

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

21/08/2020 000004

Date In: 22/12/2020 15:49	Job description	Date & Time Completed	Done by
Ref No: N/A 10122000143444	SAS e-filing		
Veh No: 8MN 5327Y	E-mail (Update this, AIC this)		
D.O.A: 21/12/2020 09:40	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With/OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBL 7227Y	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 raplor.

() 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: _____

NA2100171	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engi-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC: Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NI) : TP (NI) INC) against D/G \$20	
	5) NI: Idea 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	22/12/2020 15:49 (SGT)
Date of Accident	21/12/2020 09:40 (SGT)
Exact Location of Accident	3 Ang Mo Kio Street 62, Singapore
Additional Location Information	INFRONT OF #01-47
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5327Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-96382565
Alternative Phone No	+65-96382565

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	DHMCSNA00002692000
Cover Note Number	-

DRIVER

Name of Driver	ADIESUFIAN BIN MOHAMED
NRIC No	SXXXX978A

Date Of Driving Pass	02/01/2004
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96382565
Alt. Phone Number	-
Email Address	xinyaauto@singnet.com.sg
Address	BLK 507A YISHUN AVENUE 4
Address complement	#05-102
Postcode	761507
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHARIFAH
Gender	Female

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	3BG7227G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.:

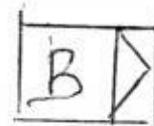
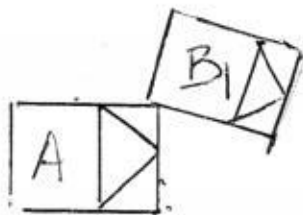
22/12/2020

01-45

01-47

LANDING

01-49



REVERSE

A) SMN 5327Y -

B) G6G 7227G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had drive into link @ Amk to drop my passenger a Ms Shavitali. Ahead of me was a van G6G 7227G. The said van had stopped ahead of unit #01-47 about 3m or more. I had stopped right in front of unit 47. As a coincidence I was dropping off the colleague of the van driver a Mr Yang Auitain. My passenger alighted and closed my car door, as a habit I turn back to check if my passenger had left anything behind. On turning back to the front, I saw G6G 7227G reversing backwards. I immediately took my horn however the said vehicle continue to reverse to bang into me. Realising he had banged into me, the driver shifted his van ahead again, and alighted to check the damages. By then I had also left my engine and came down to check and took photos at this point. I also apologise to my passenger saying this had to happen while she is around, my passenger then replied "don't worry we are working in the same company". We then exchange particulars and I went back to my car. My passenger then approach me on the side and ask could we do private settlement. I replied "I am not owner and will check with rental company."

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.:

SINGAPORE ACCIDENT STATEMENT

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3. Information provided must be true and correct to the best of your knowledge as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to deny policy liability.
4. The issue and acceptance of this form by the insurance companies is not an admission of policy liability on the part of the insurance companies.
5. The reporting may be referred to the Police for Investigation.
6. This report will be forwarded by the insurance companies to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. Your judgement of this report to the Police and you hereby consent to the archiving of this report at the centre and to copies of the report being made available to the Police.

ACCIDENT STATEMENT

Date Of Report 20/12/20
Date Of Accident 20/12/20 9:40am
Location Of Accident 5 AMK ST. 67 Link Bank Infront of #01-47
Entry/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN 153274
Insured/Policyholder
Name Of Registered Owner Todd's
Mobile No 201533177E
Email Address
Home Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer Toyota
Model Wish
Type of Purpose for which vehicle was being used at time of accident Hired
Is anyone claiming under your motor insurance policy in relation to your vehicle? TP
No, Please state action to be taken
Vehicle Category
Insurance Company China Trip Up
Name of Insurance Company
Type Of Coverage DMHC SMTA 00002692000
Policy Number
Policy Note Number
Date of Driver
Name of Driver Adiesution Bin Mohamed
Date Of Birth 27/11/1977
Occupation Hired
Date Of Driving Pass 02/01/2004
Driving Experience
Vehicle Number
Engine Number
Chassis Number
Colour Address #05-102 761507

Address

Zip Code

Was driver an employee of the motorist's company?

Relationship of the Driver with Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in this accident?

Was any other material or property damaged?

Have been approached by insurance agent(s)

Receiving/offering accident claim(s) from Police

Number of Passengers (including Driver)

Details of Police Action

Has the accident reported to the Police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for inspection?

Was there any video captured by CCTV camera?

Remarks/ Reasons:

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NPIC/Passport Number

Contact Number

Address

Zip Code

Insurance Company Name

Extent Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Hinder

TP reversed bang

Clear

dry

No

-

-

2

Female Nis Sharifah

-

No

G B G 7076

Van

Yang quitian



Motor Hire Car

MZ406L/B

N SN

AN0478A

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.

DMHCSNA00002692000

Engine No.: 1ZZ2508916

Cha. No.: ZNE100294396

1. Index Mark and Registration
Number of Vehicle

SMN5327Y

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

28/04/2020

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

Excess Sect. II (Outside Singapore) S\$4,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30/04/2021

5. Persons or 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 AUTHORISED HIRER/DRIVER

6. Limitations 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 purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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



Issued By:

Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820CM0004 Vehicle Registration No: SMN 5327Y
Name (as shown in NRIC) : ABRISUFION BIN MOHAMMAD NRIC/FIN/Passport No : 9781A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96382565
Email Address : _____
Date of Accident : 21/12/2020 Time of Accident : 09:40
Place of Accident : 3 ANG MO KIO ST 62
Insurance Company : Chua Tai Ping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insurer T/P Vehicle Number GBK 7274

Policyholder / Driver's Signature
Date:

Am
Reporting Centre Personnel's Signature
Name: