

NATIONAL Assessment Centre Services.

Print & Sign Off

NA20093900

Date In: 26/10/2020 17:17	Job description	Date & Time Completed	Done by
Ref No: NAB/C12200/16214	SAS e-filing		
Veh No: SUN 6455R	E-mail (E-judge sheet, AIC sheet)		
D.O.A: 26/10/2020 07:18	I-Motor Claims Form		
OD (TP) 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8MK 8640M	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 repair.

() 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: _____

NA2005640	1) AIR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$10/145
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OR:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NR: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect the case Coordination	\$3
	TE (NI) / TP (Non INC) against INC	\$10
	9) NTH: Idea Mobile	\$0
	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	26/10/2020 17:17
Date Of Accident	26/10/2020 07:15
Exact Location Of Accident	PIR TOWARDS TUAS (AFTER JALAN EUNOS EXIT 9)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6455R
Insured/Policyholder	
Name Of Registered Owner	AMINNUDDIN BIN ALI
NRIC No	SXXXX148Z
Email Address	AMINKEPPEL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92228997
Alternative Phone No	OTHERS-92228997

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSNW000658820000
Cover Note Number	

Driver

Name of Driver	AMINNUDDIN BIN ALI
NRIC No	SXXXX148Z
Date Of Birth	12/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2007
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92228997
Fax Number	
Contact Number	OTHERS-92228997

Address	BLK 486 PASIR RIS DRIVE 4 #06-495
Postcode	510486
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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: : SITI YUSMAWATI 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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SMK8640M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC6095S
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 AMINNUDDIN BIN ALI
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SLN6455R
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:

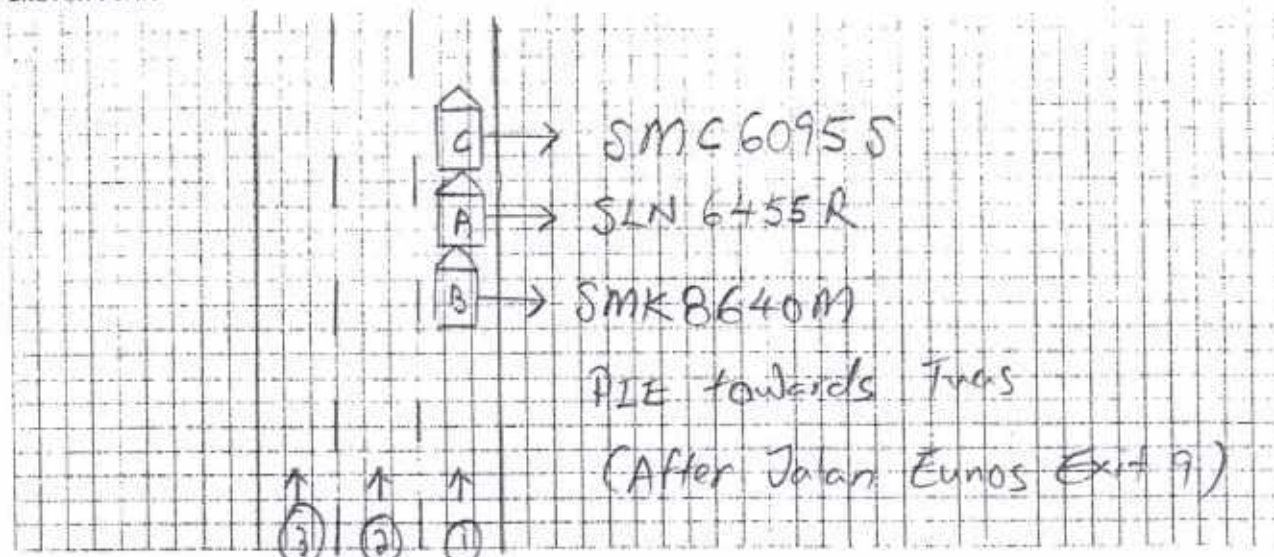
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

On 26.10.2020 at about 07:15 hours along PIE towards Tuas (After Jalan Eunos Exit 9). I was travelling straight on lane 1 and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to collide onto the rear portion of vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear left hand side portion of my vehicle (A) thus causing damages to the front and rear left hand side portion of my vehicle (A). It was a chain collision of total of 3 vehicles involved.

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SLN 6455R

Vehicle (B): SMK 8640M

Vehicle (C): SMC 6095S



Date of Accident : 26/10/2020 Accident Time: 07:15 (24-HR-Format)
Accident Place : PIE towards Tuas (After Jalan Eunus Exit 9)
Vehicle No. (Car Plate No.) : SLN 6455R Make/Model: Toyota Wish
Insurance Company : China Taiping Policy No: DMPCSNW00065882000
Owner or Company Name / IC No. : Aminnuddin Bin Ali (S7208148Z)
Owner or Company Contact No. : 9222 8997 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : Aminnuddin Bin Ali (S7208148Z)
DRIVER'S Date Of Birth : 12/03/1972 DRIVER'S License Pass Date 09/07/2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : BLK 486 Pasir Ris Drive 4 #06-495 S (510486)
DRIVER'S Contact No. / Alt No. : 1) 9222 8997 2) —
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : aminkeppel@yahoo.com.sg
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Aminnuddin Bin Ali - Body Pain

Other Party Driver's Particular (if any)

(D) Vehicle No: SMK 8640M
Vehicle Make/Model: —
Name Driver: —
IC No. Driver/Contact: —

(C) Vehicle No: SMC 6095S
Vehicle Make/Model: —
Name Driver: —
IC No. Driver/Contact: —

* NEW - Passenger's name & gender:

Passenger: Piti Yusrawati (F)

Motor Private Car

MX1WF

N SN

AN069SA

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00065632000	Engine No.: 2ZR0454266	Cha. No.: ZGE200020185
1. Index Mark and Registration Number of Vehicle	SLN6455R	AUTOSAFE	*****
2. Name of Policy Holder	AMINUDDIN BIN ALI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/06/2020	Named Drivers Ex Sect. I	\$3750.00
4. Date of Expiry of Insurance	10/06/2021	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$33,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
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.			
<p>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.</p>			
6. Limitations as to use*			
<p>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 \$35,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>			

HIRE PURCHASE CO.: TECK WEI 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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