

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 12 010537

Date In: 16/11/22-17:21	Job description	Date & Time Completed	Done by
Ref No: NA/C220012609/24	SAS e-filing		
Veh No: 5625046	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/11/22-22:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 4029882	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:- (INC hotline: 6788 6616)	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

NA2206214	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: 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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat 1:	Invoice dated	Fee Charged	
Pat 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	16/11/2020 17:21
Date Of Accident	15/11/2020 22:05
Exact Location Of Accident	SLIP RD JLN EUNOS TWDS UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5044L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MOHAMAD NAZALI BIN MOHAMAD
NRIC No	SXXXX335D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96220462
Alternative Phone No	OFFICE-96220462

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	DMPCSNA00045692002
Cover Note Number	

Driver

Name of Driver	MOHAMAD NAZALI BIN MOHAMAD
NRIC No	SXXXX335D
Date Of Birth	12/11/1967
Occupation	INDOOR
Date Of Driving Pass	06/09/1999
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96220462
Fax Number	
Contact Number	OFFICE-96220462
Email Address	NOEMAIL

Address	BLK 206 PASIR RIS STREET 21 #11-374
Postcode	510206
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	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	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)	5
Passenger 1	NAME: : MOHAMAD NIFAEEL BIN MOHAMAD NAZALI GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : JELITA HAMZAH GENDER: : FEMALE
Passenger 4	NAME: : - 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GQ9888Z
Vehicle Make/Model/Colour	

Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver DHURAINAJ SELVAKUMAR
NRIC/Passport Number
Contact Number 91883320
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD NAZALI BIN MOHAMAD
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5044L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMAD NIFAEI BIN MOHAMAD NAZALI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5044L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JELITA HAMZAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLZ5044L
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:

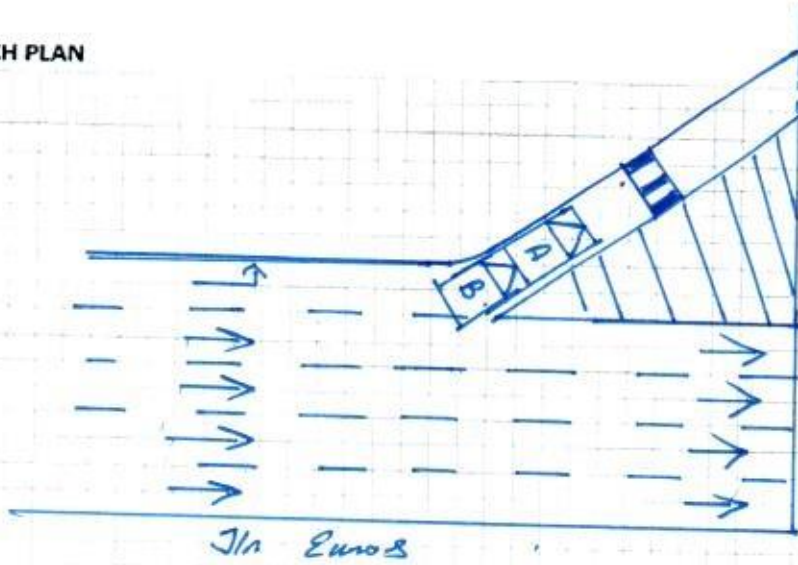
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

X

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



Upper Chang Road

(A) SLZ 5044 L
(B) GQ 9888 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/11/2020 at @ 2205 hrs, I was travelling in my vehicle (SLZ 5044 L) along Jln Eunus slip road into Upper Chang Road. The vehicle in front of me stopped before the zebra crossing for pedestrian to cross. I slow down and stopped too. Suddenly, a van (GQ 9888 Z) from behind collided onto the rear portion of 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.:

VEHICLE NO: 9L2 50A4L MAKE & MODEL: TOYOTA CHR Hybrid AUTO MANUAL

DATE OF ACCIDENT	<u>15 / 11 / 2020</u> <u>1797</u> C.C.	
TIME OF ACCIDENT	<u>2205</u> AM <u>PM</u>	
LOCATION OF ACCIDENT	<u>Jln Euroa Slip Road into New Upper Changi Road.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>Mohamad Nazali Bin Mohamed.</u>	
EMAIL:	<u>nazjel@signet.com.sg</u>	Office: MOBILE: <u>9622 0462</u>
NRIC	<u>21821335D</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES <u>NO</u> ?	
INSURANCE CO.	<u>China Taiping</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>0MPC3NA00045692002</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC		
DATE OF BIRTH	<u>12 / 11 / 1967</u>	
ANY PASSENGER	<u>YES</u> / NO: <u>04. (JM) (2F)</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>06 / 09 / 1999</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>9622 0462</u> Office: Home:	
EMAIL:		
ADDRESS	<u>2L5 206 Paser Res St 21 #11-374 (2) 510206</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. <u>INSURER</u>	
RELATIONSHIP	Employee / If No, <u>Owner</u>	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No <u>If yes</u> Who? ① <u>Mohamad Nazali Bin Mohamed (H/P: 9622 0462)</u>	
CONTACT NO.	② <u>Mohamad Nifael Bin Mohamed Nazali (9335 7791)</u> ③ <u>Jelita Hamzah (H/P: 9335 7792)</u>	
POLICE REPORT	<u>No</u> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> IF YES, WHO?	
VEHICLE B NO.	<u>2Q 9888 Z</u> Any Passenger:	
NAME	<u>Dharinraj Selvakumar</u> (H/P: <u>9198 3320</u>)	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	<u>NA</u>	
WITNESS CONTACT NO.	<u>NA</u>	
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	<u>NA - Twiner</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>NO</u>	



Motor Private Car

MX1F

R SN

DR0999J

Cov. Type:C

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.	DMPCSNA00045692002	Engine No.: 2ZR8408111 Cha. No.: ZYX102113438
1. Index Mark and Registration Number of Vehicle	SLZ5044L	AUTOSAFE =====
2. Name of Policy Holder	MOHAMAD NAZALI BIN MOHAMAD	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	07/05/2020	Named Drivers Ex Sect. I S\$1,150.00 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
4. Date of Expiry of Insurance	06/05/2021	
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 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/Theft) will be doubled.
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.: TOKYO CENTURY LEASING (S) PTE LTD

* 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.

Authorised Signatory

Issued By: Gan Li Jia Jesca
Authorised Officer