

NATIONAL Assessment Centre Services.		Ref: J24001	NA20044855
Date In: 05/05/2020 11.12	Job description	Date & Time Completed	Done by
Ref No: XIA/C7220005557/4	SAS e-illing		
Veh No: SJZ 4568M	E-mail (Veh No, AIC 2hrs)		
D.O.A: 03/05/2020 08:00	I-Motor Claims Form		
013: 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/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Ym 5780J	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 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: _____			
NA2002834			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$120		
	4) PT: Follow-Through Survey \$30		
	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (val 10 Jan 2005) \$75		
	6) TR: Re-inspection \$160		
	7) NI: Idea DA + EMRT Survey		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repairs Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect License Coordination \$3		
	*N9: DV / Collect License Coordination \$20		
	*N10: DV / Collect License Coordination \$30		
	*N11: DV / Collect License Coordination \$30		
	*N12: Idea 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	05/05/2020 11:12
Date Of Accident	03/05/2020 08:00
Exact Location Of Accident	PIE AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ4268M
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Co Reg No	2XXXXX177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91865262
Alternative Phone No	OFFICE-91865262

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
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	DMHCSNA00002692000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHALID BIN ABU
NRIC No	SXXXX014B
Date Of Birth	17/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91865262
Fax Number	
Contact Number	OTHERS-91865262
EEmail Address	M.KHAL3434@GMAIL.COM

Address	BLK 471 SEMBAWANG DRIVE #03-423
Postcode	750471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
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?	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: : DANIEL (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 (TYPE OF COLLISION IS SELF SKIDDED)

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

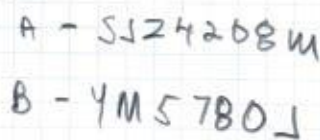
Vehicle Registration Number	YM5780J
Vehicle Make/Model/Colour	SHENG SIONG LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM ZHE XIANG, STANLEY
NRIC/Passport Number	SXXXX178I
Contact Number	97578656
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3)

11

Pre After stimulus Period Exit



LICENSE PLATE: SJZ 4268M	ACCIDENT DATE & TIME: 3/5/20 8:00 a.m
CONTACT NUMBER: 91865262	E-MAIL ADDRESS: m.khal3434@gmail.com
LOCATION: PIE after Steven Rd exit	
<p>On the 3/4/20 around 8 a.m I'm travelling along PIE, My car suddenly lost control and I was driving below 80 km per hr. I hit the right side of the lorry. The floor The road was wet.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only

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



Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/5/20

NRIC/FIN No.:

SKETCH PLAN

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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: 4/5/20

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

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report 4/4/20
Date Of Accident 3/4/20 Time: 8:00 a.m.
Exact Location Of Accident PIE after Steven Rd Exit
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number S JZ 468 M
Insured/Policyholder
Name Of Registered Owner Todde ~~Pantner~~ Pantner
Co Reg No 2015 33177E
Email Address thenzy@gmail.com
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer TY
Model wish
Exact Purpose for which vehicle was being used at time of accident m Job
Are you claiming under your own insurance policy for repair to your vehicle? Repairing
If No, Please state action to be taken
Vehicle Category
Insurance Company
Name of Insurance Company HTUC
Type Of Coverage drive classic
Fleet Policy 5109140477-000025
Policy Number
Cover Note Number
Driver
Name of Driver Muhammad Khalid Bin Abu
NRIC No S 7422014B
Date Of Birth 17/7/1974
Occupation driver
Date Of Driving Pass 5/7/2007
Driving Experience
Gender male
Mobile Number
Fax Number
Contact Number 91865862
Email Address

Chia Tai up
BMHCSNA 0000
269 2000

Address 471 Sembawang Drive
Postcode # 03-423 8750 (471).
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured Hired
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident skidded
Weather Conditions drizzling
Road Surface wet
Other Information NO
Was any foreign vehicle involved in this accident?
Was any body injured in the Accident?
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1 - male - Daniel

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JM 5780 J
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver ~~Sheng Kiang~~ Lorry
NRIC/Passport Number Lim Zhe Xiang, Stanley
Contact Number 884341781
Address 97578656
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Details of Witness
Name
Phone Number
Email Address

Motor Hire Car

MZ406L/B

N SN

AN0478A

Cov. Type:C

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.

DMHCSNA00002692000

Engine No.: 2ZRA638440

Cha. No.:JTDGG20W405001407

1. Index Mark and Registration
Number of Vehicle

SJZ4268M

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

28/04/2020

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

30/04/2021

Excess Sect. II (Outside Singapore) S\$400.00

EX ON WINDSCREEN S\$100.00

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

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.

* 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).

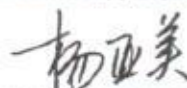
Please see reverse



Issued By: Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory