

# NATIONAL Assessment Centre Services: [Part 1 Jan'09] MMA 1200 81563

Date In: 21/9/20 09:35	Job description	Date & Time Completed	Done by
Ref No: NA/CIT 20010066164	SAS e-filing		
Veh No: SLA 9802 X	E-mail (within 3hrs, A/C 2hrs)		
IP/IA: 19/9/20 16:45	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: FBL 3281 Z	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 repolier.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

NA 2004999

Customer's Particulars:	Invoice/Repairation Checklist	Am (\$)	By Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimline request INC Only (w/c 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	21/09/2020 09:35
Date Of Accident	19/09/2020 16:45
Exact Location Of Accident	WOODLANDS AVE 3 TWDS WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9802X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUANG YINGLING
NRIC No	SXXXX710H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83332378
Alternative Phone No	OFFICE-83332378

### Vehicle Particulars

Manufacturer	VOLVO
Model	S80
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	DMPCSNW00031452000
Cover Note Number	

### Driver

Name of Driver	GUAN WEIYI
NRIC No	SXXXX434I
Date Of Birth	12/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88110025
Fax Number	
Contact Number	
EMail Address	GUAN2005@GMAIL.COM

Address	93 YISHUN ST 81 #04-02
Postcode	768451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : HUANG YINGLING
	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	FBL3281Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD FAKHRULMUDDRIKA BIN ABDUL JALAL
NRIC/Passport Number	SXXXX524Z
Contact Number	87425516
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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)

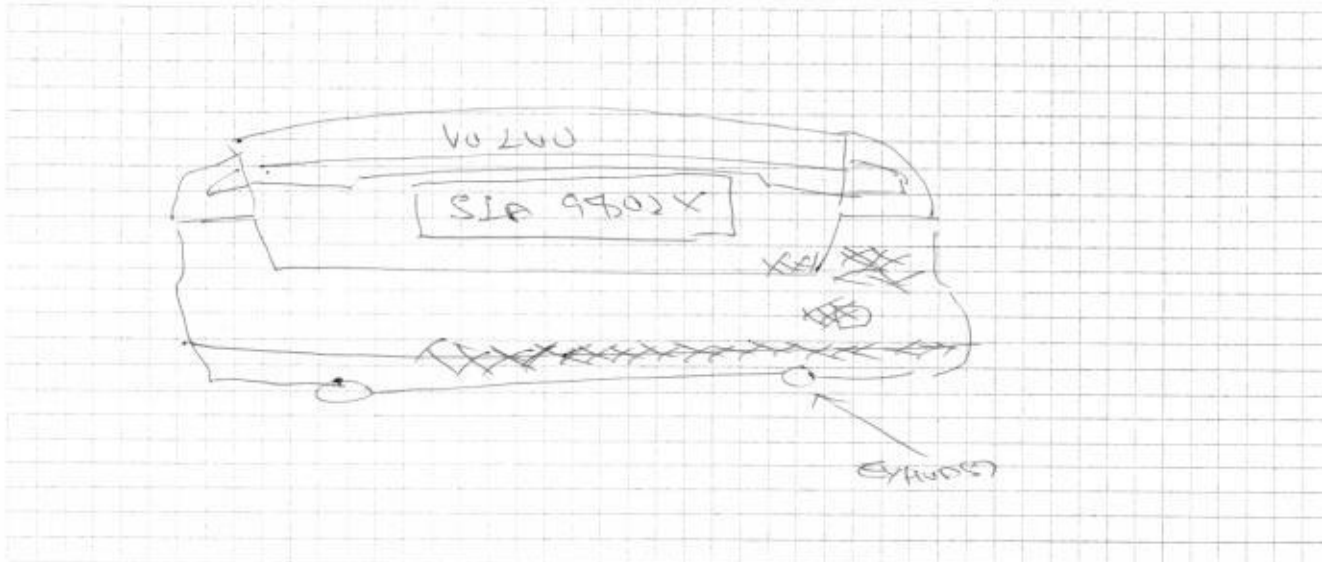
Date & Time: 21st 20 / 0930 -

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 SEP 20 / 1645, I WAS DRIVING ALONG WOODLANDS CENTRE RD, WHILE WAITING AT THE JUNCTION, A MOTORBIKE (X FBL32812) FAILED TO STOP & IMPACTED MY REAR. THE RIDER WAS OK WITH NO INJURY. HE ACKNOWLEDGED THAT HE WAS AT FAULT & BE RESPONSIBLE FOR THE ACCIDENT.

