

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MMA 4 4191 68490

Date In: 23/12/19 15:13	Job description	Date & Time Completed	Done by
Ref No: NBA 1 CT2190 22503164	SAS e-filing		
Veh No: SLH 717 G.	E-mail (Wjohn 3hrs, AIC 2hrs)		
DOA: 21/12/19 16:00.	I-Motor Claim Form		
OD:  Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBA 30702	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 repair.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (	

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

Injury:	
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Date/Time:	

Claimant's Particulars:	Invoice No: MMA 1909576	Invoice Date: 23-12-19
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection For claiming against INC Only (ver 10 Jan 2003) \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NG: Repair Co-ordination \$10	
	• NT: Post Repair Inspection \$25	
	• ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (N+ INC) against INC \$10	
	9) NI: Idao Mobile \$30	
	Invoice dated	Pee Charged
	Invoice dated	Pee 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	23/12/2019 15:13
Date Of Accident	21/12/2019 16:00
Exact Location Of Accident	PIE TWDS JURONG B4 EXIT CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH717G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J LATIFAH BINTE ABU JALIL
NRIC No	SXXXX789A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98592741
Alternative Phone No	OFFICE-98592741

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3007331902
Cover Note Number	

### Driver

Name of Driver	FAZLON BIN SELAMAT
NRIC No	SXXXX048D
Date Of Birth	24/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98592741
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 403 PANDAN GARDENS #11-21
Postcode	600403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

#### 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)	6
Passenger 1	NAME: : J LATIFAH GENDER: : FEMALE
Passenger 2	NAME: : ANDRI MIKHAIL GENDER: : MALE
Passenger 3	NAME: : AIRIS MARYSSA GENDER: : FEMALE
Passenger 4	NAME: : DZAFIR MIRZA GENDER: : MALE
Passenger 5	NAME: : AYRIL MAUZA 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

REFER TO STATEMENT.

#### 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	GBA3070Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JONATHAN TAN JIAN SHAN
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	GBE638K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ANDRI MIKHAIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH717G
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.
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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:

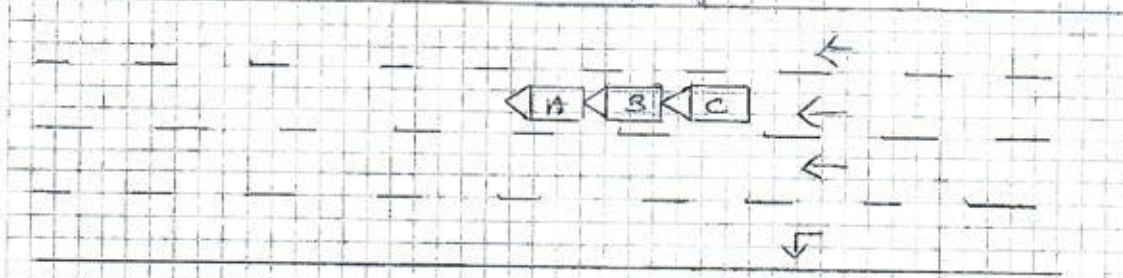
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

21/12/19  
1800 hr.

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

SKETCH PLAN

P1E towards Jurong



(A) SLH 717G

(C) GBE 638K


(B) GBA 3070Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

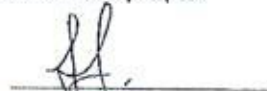
ON 21/12/19 @ 1600hrs. along P1E towards Jurong before exit Clementi Ave 6, while I was driving on the 2nd lane, I slow down my car due to heavy vehicular traffic in front of me that was slowing down. While driving slow, suddenly a black van registration no GBA 3070Z (Toyota Hiace/Black) hit the rear portion of my car. The impact cause my rear windscreen shattered and the back portion of my car badly dented. During the accident it was drizzling. Resulting from the accident my son Andri Mikhail TO304653 I who was seat at the rear seat complain of back pain at his neck back area. The driver of GBA 3070Z disclosed that his van was hit from the rear by another lorry GBE 638K. It resulted GBA 3070Z to hit into the rear of my car. Other than my son Andri Mikhail there are 4 other passengers in my car. They are (1) J Lahifah (S73257894) (2) Aries Marysa (T0236081) (3) Izak Mirza (T016840H) and (4) Ayri Marysa (T171904). That's all.

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: 21/12/19  
1800hrs.

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



Date of Accident : 21/12/2019 Accident Time: 16:00 (24-HR-Format)  
Accident Place : PtB > Jurong Bay Exit Clementi Ave 6  
Vehicle No. (Car Plate No.) : SLH 7176 Make/Model: Volvo XC 60  
Insurance Company : Chiria Taiping Policy No: DMP/CSN300733/1902  
Owner or Company Name /IC No. : J Latifah Binte Abu Jalil S7325789A  
Owner or Company Contact No. : 98592741 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Fazlon Bin Sekmat S73020480  
DRIVER'S Date Of Birth : 24/1/1973 DRIVER'S License Pass Date 2/1/1996  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others \_\_\_\_\_  
DRIVER'S Address : 402 Pandan Garden #11-21 S(600403)  
DRIVER'S Contact No./ Alt No. : 1) 98592741 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
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): 6  
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  
Any Injury (If YES, Pls state): \_\_\_\_\_

**2: Other Party Driver's Particular (if any)**

Vehicle No: <u>GBA 30702</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota Hiace</u>	Vehicle Make/Model: _____
Name Driver: <u>Jonathan Tan Jian Shan</u>	Name Driver: _____
IC No. Driver/Contact: <u>S98350452</u> <u>91466610</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

1. J Latifah - F
2. Andri Mikhail - M
3. Aivis Maryssa - F
4. Dzafir Mirza - M
5. Avril Manza - M

MOTOR PRIVATE CAR

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

PLM 326913

ORIGINAL

CERTIFICATE No.

DMPCSN3007331902

Engine No :B4204T111262211

Chassis No:YV10Z40LDG2789783

1. Index Mark and Registration  
Number of Vehicle

SLM717G

2. Name of Policy Holder

J LATIFAR BINTI ASU JALIL

**AutoSafe**

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

17 March 2019

Named Drivers Ex Sect. I ..... S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

16 March 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.

id By:

Authorised Officer

Authorised Signatory