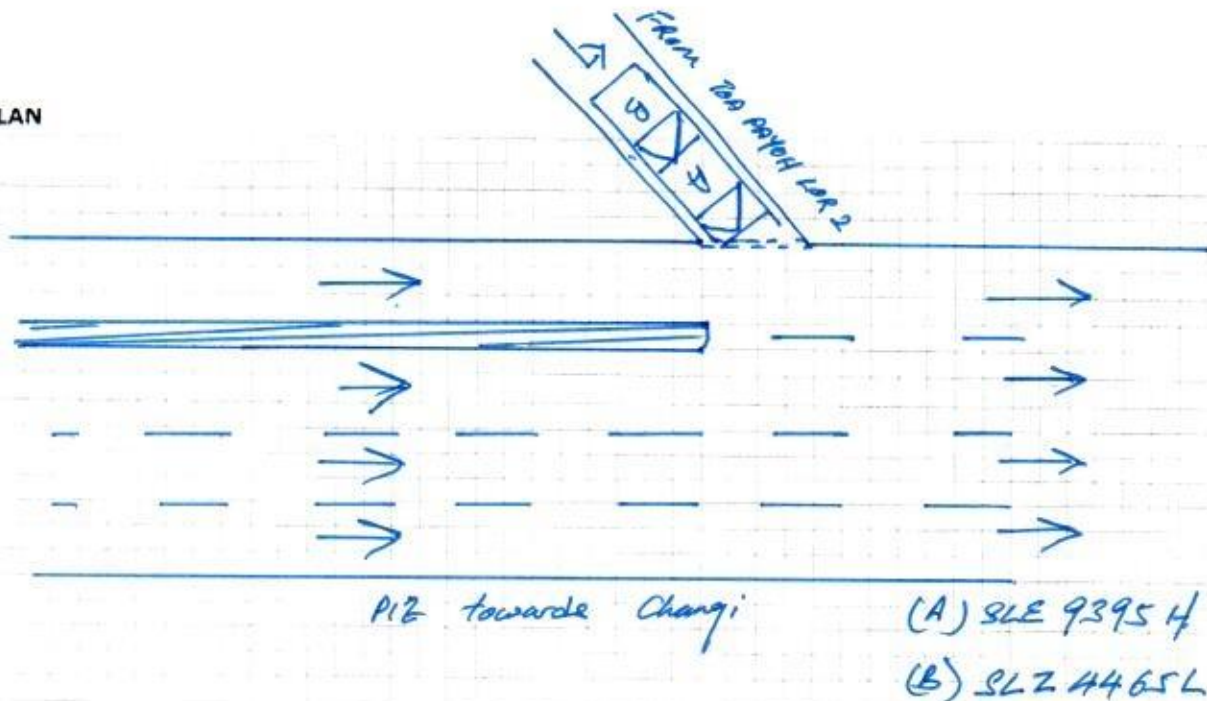
Policyholder's Signature
Date & Time:

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

18/12/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/19 at @ 1415 hrs, I stopped my vehicle (SLE 9395 H) along Lor 2 Toa Payoh slip road into PIZ towards Changi to give way to the traffic on the main road. Suddenly, a car (SLZ 4465 L) from behind collided onto the rear portion of my vehicle.

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119166682 Vehicle Registration No: 5LE9395H
Name (as shown in NRIC) : ZAILANI BIN ABDULLAH NRIC/FIN/Passport No : 51550935J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 223A SUMANG LANE #04-205 Singapore (821223)
Contact (Tel) : _____ Mobile No. : 87665560
Email Address : _____
Date of Accident : 18/12/19 Time of Accident : 14:15
Place of Accident : TOA PAYOH LOR 2 SLIP RD INGO PIE (CHANGI)
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND HANDLING INSURER : CHINA TAIPING

Policyholder / Driver's Signature
Date:

 18/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Vehicle No.	SLE 9395 H	Model / Make	HONDA CIVIC.
Date of Accident	18/12/19		
Time of Accident	1415 HRS		
Location of Accident	Toa Payoh Lor 2 slip road P12 (Changi).		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Zailani Bin Abdullah.		
Telephone No.	H/P : 8766 5540	Home :	Office :
NRIC	S1552935J-		
Address	BLK 223A Sumang Lane #04-205 (S) 821223		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	China Taiping.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	DMHCSNA00000261900		
Name of Driver	<u>As Above If No,</u>		
NRIC		Any Passengers :	01 (M).
Date of birth	05/10/1962.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	07/08/1985.		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	owner.	
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Zailani Bin Abdullah	H/P: 8766 5540	
Name And Contact No.			
Police Report	<u>No,</u> If Yes, Where?		
Vehicle B No.	SL2 4465 L.	Any Passengers :	01 (F)
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes <u>No</u>		
Email Address	zacgunners5@gmail.com.		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Z. Ting.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Motor Hire Car

MZ406L/B

N SN

AN0679A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00000261900

Engine No.: R18A13042693

Cha. No.:JHMF0168085219871

1. Index Mark and Registration
Number of Vehicle

SLE9395H

AUTOSAFE

=====

2. Name of Policy Holder

ZAILANI BIN ABDULLAH

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

22/11/2019

Excess Sect I. \$S1,250.00

Excess Sect. I (Outside Singapore) \$S2,500.00

Excess Sect. II \$S1,500.00

4. Date of Expiry of Insurance

21/11/2020

Excess Sect. II (Outside Singapore) \$S3,000.00

EX ON WINDSCREEN. \$S100.00

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 behalf from driving the Motor
Vehicle.

ZAILANI BIN ABDULLAH

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.

HIRE PURCHASE CO.: ABWIN PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
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 169) and Part IV of the Road
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Jessica
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com