

NATIONAL Assessment Centre Services.

{wv} 1 Jan'08

SA 1982/2 MOODY

Date In: 2/20/2021 15:05	Job description	Date & Time Completed	Done by
Ref No: N/A/C11210024374	SAS e-illing		
Veh No: 84P 513TP	E-mail (by date time, A/C time)		
D.O.A: 04/02/2021 21:30	I-Motor Claim Form		
	I-Motor W/O (windup: OD 2hrs, TP 4hrs)		
OID: (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by PAX / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (		Fax: (
TP Participant:	Veh No: 8HA 8763L	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 Refor of repair.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice# VRS () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$9,000) ()		

[illegible]

NA2101192

NA210/1192	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA1 Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TPI Towing Fee	\$120
Damaged Portion:	4) PT1 Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT1 Follow-Through Survey (Re-survey)	\$30
Anchor's.com/units	6) TLI Re-inspection	\$75
Sub:	7) NI: I Use DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	9) NI: I Use DA + EMRT Survey	\$30
	10) NI: I Use DA + EMRT Survey	\$10
	11) NI: I Use DA + EMRT Survey	\$23
	12) NI: I Use DA + EMRT Survey	\$33
	13) NI: I Use DA + EMRT Survey	\$20
	14) NI: I Use DA + EMRT Survey	\$20
	15) NI: I Use DA + EMRT Survey	\$20
	16) NI: I Use DA + EMRT Survey	\$20
	17) NI: I Use DA + EMRT Survey	\$20
	18) NI: I Use DA + EMRT Survey	\$20
	19) NI: I Use DA + EMRT Survey	\$20
	20) NI: I Use DA + EMRT Survey	\$20
	21) NI: I Use DA + EMRT Survey	\$20
	22) NI: I Use DA + EMRT Survey	\$20
	23) NI: I Use DA + EMRT Survey	\$20
	24) NI: I Use DA + EMRT Survey	\$20
	25) NI: I Use DA + EMRT Survey	\$20
	26) NI: I Use DA + EMRT Survey	\$20
	27) NI: I Use DA + EMRT Survey	\$20
	28) NI: I Use DA + EMRT Survey	\$20
	29) NI: I Use DA + EMRT Survey	\$20
	30) NI: I Use DA + EMRT Survey	\$20
	31) NI: I Use DA + EMRT Survey	\$20
	32) NI: I Use DA + EMRT Survey	\$20
	33) NI: I Use DA + EMRT Survey	\$20
	34) NI: I Use DA + EMRT Survey	\$20
	35) NI: I Use DA + EMRT Survey	\$20
	36) NI: I Use DA + EMRT Survey	\$20
	37) NI: I Use DA + EMRT Survey	\$20
	38) NI: I Use DA + EMRT Survey	\$20
	39) NI: I Use DA + EMRT Survey	\$20
	40) NI: I Use DA + EMRT Survey	\$20
	41) NI: I Use DA + EMRT Survey	\$20
	42) NI: I Use DA + EMRT Survey	\$20
	43) NI: I Use DA + EMRT Survey	\$20
	44) NI: I Use DA + EMRT Survey	\$20
	45) NI: I Use DA + EMRT Survey	\$20
	46) NI: I Use DA + EMRT Survey	\$20
	47) NI: I Use DA + EMRT Survey	\$20
	48) NI: I Use DA + EMRT Survey	\$20
	49) NI: I Use DA + EMRT Survey	\$20
	50) NI: I Use DA + EMRT Survey	\$20
	51) NI: I Use DA + EMRT Survey	\$20
	52) NI: I Use DA + EMRT Survey	\$20
	53) NI: I Use DA + EMRT Survey	\$20
	54) NI: I Use DA + EMRT Survey	\$20
	55) NI: I Use DA + EMRT Survey	\$20
	56) NI: I Use DA + EMRT Survey	\$20
	57) NI: I Use DA + EMRT Survey	\$20
	58) NI: I Use DA + EMRT Survey	\$20
	59) NI: I Use DA + EMRT Survey	\$20
	60) NI: I Use DA + EMRT Survey	\$20
	61) NI: I Use DA + EMRT Survey	\$20
	62) NI: I Use DA + EMRT Survey	\$20
	63) NI: I Use DA + EMRT Survey	\$20
	64) NI: I Use DA + EMRT Survey	\$20
	65) NI: I Use DA + EMRT Survey	\$20
	66) NI: I Use DA + EMRT Survey	\$20
	67) NI: I Use DA + EMRT Survey	\$20
	68) NI: I Use DA + EMRT Survey	\$20
	69) NI: I Use DA + EMRT Survey	\$20
	70) NI: I Use DA + EMRT Survey	\$20
	71) NI: I Use DA + EMRT Survey	\$20
	72) NI: I Use DA + EMRT Survey	\$20
	73) NI: I Use DA + EMRT Survey	\$20
	74) NI: I Use DA + EMRT Survey	\$20
	75) NI: I Use DA + EMRT Survey	\$20
	76) NI: I Use DA + EMRT Survey	\$20
	77) NI: I Use DA + EMRT Survey	\$20
	78) NI: I Use DA + EMRT Survey	\$20
	79) NI: I Use DA + EMRT Survey	\$20
	80) NI: I Use DA + EMRT Survey	\$20
	81) NI: I Use DA + EMRT Survey	\$20
	82) NI: I Use DA + EMRT Survey	\$20
	83) NI: I Use DA + EMRT Survey	\$20
	84) NI: I Use DA + EMRT Survey	\$20
	85) NI: I Use DA + EMRT Survey	\$20
	86) NI: I Use DA + EMRT Survey	\$20
	87) NI: I Use DA + EMRT Survey	\$20
	88) NI: I Use DA + EMRT Survey	\$20
	89) NI: I Use DA + EMRT Survey	\$20
	90) NI: I Use DA + EMRT Survey	\$20
	91) NI: I Use DA + EMRT Survey	\$20
	92) NI: I Use DA + EMRT Survey	\$20
	93) NI: I Use DA + EMRT Survey	\$20
	94) NI: I Use DA + EMRT Survey	\$20
	95) NI: I Use DA + EMRT Survey	\$20
	96) NI: I Use DA + EMRT Survey	\$20
	97) NI: I Use DA + EMRT Survey	\$20
	98) NI: I Use DA + EMRT Survey	\$20
	99) NI: I Use DA + EMRT Survey	\$20
	100) NI: I Use DA + EMRT Survey	\$20

