

# NATIONAL Assessment Centre Services

Ref: 2010092

SVR2000000000

Date In: 11/12/2020 12:57	Job description	Date & Time Completed	Done by
Ref No: NBA/CT2000/4607/Y	SAS e-filing		
Veh No: SVR 1806C	E-mail (within 3hrs, A02 2hrs)		
D.O.A: 10/12/2020 10:20	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: SMR 7104P	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%; F: 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

NBA2100092	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N3: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	11/12/2020 12:57 (SGT)
Date of Accident	10/12/2020 10:20 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1806C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M/S MUSLIM MISSIONARY SOCIETY SINGAPORE
Company Reg No	SXXXXX055K
Email Address	xdetox32@gmail.com
Mobile Phone No	(Phone) +65-91393346
Alternative Phone No	+65-91393346

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	DMCVSN1771091902
Cover Note Number	-

#### DRIVER

Name of Driver	AU AH HENG
NRIC No	SXXXX643D
Date Of Birth	13/09/1960
Occupation	Outdoor

Date Of Driving Pass	28/10/1980
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91393346
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	BLK 116 HOUGANG AVENUE 1
Address complement	#04-1204
Postcode	-
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 - Change/cross lane
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

Name	UNKNOWN
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)

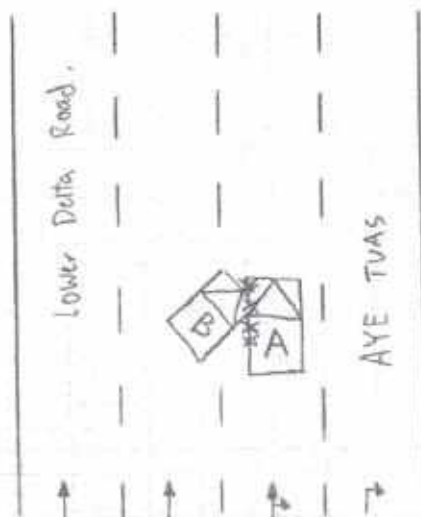
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Was there any audio recorded? \_\_\_\_\_ No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR7104P
Vehicle Manufacturer	Mercedes
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)	-

# SKETCH PLAN



A: SLV1806C

B: SMR7104P

Lower Delta Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along Lower Delta Road. I was trying to make a right turn when suddenly a white Mercedes (vehicle B) turn to the right abruptly and collided on to my vehicle front left portion.

## DECLARATION

**JAMIYAH NURSING HOME**  
(Darul Syifaa)  
130, West Coast Drive  
Singapore 127444

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.:

Date of Accident : 10/12/2020 Accident Time: 1020 (24-HR-FORMAT)  
 Accident Place : Lower Delta Road  
 Vehicle Reg. No (Car plate No.) : SLV1806C Vehicle Make/Model: Toyota Hiace Commuter  
 Insurance Company : China Taiping Policy No. DMCVSN1771091902  
 Name of Registered Owner : Company / Individual M/S Muslim Missionary Society Singapore  
 ID of Registered Owner : T15C00036  
 : Co Reg No: SL150055 X Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 6743 1211 Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : An Ah Heng @ Chua Ah Hong DRIVER'S NRIC No: S1442643D  
 DRIVER'S Date of Birth : 13/07/1960 DRIVER'S License Pass Date 28/10/1980  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others:  
 DRIVER'S Address : Blk 116 Hougang Avenue 1 #04-1204 S(530116)  
 DRIVER'S Contact No./ Alt No. : 1) 9139 3346 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : ~~xdetox32@gmail.com~~ xdetox32@gmail.com  
 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): 04  
 Was the accident reported to the police? YES \ NO  
 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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u><del>SMR 7104 P</del> SMR 7104 P</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Mercedes Benz A180</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208314E

MZ300/C  
R SN  
AN0597A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

**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)

ORIGINAL

CERTIFICATE No. DMCVSN1771091902 Engine No : 1KD2762029  
ChaNo: KDH2230034629

1. Index Mark and Registration Number of Vehicle SLV1806C AUTOSAFE

2. Name of Policy Holder: M/S MUSLIM MISSIONARY SOCIETY SINGAPORE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment 22 December 2019 Excess Sect. I ..... S\$1,500.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance 21 December 2020

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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\*

- (1) Use in connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover:
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
  - (2) Use whilst drawing a trailer except the towing 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... SG MOTOR TRADES PTE. LTD. ....  
Authorised Officer

Authorised Signatory