

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

Sub 214/0002

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/04/2021 11:50 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/C1721005033/y | SAS e-filing | | |
| Veh No: SSS 3844D | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 21/04/2021 13:05 | 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:

8HC 7085Z

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 (

)

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

N/A2102671

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Pat Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*N5: Courtesy Car / Tpt 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: Idao 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 | 22/04/2021 11:50 (SGT) |
| Date of Accident | 21/04/2021 13:05 (SGT) |
| Exact Location of Accident | Science Park Dr, Singapore |
| Additional Location Information | TOWARDS SCIENCE PARK ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGS3844D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TOODS PARTNERS PTE LTD |
| Company Reg No | 2XXXXX177E |
| Email Address | THENZG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91865262 |
| Alternative Phone No | +65-91865262 |

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 - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 1794 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMHCSNA00002692000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | MUHAMMAD KHALID BIN ABU |
| NRIC No | SXXXX014B |

| | |
|--|---------------------------------|
| Date Of Birth | 17/07/1974 |
| Occupation | Outdoor |
| Date Of Driving Pass | 05/07/2007 |
| Driving experience | 13 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91865262 |
| Alt. Phone Number | - |
| Email Address | m.khal3434@gmail.com |
| Address | BLK 471 SEMBAWANG DRIVE #03-423 |
| Address complement | - |
| Postcode | 750471 |
| 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 | UNKNOWN |
| Gender | Male |

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 | SHC7085Z |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | I40 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|----------------|
| Name of Driver | YEOW KOON SENG |
| NRIC No | SXXXX223A |
| 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

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.

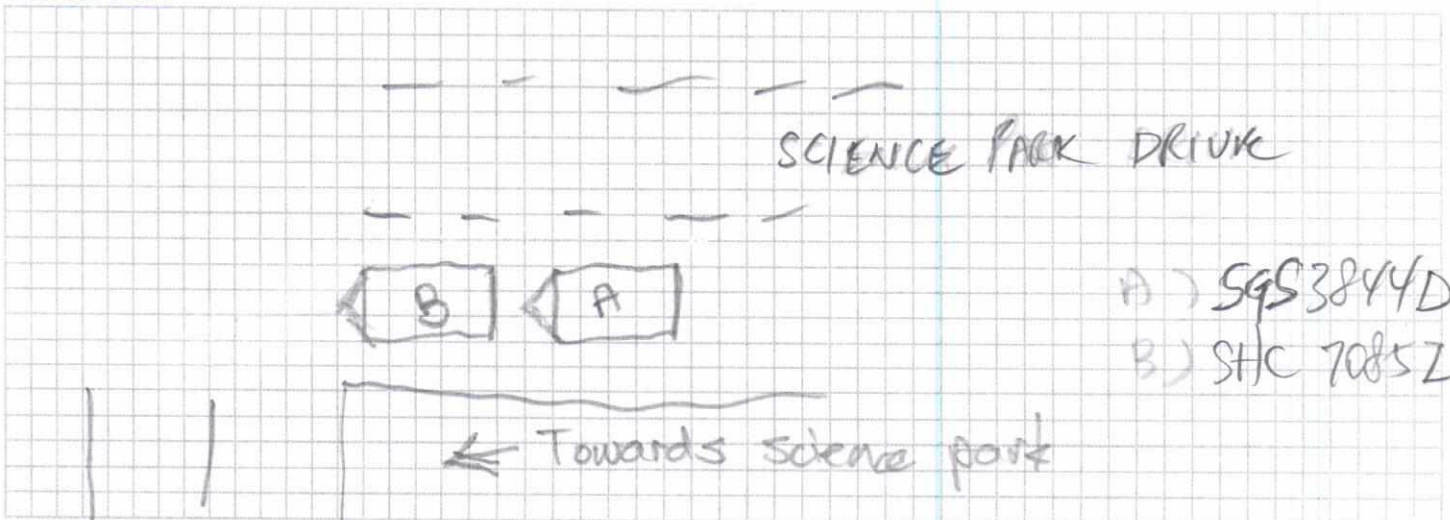


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date : 21 / 4 / 21

Time : 1.05 pm

I was driving toward Science Park Drive and the taxi in front of stop, I could not stop in time and hit the taxi. The taxi and me got no injury.

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

21 / 4 / 21


Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 4 / 21) (DD/MM/YYYY), TIME: (1 : 05) (HH:MM)

LOCATION: Sciana Park Dr

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 3844 D
b) INSURANCE COMPANY: Cina Taping Insurance
c) POLICY NUMBER: AMH CENA 00002642090
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Muhammad Khalid Aja Abu (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 577200148 CONTACT: 91865262
c) ADDRESS: BK 471 Seaburg Drive #03-423

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 70852 MODEL: Hyundai i40
b) DRIVER'S NAME: Yew Koon Sang
c) NRIC/FIN/PASSPORT: 50888222A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: m.khal3434@gmail.com
VIDEO

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.: 1ZZ2791387

Cha. No.: ZNE100344861

1 Index Mark and Registration
 Number of Vehicle

SGS3844D

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

4 Date of Expiry of Insurance

30/04/2021

Excess Sect. I SS2,000.00

Excess Sect. I (Outside Singapore) SS4,000.00

Excess Sect. II SS2,000.00

Excess Sect. II (Outside Singapore) SS4,000.00

EX ON WINDSCREEN SS100.00

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



Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

sued By:

Enquire Transfer Fee

Transfer Fee Enquiry

Vehicle No.: SGS3844D
 Vehicle Type: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
 Vehicle Attachment 1: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: TOYOTA
 Vehicle Model: WISH 1.8X A
 Chassis No.: ZNE100344861
 Propellant: Petrol
 Engine No.: 1ZZ2791387
 Engine Capacity: 1794 cc
 Maximum Power Output: 97.0 kW (130 bhp)
 Maximum Laden Weight: 1685 kg
 Unladen Weight: 1300 kg
 Year Of Manufacture: 2006
 Original Registration Date: 13 Mar 2007
 Lifespan Expiry Date: -
 COE Category: B - Car (1601cc & above)
 PQP Paid: \$25,174.00
 COE Expiry Date: 12 Mar 2022
 Road Tax Expiry Date: 12 Mar 2019
 Inspection Due Date: 12 Mar 2019
 Intended Transfer Date: 12 Dec 2018
 CO2 Emission: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -

The current road tax expiry is 12 Mar 2019. You may renew the road tax from 13 Dec 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 12 Mar 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable. Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 25.00 | - | 25.00 |
| Sub Total: | | | 25.00 |
| Nett Road Tax Amount (After Offsetting Over Payment): | 632.00 | - | 632.00 |
| Total Amount Payable: | | | 657.00 |

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 25.00 | - | 25.00 |
| Sub Total: | | | 25.00 |
| Nett Road Tax Amount (After Offsetting Over Payment): | 1,264.00 | - | 1,264.00 |
| Total Amount Payable: | | | 1,289.00 |

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

Print