Fee Charged
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	22/02/2021 15:05 (SGT)
Date of Accident	04/02/2021 21:30 (SGT)
Exact Location of Accident	68 Orchard Rd, Singapore 238839
Additional Location Information	PLAZA SINGAPURA DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP5137P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	j_dimansah@yahoo.com.sg
Mobile Phone No	(Phone) +65-93299952
Alternative Phone No	+65-93299952

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	DMHCSNA00002692000
Cover Note Number	-

DRIVER

Name of Driver	J DIMANSAH BIN KASMUNI
NRIC No	SXXXX204C

Date Of Driving Pass	19/03/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93299952
Alt. Phone Number	-
Email Address	j_dimansah@yahoo.com.sg
Address	BLK 249 TAMPINES STREET 21 #02-558
Address complement	-
Postcode	520249
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)	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	SHA3763L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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

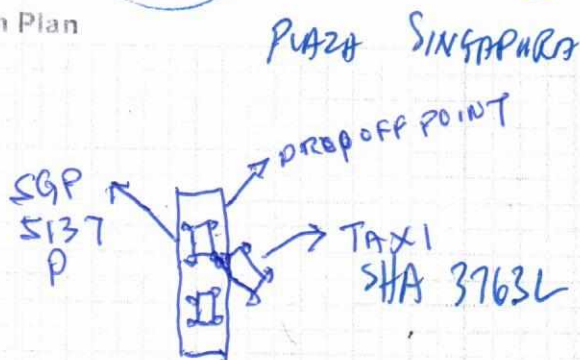
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances Of the Accident (Continue)

ON, 4/2/2021 at around 2:00pm, while I was waiting for my passenger to enter my car, a taxi hit my rear right side of the car. When I went down and look at the car, I found there was no damage. As the taxi driver agreed, there was no damage and we went off.

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

Witnessed by Reporting Centre Personnel

22/02/2021

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 as stated.

ACCIDENT STATEMENT

Date Of Report: 20/02/2021
Date Of Accident: 4/2/2021
Exact Location Of Accident: PLAZA SINGAPORE DROP OFF POINT
Country/State of Loss:

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SGP 5137 P
Insured/Policyholder:
Name Of Registered Owner: Todd Parkers PL
Car Reg No:
Email Address: j-dimansah@yahoo.com.sg
Mobile Phone No:
Alternative Phone No: 93299952
Vehicle Particulars:
Manufacturer: Toyota
Model: Wish
Exact Purpose for which vehicle was being used at time of accident: Xiren
Are you claiming under your own insurance policy for repair to your vehicle? TP
If No, Please state action to be taken:
Vehicle Category:
Insurance Company:
Name of Insurance Company: China Taiping
Type Of Coverage:
Floor Policy:
Policy Number:
Cover Note Number:
Driver:
Name of Driver: JORMANSAH BIN KARMUN
NRIC No: 87434204C
Date Of Birth: 26-08-1994
Occupation: Safety Personnel
Date Of Driving Pass: 19-03-2007
Driving Experience: 14
Gender: Male
Mobile Number: 93299952
Fax Number: N/A
Contact Number: 93299952
Email Address: j-dimansah@yahoo.com.sg

Address **BK 249 TAMPINES ST 21 #02-558**

Postcode **520249**

Was driver an employee of the Insured's Company **N/A**

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **FRONT TO REAR**

Weather Conditions **Good and dry**

Road Surface **DRY**

Other information **N/A**

Was any foreign vehicle involved in this accident? **NO**

Was any body injured in the Accident? **NO**

Was any other material or property damaged? **NO**

Have been approached by unknown person(s) soliciting/offering accident claims assistance. **NO**

Number of Passengers (Including Driver) **3**

Details of Police Action **NO**

Was the accident reported to the police? **NO**

If Yes, Please state which Police Station

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? **NO**

Was there any video captured by Car Camera? **NO**

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

2 passenger

1 girl

1 Boy

SHA 3763L

g

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00002682000

Engine No.: 1ZZ2694598

Cha. No.: ZNE100325712

1. Index Mark and Registration
 Number of Vehicle

SGP5137P

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

4. Date of Expiry of Insurance

30/04/2021

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

EX ON WINDSCREEN. S\$100.00

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