

NATIONAL Assessment Centre Services. [Print 1 Jan 2005] : **NA120047038**

Date In: 19/05/2020 17:41	Job description	Date & Time Completed	Done by
Ref No: NA/CT/200058264	SAS e-filing		
Veh No: SMI 3344D	E-mail P (8 Julia 2hrs, AIC 2hrs)		
D.O.A: 15/05/2020 17:46	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Withins: 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: ()

TP Particulars: Vch No: **SLX 5276** 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 Done	Action

NA2002938

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Architect's Comments: ()

2nd 1: ()

2 / 2

1) ART: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (val 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance	\$5
*N6: Repairs Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (NI): TP (N/A INC) against EIC	\$20
9) NI: Idas Mobile	\$0

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	19/05/2020 17:41
Date Of Accident	15/05/2020 17:40
Exact Location Of Accident	BEDOK CORNER CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3344D
Insured/Policyholder	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	5XXXX615L
Email Address	CARCONCEPTLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88087695
Alternative Phone No	OFFICE-88087695

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSN1933321900
Cover Note Number	

Driver

Name of Driver	NUR KHAIRUNNISA DIYANA BINTE ABDUL HAMED
NRIC No	SXXXX090C
Date Of Birth	02/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88087695
Fax Number	
Contact Number	OTHERS-88087695
Email Address	CARCONCEPTLEASING@GMAIL.COM

Address	BLK 466D SEMBAWANG DRIVE #12-351
Postcode	754466
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SLX5327G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97661040
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

19/03/2020
Reporting Centre Personnel's Signature
Name: *888 J. Vastan*
NRIC/FIN No.:

V.A) SMT3344D
V.B) SLX53276

Bedok corner Carpark

V.B) SL X 53276

Bedok corner car park

I was parked stationary on the stated venue.

When I'm walking towards my vehicle I saw vehicle SLX532761 reverse and grazed against my vehicle front right portion. I went forward to check my damages, my fender bumper and rims were damaged.

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



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

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

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/05/2020 (dd/mm/yy) Time of Accident: 17 40 (24-HR-FORMAT)
Vehicle No.: SMT 3344 D Vehicle Make & Model: Volkswagen Jetta
Exact location of Accident: BEDOK CORNER CARPARK
Policyholder's Name / IC No.: CAR CONCEPT LEASING 533616151
Driver's Name / IC No.: NUR KHAIRUNNISA DIYANA BINTE ABDUL HAMED S9122090C (As Above) ☐
Driver's Contact No.: 8808 7695 Company Contact No.: _____
Driver's Address: 466D SEMBAWANG DRIVE #12-351 SPRING LODGE 754466
Insurance Company: China taiping Email address (if any): Carconceptleasing@gmail.com

Relationship between Owner & Driver: 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?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 00

Passenger Name : _____
Passenger Name : _____

Gender : _____
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: SLX 5327 G

Driver's Contact No: 97661040 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.

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Mar 2020 / 14:12:54

Receipt Date/Time : 05 Mar 2020 / 14:12:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200305-001891

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1	Replaced Vehicle No. SKD9571H Replacement of Veh Reg No. - SMT3344D Replacement Fee 20200305141138286032	300.00	21.00	321.00
	Sub-Total	300.00	21.00	321.00
	Total Before Rounding	300.00	21.00	321.00
	Rounding Difference			0.00
	Total Amount Payable			321.00
	Paid By			
	20200305141205197 Direct Debit: eNETS Debit (Internet Banking)			321.00
	Total			321.00
	Cash Change			0.00
	Tendered Amount			321.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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. DMHCSN1933321900 Engine No : CAX943634
Chassis No: WVWZZZ16ZCM066083
1. Index Mark and Registration Number of Vehicle SKD9571H
2. Name of Policy Holder M/S CAR CONCEPT LEASING
3. Effective date of the Commencement of Insurance for 26 AUGUST 2019 EXCESS SECT. IIS\$1,500.00
the purposes of the Regulations, Ordinance or Enactment (10:56 HOURS) EXCESS SECT. II (OUTSIDE SINGAPORE)S\$3,000.00
4. Date of Expiry of Insurance 25 AUGUST 2020
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 OR

ANY AUTHORISED HIRER/DRIVER ONLY

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.

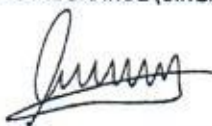
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:



Authorised Officer



Authorised Signatory