

Date In: 29/03/2021 11:42	Job description	Date & Time Completed	Done by
Ref No: NBA/CIT21003088/Y	SAS e-mailing		
Veh No: SGK 228A	E-mail (WJals thrs, A/C thrs)		
D.O.A: 08/03/2021 14:20	I-Motor Claim Form		
<input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (WJals, OD thrs, TP thrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Box / Hand to Owner/WJals		

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Print/Category: () Veh No: **YP 5008R**, 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 repairer.

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: _____

NA2101699	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA / Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP / Towing Fee	\$120
Damaged Portion:	4) PT / Follow Through Survey	\$30
	5) PT / Follow Through Survey (Resurvey)	\$30
QC Checked by (Engn-In-Charge):	6) TP / Re-Suspension	\$75
	7) NI / Idea DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	9) NI / Idea Mobile	
	10) NI / DV / Collect Excess Coordination	\$35
	11) NI / TP (WJals INC) or class DTS	\$30
	12) NI / Idea Mobile	
	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	09/03/2021 11:42 (SGT)
Date of Accident	08/03/2021 14:20 (SGT)
Exact Location of Accident	Dido St, Singapore
Additional Location Information	TOWARDS JALAN BINTANG TIGA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2828A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MD ARIS BIN WAHAB
NRIC No	SXXXX778G
Email Address	aden.1111@yahoo.com
Mobile Phone No	(Phone) +65-96670753
Alternative Phone No	+65-96670753

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	DMPCSNW00180422001
Cover Note Number	-

DRIVER

Name of Driver	MD ARIS BIN WAHAB
NRIC No	SXXXX778G

Date Of Driving Pass 20/07/1993
 Driving experience 27 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96670753
 Alt. Phone Number +65-96670753
 Email Address aden.1111@yahoo.com
 Address 70 DIDO STREET
 Address complement -
 Postcode 459497
 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 - Major/Minor Rd
 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 HAMEDAH G. SARWAR
 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 YP5008R
 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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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.
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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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

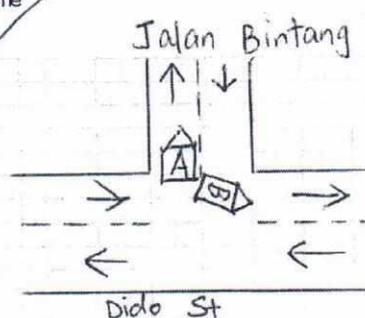
[Handwritten Signature]

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

[Handwritten Signature] 09/03/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SG1KJB>BA

Vehicle B: YP500BR

Describe Circumstances of the Accident

On 08/03/21 at about 1420hrs, I was travelling along Dido st turning right to Jalan Bintang Tiga, while my vehicle was stationery waiting for the traffic to be clear, suddenly YP5008R rear left portion collided onto the rear left portion of my vehicle. After talking to YP5008R's driver he admitted that he was reversing into Jalan Bintang Tiga which resulted into causing the accident.

Declaration

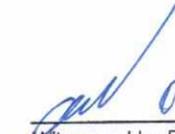
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 09/03/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 08/03/21 Accident Time: 1420 Hrs (24-HR-FORMAT)

Accident Place : Dido St Towards Jalan Bintang Tiga

Vehicle Reg. No (Car plate No.) : SGK2828A Vehicle Make/Model: BMW 528i

Insurance Company : China Taiping Policy No. DMPC SNW00180422001

Name of Registered Owner : Company / Individual MD ARIS BIN WAHAB

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2156778G

: Co Contact No: - Owner's Contact No: 96670753

DRIVER'S Name : As Owner DRIVER'S NRIC No: As Owner

DRIVER'S Date of Birth : 17-11-1955 DRIVER'S License Pass Date 20 Jul 1993

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

DRIVER'S Address : 70 Dido Street Singapore 459497

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

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

Email Address : aden.1111@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): 2 Passenger Name: Hamedah G. Sarwar Gender: M/ F

Was the accident reported to the police? YES NO

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>YP 5008R</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

MX1E

R SN

AN0580A

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.	DMPCSNW00180422001	Engine No.: A7950218N20B20A	
		Cha. No.:WBAXG32030DX82499	
1. Index Mark and Registration Number of Vehicle	SGK2828A	AUTOSAFE	=====
2. Name of Policy Holder	ARIS BIN WAHAB		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/12/2020 (00:00:00)	Named Drivers Ex Sect. I	S\$750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	27/12/2021	* Age as at date of accident	
		EX ON WINDSCREEN .	S\$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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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:

ODDS KEVIN
Authorised Officer



Authorised Signatory