

NATIONAL Assessment Centre Services. [ref & Jar/00].

MA420075848

Date In: 27/01/2020 15:00	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI200032814	SAS e-illing		
Veh No: SKR 3423Y	E-mail (L jobs then, AIC then)		
D.O.A: 26/02/2020 17:15	I-Motor Claim Form		
OJ (TP) Reporting Only	I-Motor W/O (Within: OD then, TP then)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkcp / INC Assign Wkcp / QW: ( ) Toll: ( ) Fax: ( )

TP Particulars: Vch No: SKR 13TP 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 rapolter.

( ) 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: \_\_\_\_\_

NA2001702	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (10)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$10
	5) PT: Follow-Through Survey (Resurvey)	\$10
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection	\$75
	7) NI: Idco DA + SMRT Survey	\$100
Additional Comments:	8) NTUC Additional Services:	
	ON:	
Tel: 2/2	* NS: Courtesy Car / Tpl Allowance	\$5
	* NG: Expat Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NO: DV / Collet Excess Coordination	\$5
	TP (N1) / TP (N2) INC against IRG	\$10
	9) NI: Idco Mobile	\$10
	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	27/02/2020 15:00
Date Of Accident	26/02/2020 17:15
Exact Location Of Accident	ALONG SELETAR WEST LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH3423X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	5XXXX615L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88178157
Alternative Phone No	OFFICE-88178157
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSN1939141900
Cover Note Number	
<b>Driver</b>	
Name of Driver	ASRI BIN HAMZAH
NRIC No	SXXXX328D
Date Of Birth	10/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88178157
Fax Number	
Contact Number	OTHERS-88178157
EMail Address	NOEMAIL

Address	BLK 731 WOODLANDS CIRCLE #07-09
Postcode	730731
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	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	SKR137P
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)	

## SKETCH PLAN

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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:

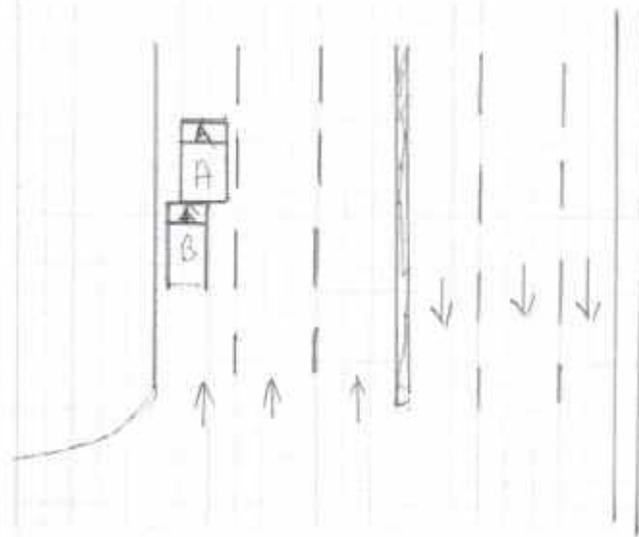
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

27/10/2020  
*Roshan*

SKETCH PLAN

ALONG SULTAN WAHID LINK



VA) SKH3423X  
VB) SKR137P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle n° SKH3423X was travelling on the stated venue. I was travelling straight in my lane. traffic was moderate close to heavy. The vehicles in front of me came to a stop, as such I applied my brakes and just when I'm coming close to a complete stop, I felt a huge impact on my vehicle rear portion shortly I got out of my vehicle and realised it was vehicle SKR137P collided onto my vehicle.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*[Signature]* 27/07/2020  
Reporting Centre Personnel Signature  
Name: *[Signature]*  
NIIC/FIN No.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/02/2020 (dd/mm/yy) Time of Accident: 17:15 (24-HR-FORMAT)

Vehicle No.: SKH 3423 X Vehicle Make & Model: Toyota WISH 1.8 A

Exact location of Accident: SELETAR WEST LINK

Policyholder's Name / IC No.: CAR CONCEPT LEASING 533616151

Driver's Name / IC No.: ASRI BIN HAMZAH S8020328D (As Above)

Driver's Contact No.: 8817 8157 Company Contact No: \_\_\_\_\_

Driver's Address: 466D SEMBAWANG DRIVE #12-351 SPRING LODGE 754466

Insurance Company: CHINA TAIPING Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: Hirer Employee or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use /  Work purpose

Occupation (nature of job)  Indoor /  Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Weather condition & Road conditions\* (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No

Any Injuries:  Yes /  No (IF YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (IF YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKR 137 P

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

### 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)

CERTIFICATE No.	DMHCSN1939141900	Engine No : 1222810810 Chassis No: ZNE100348865
1. Index Mark and Registration Number of Vehicle	SKH3423X	
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	17 OCTOBER 2019 (14:31 HOURS)	EXCESS SECT. II .....\$51,500.00 EXCESS SECT. II (OUTSIDE SINGAPORE) .....\$53,000.00
4. Date of Expiry of Insurance	16 OCTOBER 2020	
5. Persons or Classes of Persons entitled to drive *	<p>AS PER NAMED DRIVER(S) STATED BELOW.</p> <p>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.</p> <p>ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY</p>	
6. Limitations as to use: *	<p>(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPULSED VEHICLE.</p>	
<p>HIRER PURCHASE CO. : LIAN HONG PTE LTD AS HF OWNER</p> <p>* 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</p>		

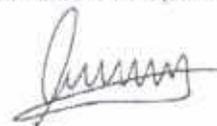
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By



Authorised Officer



Authorised Signatory