

NATIONAL Assessment Centre Services. [wef 1 Jan'09]

Date In: 17/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21005859/13	SAS e-filing		
Veh No: 5MS9475A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 15/05/21 1630	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: 52H95112	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:	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

NA2102914	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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		
Auditors' Comments:	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 2 / 3:			

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	17/05/2021 15:10 (SGT)
Date of Accident	15/05/2021 16:30 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	NEAR HAWKER CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9475A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORAZUAN BIN MOHD NOR
NRIC No	SXXXX716D
Email Address	RAZUAN8787@GMAIL.COM
Mobile Phone No	(Phone) +65-91862331
Alternative Phone No	+65-91862331

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00051802100
Cover Note Number	-

DRIVER

Name of Driver	NORAZUAN BIN MOHD NOR
NRIC No	SXXXX716D

Date Of Birth	08/03/1987
Occupation	Indoor
Date Of Driving Pass	15/12/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91862331
Alt. Phone Number	+65-91862331
Email Address	RAZUAN8787@GMAIL.COM
Address	BLK 141 PETIR RD
Address complement	#02-266
Postcode	670141
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EMMY NAZRA
Gender	Female

PASSENGER 2

Name	ADDITTYA
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLH9511Z
Vehicle Manufacturer	-

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

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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.
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.

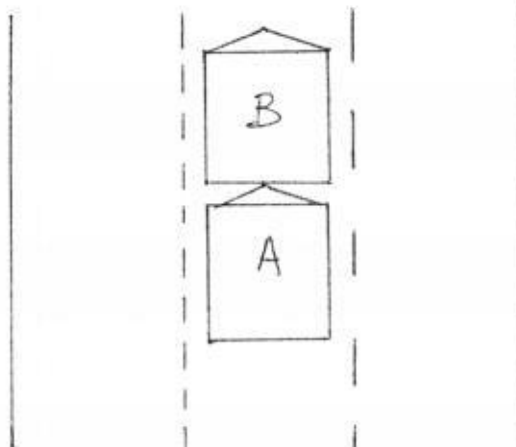
Wong 17 MAY 21

Policyholder's Signature / Date & Time

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

lyn 17/05/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMS 9475A
B = SH9511Z

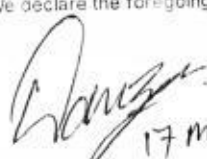
ALONG BUKIT PANJANG RD
NEAR HAWKER CENTRE

Describe Circumstances of the Accident


On the above date, time and location. I WAS TRAVELLING ALONG
BUKIT PANJANG ROAD INTENDING TO GO TO BKE. TRAFFIC AT THAT MOMENT WAS
SMOOTH AND CLEAR. AFTER PASSING THE TRAFFIC LIGHT JUNCTION, THE VEHICLE
IN FRONT OF ME WITH BEARING VEHICLE NO SLH 9511Z WAS DRIVING IN BETWEEN OF
TWO LANES. I ASSUMED HE HAD WANTED TO CHANGE LANE. HOWEVER, ABRUPTLY
VEHICLE NO SLH 9511Z SUDDENLY MAKE A SUDDEN STOP. I TRIED TO BRAKE HARD
TO AVOID THE COLLISION HOWEVER THE CAR STILL MOVE FORWARD.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 17 MAY 21

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

 17/05/21
Witnessed by Reporting Centre
Personnel

DETAILS OF ACCIDENT

Are you claiming under your own insurance policy for repair to your vehicle?

- ☐ Yes
☐ No, Third Party
☒ No, Reporting only

Country/State of Loss: SINGAPOREDate of Accident: 15 MAY 2021Time of Accident: 16 32 HRSExact location of Accident: ALONG BUKIT PANJANG ROAD NEAR HAWKER CENTRE

Additional location information: _____

GENERAL INFORMATION OF ACCIDENTType of Accident: Front to Rear

e.g. (Chain collision, side swipe, front to rear)

Weather conditions:

☒ Clear ☐ Raining

Road surface:

☒ Dry ☐ Wet

Others: _____

FOREIGN VEHICLE DETAILS

Was any foreign vehicle involved in accident?

