

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **WJ72CA0004**

Date In: <b>10/1/05 - 12:04</b>	Job description	Date & Time Completed	Done by
Ref No: <b>WJ72CA0004</b>	SAS e-filing		
Veh No: <b>5624583K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>17/1/05 - 07:25</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>JD284081C</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: (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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QN* *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		



## 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 Submission	10/12/2020 12:04 (SGT)
Date of Accident	27/11/2020 07:25 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	twds pie before brickland road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4583K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BIBI POLO
NRIC No	SXXXX643D
Email Address	devspf@gmail.com
Mobile Phone No	(Phone) +65-92386729
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00089982000
Cover Note Number	-

#### DRIVER

Name of Driver	JAGDEV SINGH OANJU S/O RANJAIT SINGH
NRIC No	SXXXX935Z
Date Of Birth	25/10/1996
Occupation	Indoor

Date Of Driving Pass .....	12/06/2019
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81899465
Alt. Phone Number .....	-
Email Address .....	devspf@gmail.com
Address .....	BLK 365 TAMPINES STREET 34
Address complement .....	#09-157
Postcode .....	520365
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SDZ8498K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ILHAM HIDAYAT BIN MHD SHARIFF
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJH2373A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	JAGDEV SINGH OANJU S/O RANJAIT SINGH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SGQ4583K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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



Veh A: SGQ4583K  
 Veh B: SDZ8498K  
 Veh C: SJH2373A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SGQ4583K) traveling along KJE towards PIE on first lane of a 5 lanes, expressway. Somewhere before Brickland Road exit, vehicle C (SJH2373A) ahead slowed down and stopped due to the heavy traffic flowed. As such, I applied brake and stopped. Before my vehicle came to completely stop suddenly vehicle B (SDZ8498K) came from rear and collided directly onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.:



<b>Vehicle No.</b>	SGG4583K	Model / Make	Toyota Camry
Date of Accident	27/11/2020		
Time of Accident	0725	HRS	
Location of Accident	Along KJE twin PLE before Brackland Road		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Bibi Palo		
Telephone No.	H/P : 9238 6729	Home :	Office :
NRIC	S0151643D		
Address	BLK 365 Tampines Street 34 #09-157 S(520365)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Taiping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DM PC SNW 00089982000		
<b>Name of Driver</b>	As Above If No, Jagdev Singh Panju S/O Rangaiah Singh		
NRIC	S96419352	Any Passengers :	
Date of birth	25/10/1996		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	12/6/2019		
Gender	Male / Female		
Contact No.	H/P : 8189 9465	Home :	Office :
Address	BLK 365 Tampines Street 34 #09-157 S(520365)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Mother & son	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Jagdev Singh Panju S/O Rangaiah Singh		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SDZ 8498K	Any Passengers :	
Name of Driver	Ilham Hidayat Bin Md Shauiff		
<b>Vehicle C No.</b>	SJH 2373A	Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	Witness Contact :		
<b>Accident Portion</b>	Front & rear portion		
Camera Recorder	Yes / No		
Email Address	devspfa@gmail.com		
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		



Motor Private Car

MX1F

N SN

AN0083A

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, 1979 (Malaysia)

CERTIFICATE No.

DMPCSNN00089982000

Engine No.: 1AZE019142

Chas. No. MR053BK4107005192

1. Index Mark and Registration  
Number of Vehicle

SGQ4583K

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

BIBI POLO

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

21/07/2020

Named Drivers Ex Sect. 1 \$5750.00

Ex Sect. 1 - Age <= 25 \$53,000.00

Ex Sect. 1 - Age >= 26 \$5500.00

4. Date of Expiry of Insurance

15/07/2021

Additional Ex Other than Named Drivers:

EX ON WINDSCREEN \$5100.00

\* Age as at date of accident

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 \$5500 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. : MONEymax LEASING 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. G3116652C

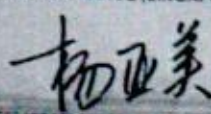
200, Jalan Sultan

#02-363, Town Centre

Singapore 119118

Tel: 6399 2643 Fax: 6391 1816

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Issued By

KCB AGENCY

Authorised Officer