## 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: 21 SEP 20 / 0930

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/10/20

I'm MOHAMMAD FAKHOL MUDDERKA

BIN ABDUL JALAL

I ADMIT THAT I'M AT FAULT  
WILL BE RESPONSIBLE FOR REPAIR.

87425516 - DIKA

DATE: 19 SEP 20 / 1645 H.

## ORIGINAL

## THE SCHEDULE

Agency : AN0509A Class of Policy : Motor Private Car Policy No. : DMPCSNW00031452000  
 Account : AN0509A Issued on : 23/03/2020 in SINGAPORE  
 Client : H0498381 Acceptance Date : 23/03/2020

Period of Insurance : 07/05/2020 to 06/05/2021, both dates inclusive

Insured's Name : HUANG YINGLING  
 Address : 24 JALAN LABU AYER  
 BARTLEY RISE  
 Singapore 538036

Business/Occupation : INDOOR

Premium	:	Basic Annual Premium	:	S\$2,359.20
		Less 20% Autosafe Scheme	:	S\$ 471.84
		No Claim Discount -10%	:	S\$ 188.74
		<b>Total Annual Premium</b>	:	<b>S\$1,698.62</b>
		Less Disc.	:	S\$0.00-
		<b>Premium Due</b>	:	<b>S\$1,698.62</b>
		<b>Premium GST</b>	:	<b>S\$118.90</b>
		<b>Total Due</b>	:	<b>S\$1,817.52</b>

Risk No.1	Motor Private Car		
Make/Model	: Volvo S80 T5	No. of seats	: 5
Registration	: SLA9802X	Body Type	: Saloon
Engine No.	: B4204T111477187	Capacity cc's	: 1969
Chassis No.	: YV1AS40CDG1198873	Certificate Ref.	: MX1E
Year of Manuf/Regn	: 2015/2016		
Type of Cover	: Comprehensive		
Financial Interest	: UNITED OVERSEAS BANK LIMITED AS HP OWNER		

Sum Insured:Market value at the time of loss

Named Drivers Ex Sect. I : S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 : S\$3,000.00

Ex Sect. I - Age >= 26 : S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN : S\$100.00

Named Drivers THE INSURED : HUANG YINGLING

Named Drivers : GUAN WEIYI

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

Continued on page 2



# ACCIDENT STATEMENT

ACCIDENT DATE: (19/09/20) (DD/MM/YYYY), TIME: (16:45) (HH:MM)

LOCATION: MARSILING (WOODLANDS AVE 3 TOWARDS WOODLANDS CENTRE RD)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 9802X  
 b) INSURANCE COMPANY: CHINA TARIKA INSURANCE  
 c) POLICY NUMBER: DMRCNH0003452000  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VOLVO S80 T5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: HUAN DIN LING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S85157104 CONTACT: 8333 2378  
 c) ADDRESS: 24 JALAN LABU AMER, BARTLEY FISE  
 S (538036)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: GUAN WEI JI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S85104341 CONTACT: 88110025  
 c) ADDRESS: 93 JISHAN STREET 81 # 04-02  
 S (768451)

\*d) DATE OF BIRTH: (12/04/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: - NA - Spouse

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) - NIL -

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: - NIL -

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBL 3281Z MODEL: HONDA BIKER  
 b) DRIVER'S NAME: MUHAMMAD FAHEUL MUDDRIKA BIN ABDUL JALAL  
 c) NRIC/FIN/PASSPORT: S9941524Z CONTACT: 87425516

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)

(2)

wife

\* No of passenger  
 (including driver)

(1)

\* No of passenger  
 (including driver)

( )

RSPU@LKKAUTO.COM

Email = GUAN2005@GMAIL.COM

fax =

video = Mo.