

**NATIONAL Assessment Centre Services.** [Ref: JAN/05] **NA2004708**

Date In:	Job description	Date & Time Completed	Done by
20/05/2020 11:16	SAS e-Milling		
Ref No: NA/CTI20005833/4	E-mail (Within 2hrs, AIC 2hrs)		
Veh No: SJT 9132U	I-Motor Claim Form		
O.O.A: 19/05/2020 16:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SML 2608E** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Dates: ( ) Times: ( )

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 reprior.

( ) 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: ( )

Other: ( )

**NA2002960**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

Auditors Comments: ( )

Ref: 1: ( )

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Item	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee		
4) PT: Follow-Through Survey		
5) PT: Follow-Through Survey (Resurvey)		
6) TR: Re-inspection		
7) NI: Idea DA + EMRT Survey		
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpl Allowance		
• NG: Repairs Coordination		
• NI: Post Repair Inspection		
• ND: DV / Collect Excess Coordination		
TP (NI) / TP (Non INC) against INC		
9) NI2: Idea Mobile		
Invoice dated		
Invoice dated		

Fee Charged ( ) 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	20/05/2020 11:16
Date Of Accident	19/05/2020 16:00
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9132U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORHISHAM BIN MOHD KAMSIN
NRIC No	SXXXX729I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87482563
Alternative Phone No	OTHERS-87482563

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-2.0 (A)
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	DMPCSN3067261900
Cover Note Number	

### Driver

Name of Driver	NORHISHAM BIN MOHD KAMSIN
NRIC No	SXXXX729I
Date Of Birth	17/01/1975
Occupation	INDOOR
Date Of Driving Pass	27/08/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87482563
Fax Number	
Contact Number	OTHERS-87482563
Email Address	NOEMAIL

Address	BLK 122 PAYA LEBAR WAY #02-2891
Postcode	381122
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	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?	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)	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	SML2603E
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	NORHISHAM BIN MOHD KAMSIN
------	---------------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJT9132U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

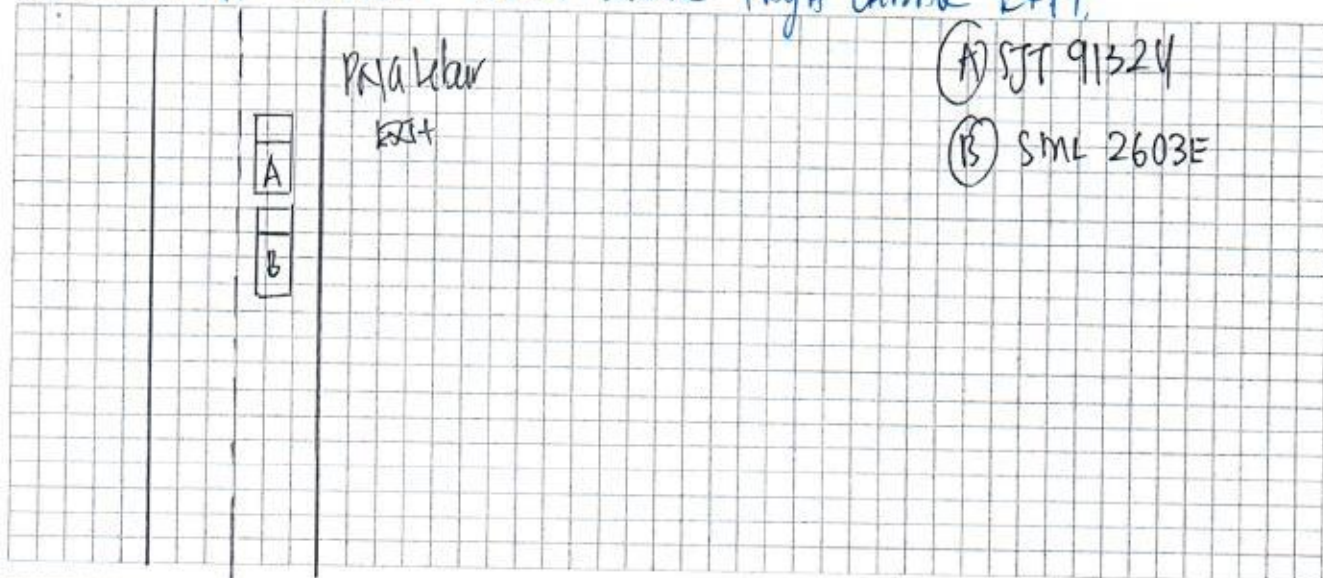
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

20/05/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN PIE TOWARDS CHANGLI NEAR PAYA LABAR EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19-03-2020 at about 16:00hrs, I was travelling along PIE  
Towards Changli Near Paya Labar Exit. As I approached the traffic  
junction, I slow down & stop. While waiting, all of a sudden I felt  
an impact from the rear. Then I realised a vehicle SML 2603E had  
collided onto my rear.

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.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19.05.2020	TIME: 16.00hrs	(hh:mm) 24 hrs Format	
LOCATION: Pte Tnd Chang Near Paya Lebar Exst			
VEHICLE NUMBER: SJT 91324			
INSURED NAME: Norhisham Bin Mohd Kamsin			
NRIC / FIN: S75007291	CONTACT: 8746 2563		
MAKE: Toyota Wish	MODEL: 2.0 Auto		
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: Chino			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMPCSN 3067261910			
NAME DRIVER: Norhisham Bin Mohd Kamsin ( ) SAME AS INSURED			
NRIC / FIN: S75007291	CONTACT: 8746 2563		
DATE OF BIRTH: 17-01-1975			
DRIVING PASS DATE: 27-09-2022			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: ( ) NO EMAIL			
ADDRESS OF DRIVER: 122 Paya Lebar Way # 02-2891			
Number Of Passenger Include Driver: Driver only			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle: //			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details :			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B: SML 2603E		( ) / Not Sure ( )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	



**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.	DMPCSN3067261900	Engine No : 3ZRA390400 Chassis No: JTDGJ20W505001062
1. Index Mark and Registration Number of Vehicle	SJT9132U	
2. Name of Policy Holder	MR NORHISHAM BIN MOHD KAMSIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05 SEPTEMBER 2019 (13:44 HOURS)	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	04 SEPTEMBER 2020	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *	EX ON WINDSCREEN.....S\$100.00	

(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 IN THAT BEHALF 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 TUITION DRIVING TEST RACING PACE-MAKING, 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 (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : KENSO LEASING PTE LTD AS HP OWNER

\* 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



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	729I
<b>Vehicle Details</b>	
Vehicle No.:	SJT9132U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 2.0 AUTO
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	3ZRA390400
Chassis No.:	JTDGJ20W505001062
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$22,003.00
Original Registration Date:	06 Nov 2009
First Registration Date:	06 Nov 2009
Transfer Count:	1
Actual ARF Paid:	\$22,003.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Sep 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$37,941.00
COE Rebate Amount:	\$35,411.00
<b>Total Rebate Amount:</b>	<b>\$35,411.00</b>

The information contained herein is correct as at 19 May 2020

OK