

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA2005431**

Date In: <b>20/6/20-15:46</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/072200663374</b>	SAS e-filing		
Veh No: <b>5J05996</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>20/6/20-18:30</b>	i-Motor Claim Form		
OD : <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>5J05996</b>	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: ( )

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments :-**

**Ref. 1:**

**Ref. 2 / 3:**



## 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	24/06/2020 15:46
Date Of Accident	23/06/2020 18:30
Exact Location Of Accident	MANDAI RD TWDS YISHUN NEAR L/P: 188
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1599L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	2XXXXX185K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90229995
Alternative Phone No	OFFICE-90229995

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00003462000
Cover Note Number	

### Driver

Name of Driver	MOHAMED YUNUS BIN MOHAMED ANUM
NRIC No	SXXXX395G
Date Of Birth	30/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1982
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98310996
Fax Number	
Contact Number	OFFICE-98310996
Email Address	NOEMAIL

Address	BLK 351D ANCHORVALE ROAD #12-229
Postcode	544351
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : NOORAINI BNTI DASIRAN GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### 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	SKQ7085P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE HUI HUI
NRIC/Passport Number	
Contact Number	91824060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKC5783U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SAMAT  
NRIC/Passport Number  
Contact Number 98630455  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 3

#### DETAILS OF INJURED PERSON 1

Name MOHAMED YUNUS BIN MOHAMED ANUM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJJ1599L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NOORAINI BNTI DASIRAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJJ1599L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### 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. 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.



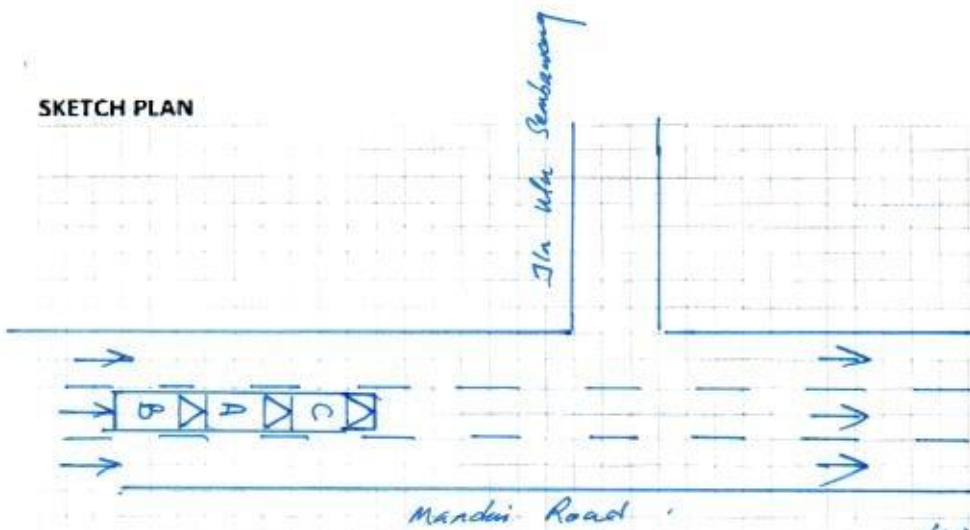
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



- (A) 8JJ 1599L
- (B) SKQ 7085P
- (C) SKC 5783U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/06/2020 at @ 1830hrs, I was travelling in my vehicle (8JJ 1599L) along Mandai Road towards the direction of Tishan before Jln Ulu Sembawang near to lamp pole no. 188 on the centre lane. The vehicle (SKC 5783U) in front of me suddenly brake and stopped due to the vehicle in front of them stopped. I managed to brake and stopped in time. Suddenly, a car (SKQ 7085P) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead of me.

## 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.:



Vehicle No.	SJJ 1599 L Model / Make Toyota Wish	
Date of Accident	23 / 06 / 2020.	
Time of Accident	1830 HRS	
Location of Accident	Mandai Road towards Teshu near lamp post no. 188.	
Exact purpose use during accident	Chauffeur	
Name of Owner	Aurora Car Rental & Leasing (S) Pte Ltd.	
Telephone No.	H/P : 9022 9995	Home : Office :
NRIC	201914185 K.	
Address	10 Ubi Crescent #05-60 Ubi Techpark Lobby D (S) 408564.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	China Taiping	
Type of Coverage	Comprehensive Third Party <u>Third Party / Fire / Theft</u>	
Policy No.	DMH/CSNA00003462000	
Name of Driver	As Above If No, Mohamed Yunus Ben Mohamed Anum.	
NRIC	S1381395 G. Any Passengers : 01 (F).	
Date of birth	30 / 11 / 1959	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	06 / 09 / 1982	
Gender	<u>Male</u> / Female	
Contact No.	H/P : 9831 0996	Home : Office :
Address	BLK 3510 Anchorvale Road #12-229 (R) 544351.	
Driver have any own vehicle	<u>No.</u> If yes, Reg No.	
Relationship	Employee, If no, state <u>frer</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	Mohamed Yunus Ben Mohamed Anum (H/P: 9831 0996)	
Name And Contact No.	Nooraini Binti Dasran (H/P: 94455892)	
Police Report	<u>No.</u> If Yes, Where?	
Vehicle B No.	SKQ 7085 P. Any Passengers : N.A.	
Name of Driver	Ee Hui Hui. Contact No. : 9182 4060.	
Vehicle C No.	SKC 5783 U. Any Passengers : 02 (M).	
Vehicle D No.	Samat. Any Passengers : H/P: 9863 0455.	
Vehicle E no.	Any Passengers :	
Vehicle F No.	Any Passengers :	
Vehicle G No.	Any Passengers :	
Witness Name	N.A. Witness Contact : N.A	
Accident Portion	Front and Rear Portion.	
Camera Recorder	Yes <u>No</u> .	
Email Address	-	
PARTICULAR WORKSHOP	Fusion N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	JOSEPH TAN	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg	



Motor Hire Car

MZ407

E SN

AN0008A

Cov. Type:T

**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.

DMHCSNA00003462000

Engine No.: 1ZZ3122658

Cha. No.: JTDER12W103000476

1. Index Mark and Registration  
Number of Vehicle

SJJ1599L

2. Name of Policy Holder

AURORA CAR RENTAL &amp; LEASING SINGAPORE PTE LTD

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

30/05/2020

Excess Sect. II

S\$2,000.00

Excess Sect. II (Outside Singapore).

S\$4,000.00

4. Date of Expiry of Insurance:

29/05/2021

5. Persons or Classes of Persons entitled to drive\*

Any employee or any person who is driving with 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.

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.

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.

Issued By: Ho Li Hwa Irene  
Authorised Officer

  
Authorised Signatory