

NATIONAL Assessment Centre Services.

Jan 1 Jan 2001

SNAP20060006

Date In: 15/12/2020 17:10	Job description	Date & Time Completed	Done by
Ref No: N/A/CI 200139014	SAS e-illing		
Veh No: SMR 2167R	E-mail (e-jobs sheet, A/C sheet)		
D.O.A: 14/12/2020 22:15	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (With/Out OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tels: ( ) Fax: ( )

TP Particulars: Veh No: SMR 2167R 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: \_\_\_\_\_

1) A/R: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (110)	
3) TP: Towing Fee		\$40/\$45
4) PT: Follow-Through Survey		\$125
5) PT: Follow-Through Survey (Resurvey)		\$30
6) TR: Re-inspection		\$75
7) NI: 1 day DA + SMRT Survey		\$160
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpl Allowance		\$5
*NS: Repair Coordination		\$10
*NT: Post Repair Inspection		\$25
*NS: DV / Collect Excess Coordination		\$5
TP (NI) / TP (NS) INC against ERG		\$20
9) NI: 1 day Mobile		\$0

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

N/A 2006459

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Watch for comments:

Sub 1:

3/3

# 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 Submission	15/12/2020 17:10 (SGT)
Date of Accident	14/12/2020 22:15 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	TOWARDS KPE BEFORE KPE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4844E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLX55 PTE LTD
Company Reg No	2XXXXX868G
Email Address	garyong66@icloud.com
Mobile Phone No	(Phone) +65-97458239
Alternative Phone No	+65-97458239

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002282000
Cover Note Number	-

### DRIVER

Name of Driver	AHMAD BIN SARIF
NRIC No	SXXXX587I

Date Of Driving Pass	28/05/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97458239
Alt. Phone Number	-
Email Address	garyong66@icloud.com
Address	BLK 440B FERNSVALE LINK
Address complement	#12-173
Postcode	792440
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - U-Turn
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

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	SMR2167R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage \_\_\_\_\_

Details of property damaged in accident \_\_\_\_\_

No. Of Passenger (Including Driver) \_\_\_\_\_

## 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:

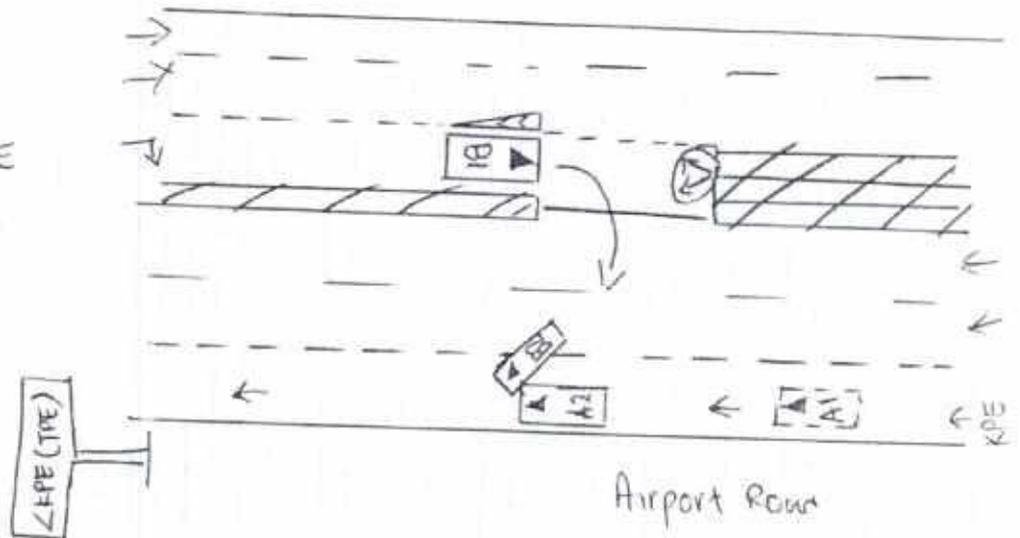
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

25/12/2020  
Res. A. Hartono

SKETCH PLAN

A: SMD4844E

B: SMR2167R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 74' was travelling on the stated venue. Traffic was moderate and slow moving. I was on the last lane heading towards KPE. While moving straight, suddenly a vehicle making a turn towards my direction had collided against my vehicle front right portion. Shortly I got out and realised it was SMR2167R collided against me. I wish to state that traffic is still moving ahead and not stand still.

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.:

15/12/2020  
Kee Wei Han

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/12/2020 (dd/mm/yy) Time of Accident: 22:15 (24-HR-FORMAT)  
Vehicle No.: SMD4844E Vehicle Make & Model / Engine (cc): Toyota  ALPHARD 2493 CC Private Hire:  (Y)  (N)  
Exact location of Accident: AIRPORT ROAD TOWARDS KPE BEFORE KPE  
Policyholder's Name / IC No.: CLX55 PTE LTD 2018078686  
Driver's Name / IC No.: AHMAD BIN SAIF S85385871 (As Above)   
Driver's Contact No.: 91916730 Company Contact No / Owner Contact No: 9745 8239  
Driver's Address: 440B FERVALE LINK #12-173 S 792440  
Owner Email address: Garyong66@icloud.com Insurance Company: China Taiping   
Driver Email address: KUTABLITZ@GMAIL.COM

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

**What do you wish to claim? (Please TICK one only)**

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use /  Work purpose

**Occupation (nature of job)**  Indoor /  Outdoor

**\*No. of Passengers (Including Driver):** 01

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes /  No

**Any Injuries:**  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:**  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMR2167R

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Hire Car

424302B  
N ON  
ANDJ0A  
Car Type C

**CERTIFICATE OF INSURANCE**

Motor vehicles (Third Party Risks and Compensation) Act (Chapter 104)  
Motor vehicles (Third Party Risks and Compensation) Rules 1987  
Road Transport Act 1987 (Malaysia)  
Motor vehicles (Third Party Risks) Rules 1989 (Malaysia)

**DMHCSNA00002282000**

CERTIFICATE No.	DMHCSNA00002282000	Engine No.	2AR306123
Class Mark and Registration Number of vehicle	SMB444E	Chassis No.	AGH300163784
Name of Policy Holder	CI ASS PTE LTD	Insurance	AUTOSAFE
Effective Date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Statute	05/04/2020	Excess Sect 1	\$51,500.00
Date of Expiry of Insurance	04/04/2021	Excess Sect 1 (Outside Singapore)	\$53,000.00
		Excess Sect. II	\$51,500.00
		Excess Sect. II (Outside Singapore)	\$51,000.00
		EX OR WINDSCREEN	\$1100.00

5. Name of Classes of Persons entitled to drive:

As per Named Driver(s) stated below

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

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORIZED DRIVER/DRIVER

6. Conditions as to Use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business
- (2) Use for social, domestic, pleasure, pastimes and business purposes of any person to whom the vehicle is hired

The Policy does not cover:

- (1) Use for racing, speed-making, mobility trial or speed testing
- (2) Use whilst towing a trailer except the towing (other than for removal) of any one disabled mechanically powered vehicle

HERE PURCHASED BY SPEEDO CAPITAL PTE LTD AS HIRER

\*Limitations rendered imperative by Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 104) and Section 25 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

**I/We hereby Certify**

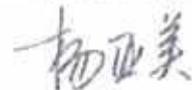
that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 104) and Part 12 of the Road Transport Act 1987 (Malaysia)

Issued on 14/03/2020

Issued By

  
Authorized Officer

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

  
Authorized Signatory