

NATIONAL Assessment Centre Services. (part 1 Jan'03) MMA 120019895

Date In: 13/12/20 13:50	Job description	Date & Time Completed	Done by
Ref No: MAI C72 2000 2561/h4	SAS e-filing		
Veh No: SJX 8791C	E-mail (petrol 3hrs, AIC 2hrs)		
ICLA: 12/12/20 17:45	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk311		

Preferred Wesp / INC Assign Wesp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SLP 9364P.	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 repolier.

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

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

Remarks: (INC 100% 6700/6616)	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

MA2001401		Invoice Ref: 120019895	Amount (\$)	Balance (\$)
Client's Particulars:		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) PT: Follow-Through Survey \$120		
		5) IPT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N11 INC) against INC \$20		
		9) N12: Idao Mobile \$0		
Auditors Comments:		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	13/02/2020 13:50
Date Of Accident	12/02/2020 17:45
Exact Location Of Accident	PIE TWDS TUAS B4 STEVEN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8791C
Insured/Policyholder	
Name Of Registered Owner	SHAJURDEEN S/O MOHAMED HANIFFA
NRIC No	SXXXX930I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97682645
Alternative Phone No	OFFICE-97682645

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	DMPCSN00275819000
Cover Note Number	

Driver

Name of Driver	SHAJURDEEN S/O MOHAMED HANIFFA
NRIC No	SXXXX930I
Date Of Birth	28/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1989
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97682645
Fax Number	
Contact Number	OFFICE-97682645
Email Address	NOEMAIL

Address	BLK 916 HOUGANG AVE 9 #13-14
Postcode	530916
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	CHAIN 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	4
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: : MOHAMED NEYAS S/O MOHAMED HANIFFA 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9364P
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC4312D
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLU2382G
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	SHAJURDEEN S/O MOHAMED HANIFFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX8791C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MOHAMED NEYAS S/O MOHAMED HANIFFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX8791C
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.
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:

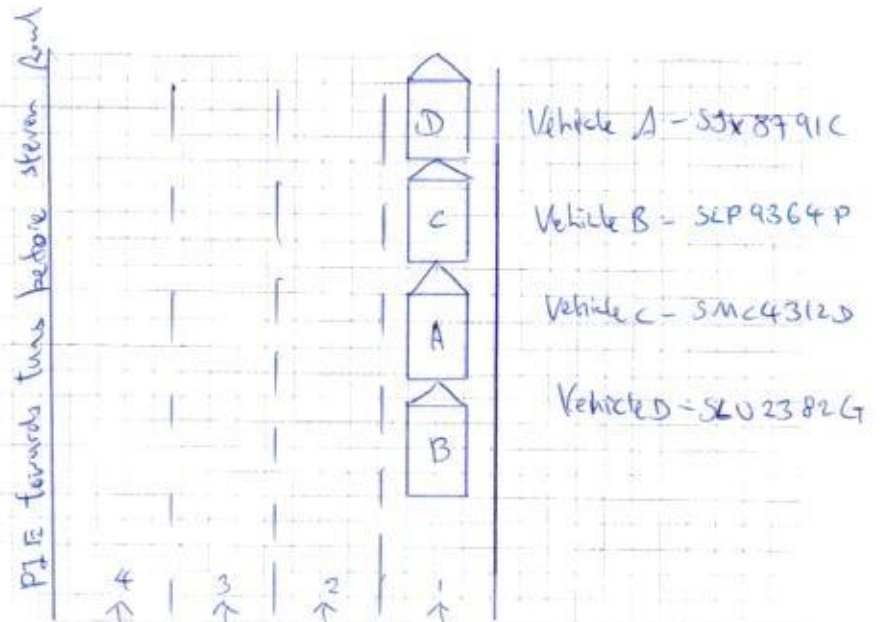
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle A was travelling along PIE towards turn before Steven Road Exit. In front of me the vehicle C slow down and came to a stop, so I also follow to slow down and came to a stop without any contact with the front vehicle C. Suddenly this vehicle B from behind bang on to my rear portion of my vehicle A, the impact was so great and pushes my vehicle A forward to hit onto the front vehicle C, when I came down of my vehicle A then I realize that there are 4 cars involved.

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.:

Vehicle No.	SJX 8791 C		Model / Make	Merc 1250
Date of Accident	12/02/2020			
Time of Accident	17:45		HRS	
Location of Accident	PIE towards Tuus before Steven Exit			
Exact purpose use during accident				
Name of Owner	SHAJUR DEEN s/o MOHAMED			
Telephone No.	H/P : 9768 2645	Home :	Office :	
NRIC	S2201430/I			
Address	BIR 916, Hanging Ave 9, # 13-14			
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.	DMPCSH00275819000			
Name of Driver				
	As Above If No,			
NRIC	Any Passengers : 01			
Date of birth	① mohamed Heyss s/o mohamed Haniffa (m)			
Occupation	<u>Outdoor</u> / Indoor			
Driving License Pass Date	01 / mar / 1989			
Gender	<u>Male</u> / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No. SJX 8791 C		
Relationship	Employee,	If no, state Owner		
Weather condition	<u>Clear</u>	Raining	Other	
Road Surface	<u>Dry</u>	Wet	Other	
Any Injuries	No,	If Yes, Who? SHAJUR DEEN s/o Mohamed, Mohmed Heyss s/o Mohamed Haniffa		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SLP 9364 P	Any Passengers :		
Name of Driver		Contact No. :		
Vehicle C No.	SMC 43 12 D	Any Passengers :		
Vehicle D No.	SLU 2382 G.	Any Passengers : 1		
Vehicle E No.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name		Witness Contact :		
Accident Portion				
Camera Recorder	Yes / <u>No</u>			
Email Address				
PARTICULAR WORKSHOP				
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			
WORKSHOP Email ADDRESS				

Motor Private Car

MY1E

E SH

AN0055A

Cov. Type C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1962
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN00275810000	Engine No.	2718030031577
		Ch. No.	WGG2135473A161354
1. Make and Registration Number of Vehicle	SLX8791C	AUTOSAFE	
2. Name of Policy Holder	SHAJURDEEN S/O MOHAMED HANIFFA		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/04/2020	Named Drivers Ex Sect. I	\$5750.00
4. Date of expiry of Insurance	20/07/2020	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSC/REIN	\$5100.00
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 to that effect 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 (taxis, driving test, racing, polo, motor, 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 (Consecutive Total Loss/Theft) will be divided. One time Waiver of Excess for the first \$21,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for each Policy Year.			

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

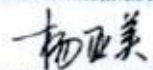
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:

 Lim Lait Chon
 Authorized Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


 Authorized Signatory