☐ Yes Foreign Vehicle number: _____
☒ No

OTHER INFORMATIONNo. of vehicles involved in the accident: 2

(including own vehicle)

Was driver approached by unknown person(s) soliciting/offering accident claims assistance?

☐ Yes ☒ No

If yes: _____

Was the accident reported to the police?

☐ Yes ☒ No

Police Branch: _____

Was notice of intended prosecution given?

☐ Yes ☒ No

OWN VEHICLEVehicle Registration No: SMS 9475A

Vehicle Category:

PRIVATE CARVehicle Manufacturer: KIA

Vehicle Model:

KIA CERATO 1.6 (A)Transmission: ☒ Auto ☐ Manual

Vehicle CC:

1591 CC

Exact purpose for which vehicle was being used at time of accident:

PRIVATE USENumber of passengers: 3 (including driver)1) Name of passenger: EMILY NAZRA ☐ Male ☒ Female2) Name of passenger: ADITYA KAFIA ☒ Male ☐ Female3) Name of passenger: _____ ☐ Male ☐ Female4) Name of passenger: _____ ☐ Male ☐ Female

OWN VEHICLE POLICY Handling ins. Co. <u>CHINA TAIPING INSURANCE</u> Policy Cover Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> 3rd Party <input type="checkbox"/> 3rd party Fire & Theft Policy No. <u>DMPCSNW00051802100</u> <input checked="" type="checkbox"/> No Policy Number: <u>DMPCSNW00051802100</u> Cover Note Number: _____	
OWNER DETAILS Co Reg No. <input type="checkbox"/> NRIC / Passport No / FIN <input type="checkbox"/> Work Permit No. <u>88704716D</u> Registered owner Name: <u>NORAZUAN BIN MOHD NOR</u> (AS PER NRIC) Email (Mandatory): <u>RATUAN9787@GMAIL.COM</u> Mobile Number: <u>91862331</u> Office <input type="checkbox"/> Home <input checked="" type="checkbox"/> Others: _____ Owner Alt Phone No: <u>NA</u>	
DRIVER INFORMATION Is the Driver the policyholder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of Driver: <u>AS ABOVE</u> Driver Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Driver ID Type: <input type="checkbox"/> Co Reg No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No / FIN <input type="checkbox"/> Work Permit No. Driver ID: <u>8808704716D</u> Add Alt Phone Type: <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other _____ Add Alt Phone No: <u>AS ABOVE</u> Driver Address 1: <u>141 PETIR ROAD</u> Driver Address 2: <u>#02-266</u> Driver Postal Code: <u>670141</u> Driver Email: _____ Driver Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Relationship to Owner: <u>OWNER</u> Does Driver own other vehicles: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
THIRD PARTY VEHICLE OR PROPERTY Was there any vehicle or property damaged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Vehicle 1 Reg No: <u>8LH 9511Z</u> Vehicle Make/Model/Colour: <u>SUZUKI VITARA</u> Vehicle Category: <u>PRIVATE CAR</u> Vehicle 2 Reg No: _____ Vehicle Make/Model/Colour: _____ Vehicle Category: _____	
INJURED PERSON DETAILS Was anybody injured in the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, conveyed by Ambulance Yes/ <input checked="" type="checkbox"/> No ID: _____ (AS PER NRIC) Name: _____ Mobile Number: _____	
WITNESS DETAILS Was there any witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: _____ Contact: _____ Email: _____	
OTHER Any videos available for attachment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



Motor Private Car

MX1F

N SN

AN0682A

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. DMPCSNW00051802100

Engine No.: G4FGKH749567

Cha. No.: KNAF5416ML5053016

1. Index Mark and Registration
Number of Vehicle

SMS9475A

AUTOSAFE

2. Name of Policy Holder

NORAZUAN BIN MOHD NOR

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/03/2021
(00:00:00)

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

22/03/2022

* 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 \$5500 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.: MAYBANK

* 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: KRUISE AUTO PTE LTD
Authorised Officer

杨亚美
Authorised Signatory