

# NATIONAL Assessment Centre Services.

Part 1 (Jan'05)

MAJALIS 0067223

Date In: 1/08/2020 0934	Job description	Date & Time Completed	Done by
Ref No: N/A/C/10008218/4	SAS e-filing		
Veh No: 88M 4264	E-mail (e-jala 3hrs, AIC 2hrs)		
D.O.A: 07/08/2020 11:4	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wkup / INC Assign Wkup / QW: (	Tolt	Fact
TP Particulars:	Veh No: 88M 4264	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 repolar.
( ) 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: ( )
Damage: ( )
Other: ( )

NA2004125	Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (wef 10 Jan 2005)	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NIUC: Additional Services	
		ON:	
		*NI: Courtesy Car / Tpt Allowance \$3	
		*NI: Repair Coordination \$10	
		*NI: Post Repair Inspection \$25	
		*NI: DV / Collect Excess Coordination \$3	
		TP (NI) / TP (Non INC) against LIG \$10	
		9) NI: Idea 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 GlA 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	11/08/2020 09:32
Date Of Accident	07/08/2020 11:15
Exact Location Of Accident	JUNCTION OF TAMPINES ST 45 AND TAMPINES AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4261A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUFRI BIN HAJI MAJURI
NRIC No	SXXXX413E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98424999
Alternative Phone No	OTHERS-98424999

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSNW00078042000
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD MUZAKKIR BIN SALLEH
NRIC No	SXXXX484A
Date Of Birth	01/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98424999
Fax Number	
Contact Number	OTHERS-98424999
EEmail Address	NOEMAIL



Address	BLK 232C SUMANG LANE #06-349 MATILDA COURT
Postcode	823232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	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	SH9106C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

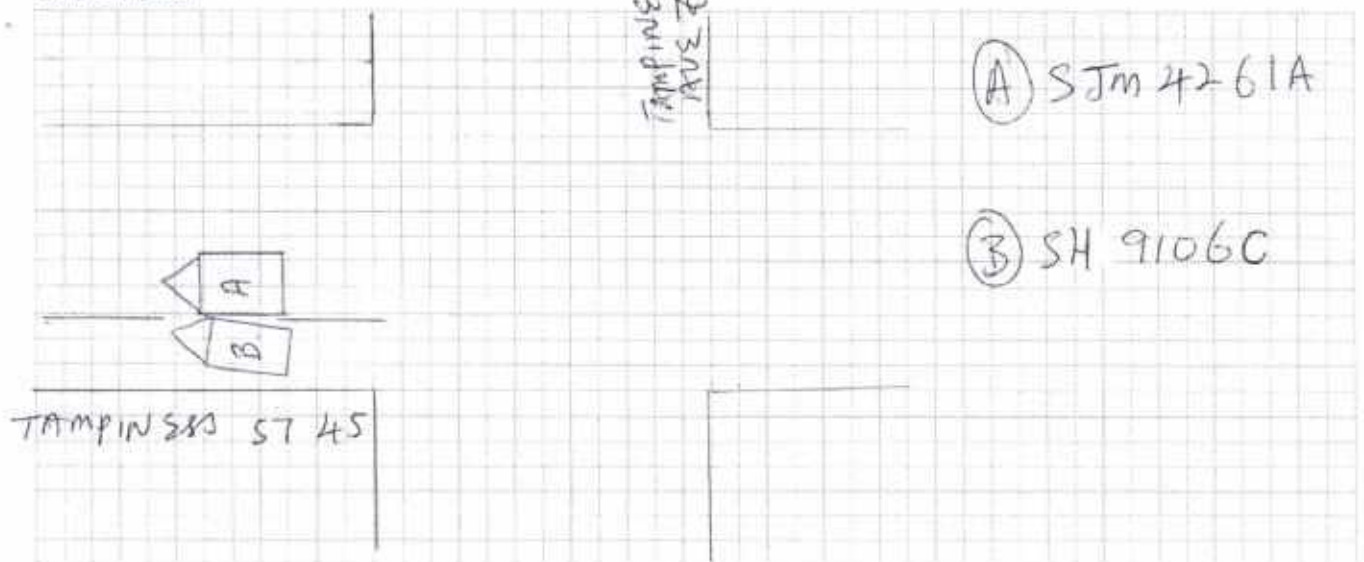
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/08/2020 @ 11:15 HRS I WAS DRIVING ALONG TAMPINES ST 45. AS THE TAXI PUT ON ITS HAZARD LIGHT, AFTER I CHK MY BLIND SPOT, I OVERTAKE THE TAXI. SUDDENLY THE TAXI CUT INTO MY FRONT AND COLLIDED INTO MY VEHICLE.

## 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: 07-Aug-2020

ACCIDENT TIME: 1115HRS

LOCATION: JUNCTION OF TAMPINES ST 45 & TAMPINES AVE 7

VEHICLE NUMBER: SJM4261A

INSURED NAME: JUFRI BIN HAJI MAJURI

NRIC / FIN: S1579413E

CONTACT: 98424999

MAKE: NISSAN

MODEL: LATIO-1.5 (A)

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMPCSNW0007804200

EXPIRY DATE: 01-Jul-2021

NAME DRIVER: MUHAMMAD MUZAKKIR BIN SALLEH

NRIC / FIN: S9344484A

CONTACT: 9842499

DATE OF BIRTH: 01-Dec-1993

DRIVING PASS DATE: 15-Mar-2013

OCCUPATION: Outdoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 232C SUMANG LANE #06-349 MATILDA COURT SINGAPORE 823232

Relationship Of The Driver With The Insured: Relative

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
MUHAMMAD MUZAKKIR BIN SALLEH	S9344484A	Male	

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
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Veh B SH9106C

Not Sure

Motor Private Car

MX1

N SH

AN0083A

Cov. Type:F

**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. DMPCSNW00078042000

Engine No.: HR15054545B

Cha. No.: JN1BAAC11Z0020694

1. Index Mark and Registration Number of Vehicle SJM4261A

2. Name of Policy Holder JUFRI BIN HAJI MAJURI

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 02/07/2020

4. Date of Expiry of Insurance 01/07/2021

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

(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 lullion 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.

HIRE PURCHASE CO. EFIZZIG CREDIT 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

**KCB AGENCY**

Co Reg. No. 631165520

200 Jooi Sultan

#02-365 - Plaza Centre

Singapore 109118

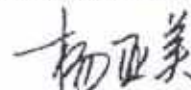
Tel: 6391 3113

Fax: 6391 1710

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory