

NATIONAL Assessment Centre Services.

1st Jan 2021 20210005

Date In: 18/01/2021 15:58	Job description	Date & Time Completed	Done by
Ref No: NPA/CT/2002322/4	SAS e-Milling		
Veh No: STC 897D	E-mail (by date time, A/C time)		
D.O.A: 17/01/2021 16:05	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (within 60 hrs, TP 4 hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksz		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP jurisdiction: () Veh No: GY 4062E, INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 ()

() Walk-In Customer ; Customer's Information strictly Confidential & Strictly NO Ref 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 > \$9000] ()

Injury: _____

Driver/Owner:	1) All Accident Reporting (\$20)	
Contact No:	3) DA Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	5) TP Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT Follow-through Survey	\$30
	3) PT Follow-through Survey (Resurvey)	\$30
	Paralimbur (incl) NO Only (w/ 10 Jan 2021)	\$75
	6) TP Re-inspection	\$160
	7) NI Idea DA + SMRT Survey	
	4) NIUC Additional Services	
	ON	
	* NS: Courtesy Car / Tpl Allowance	\$5
	* NG: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* ND: DV / Collect Excess Coordination	\$5
	* NE: TP (NI) / TP (NG) INC / Excess DNG	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

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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 18/02/2021 15:58 (SGT)
Date of Accident 17/02/2021 16:05 (SGT)
Exact Location of Accident Commonwealth Ave, Singapore
Additional Location Information TOWARDS AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC8197D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED AKBAR S/O SINTAH
NRIC No 3XXXX464Z
Email Address ashley9567@yahoo.com
Mobile Phone No (Phone) +65-82127985
Alternative Phone No +65-82127985

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 DMPCSNW00028982100
Cover Note Number -

DRIVER

Name of Driver MOHAMED AKBAR S/O SINTAH
NRIC No SXXXX464Z

Date Of Driving Pass	31/05/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82127985
Alt. Phone Number	+65-82127985
Email Address	ashley9567@yahoo.com
Address	BLK 118A JALAN MEMBINA #04-135
Address complement	-
Postcode	161118
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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	GY4062E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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**.
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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.

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")

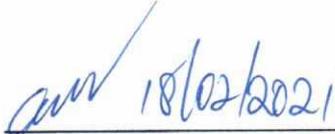
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

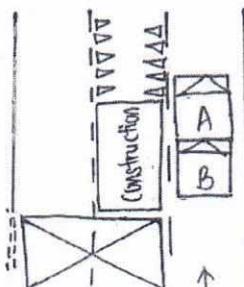


Witnessed by Reporting Centre Personnel

Sketch Plan

Commonwealth Ave W towards AYE

Vehicle A: SJL8197D
Vehicle B: GY4062E



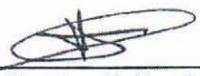
Describe Circumstances of the Accident

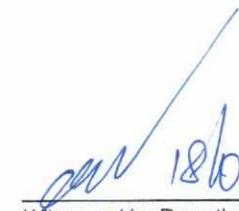
On the stated date & time, I, vehicle A (S3C8197D) was travelling at the stated location on Lane 1 as the Lane 2 are having some road construction. Suddenly, the cone that at the construction drop out I immediately apply the brake to avoid it. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (G1Y4067E) collided onto my rear portion of my vehicle causing damages.

Declaration

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

 18/02/2021
Witnessed by Reporting Centre Personnel

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Date of Accident : 17/2/2021 Accident Time: 1605hrs (24-HR-FORMAT)
 Accident Place : Commonwealth Ave W towards AYE
 Vehicle Reg. No (Car plate No.) : SJC 8197D Vehicle Make/Model: mitsubishi
 Insurance Company : China Taiping Policy No. DMPCSNW000269B>100
 Name of Registered Owner : Company / Individual mohamed Akbar s/o sintah
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7916464Z

Co Contact No: - Owner's Contact No: 82127985

DRIVER'S Name : mohamed Akbar s/o Sintah DRIVER'S NRIC No: S7916464Z

DRIVER'S Date of Birth : 31 May 1979 DRIVER'S License Pass Date 31 May 2006

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : APT BIK 118A Jalan Membina #04-135 Singapore 16118

DRIVER'S Contact No./ Alt No. : 1) 82127985 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : ashley9567@yahoo.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): 01 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

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>G1Y 4062E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Private Car

MX1F

N SN

AN0397A

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)

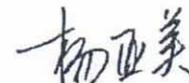
CERTIFICATE No.	DMPCSNW00028982100	Engine No.: 4G18JP3818	
		Cha. No.: JMYSTCS3A8U006364	
1. Index Mark and Registration Number of Vehicle	SJC8197D	AUTOSAFE	*****
2. Name of Policy Holder	MOHAMED AKBAR S/O SINTAH		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03/02/2021 (11:53:57)	Named Drivers Ex Sect. I	\$5500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$3,000.00
		Ex Sect. I - Age >= 26	\$5500.00
4. Date of Expiry of Insurance	02/02/2022	* Age as at date of accident	
		EX ON WINDSCREEN .	\$100.00
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.			
* 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: INDEX AGENCY PTE LTD
Authorised Officer



Authorised Signatory