

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAH 200 228 45

Date In: 20/02/2020 15:12	Job description	Date & Time Completed	Done by
Ref No: MAH/CTF 2000 2434/4	SAS e-Milling		
Veh No: GHT 9450 J	E-mail (Within 2hrs, AIC 2hrs)		
O.O.A: 19/02/2020 16:55	I-Motor Claim Form		
OID: 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 / Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SEW 5128P	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: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time:	Location:

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Validator's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Cal 1:	6) TR: Re-inspection	\$75
Cal 2/3:	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* N6: Repair Coordination	\$10
	* N7: Post Repair Inspection	\$25
	* N8: DV / Collect Excess Coordination	\$3
	TE (Nil) / TP (Nil) / INC (Nil)	\$30
	9) NI: Idas Mobile	
	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	20/02/2020 15:12
Date Of Accident	19/02/2020 16:55
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9450J
Insured/Policyholder	
Name Of Registered Owner	FIRDOUSE ELECTRONICS PTE LTD
Co Reg No	2XXXXX542G
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-90251733
Alternative Phone No	OFFICE-91913905

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	DMCVSN1835521901
Cover Note Number	

Driver

Name of Driver	SHAIK ERSHAD AHMED
Passport No/FIN	GXXXXX030K
Date Of Birth	15/07/1978
Occupation	INDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90251733
Fax Number	
Contact Number	OTHERS-91913905
Email Address	INFO@CARSMITH.BIZ

Address	1, ROCHOR CANAL ROAD #06-15 SIM LIM SQUARE
Postcode	188504
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	SIDE SWIPE
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: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

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	SCW3128P
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

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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:

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

[Handwritten signature] 20/02/2020
[Handwritten signature]

MARINE PARADE ROAD



BEDOK SOUTH AVE 1

VEH A:

VEH B: SCW3128P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/02/2020 at about 1655hrs I was travelling along Bedok South Ave 1 from ECP while making a left turn onto Marine Parade Road suddenly a vehicle that was travelling on lane 2 cut into my lane & collided onto the front of my vehicle causing damages. I wish to state that my in-car camera is working & have recorded the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Stc. Suleh

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/02/2020

Resd Lina

Date of Accident : 19/02/2020 Accident Time: 1655 (24-HR-Format)
Accident Place : BEDOK SOUTH AVE 1 JUNCTION MARINE PARADE ROAD
Vehicle No. (Car Plate No.) : GBH9450J Make/Model: TOYOTA HIACE
Insurance Company : China Taiping Policy No: DMCUSN1835521901
Owner or Company Name / IC No. : FIRDOUSE ELECTRONICS PTE LTD 2001005426
Owner or Company Contact No. : Owner's Hp 90251733 Company Tel
DRIVER'S Name / IC No. : SITAJK ERSHAD AHMED G5997030K
DRIVER'S Date Of Birth : 15 JUL 1978 DRIVER'S License Pass Date 22 NOV 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 1, ROCHOR CANAL ROAD, SIMUN SQ #06-15
DRIVER'S Contact No / Alt No. : 1) 2) 91913905
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)
Email Address : info@carsmith.biz
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): 02
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): NIL

Other Party Driver's Particular (if any)

Vehicle No: SCW 3128P	Vehicle No:
Vehicle Make/Model: MERCEDES	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

01 Passenger man



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.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0421A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.	DMCVSN1835521901	Engine No : 1GD8316540
		Chano: GDH2011011795
1. Index Mark and Registration Number of Vehicle	GBH9450J	
2. Name of Policy Holder	M/S FIRDOUSE ELECTRONICS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 December 2019 (17:09 Hours)	Excess Sect I S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	05 December 2020	
5. Persons or Classes of Persons entitled to drive*		

Any person who is driving on the Policyholder's order or with their 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.