

Date In: 21/01/2005 17:06	Job description	Date & Time Completed	Done by
Ref No: N/A/C/2220078244	SAS e-filing		
Veh No: SKD 754YA	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/01/2005 23:05	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: FBF 62524	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

NA2103375 Insured's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments: U. 1: U. 2/3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	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 \$0				
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	21/07/2021 17:06 (SGT)
Date of Accident	20/07/2021 23:05 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7544A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ISKANDAR BIN HUSSAIN
NRIC No	SXXXX181J
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-98809597
Alternative Phone No	+65-87900870

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00105772000
Cover Note Number	-

DRIVER

Name of Driver	NORITA BINTE ABDUL WAHAB
NRIC No	SXXXX163F

Date Of Birth	19/11/1979
Occupation	Indoor
Date Of Driving Pass	27/10/2000
Driving experience	20 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87900870
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	BLK 142 BEDOK RESERVOIR ROAD #10-1543
Address complement	-
Postcode	470142
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	ANDRE GHAUL UL HAQ BIN MOHAMED ISKANDAR
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF6252U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NORITA BINTE ABDUL WAHAB
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ANDRE GHAUL UL HAQ BIN MOHAMED ISKANDAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKD7544A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

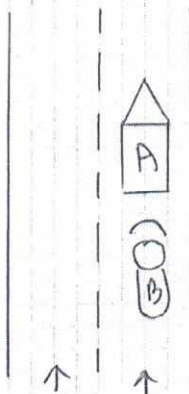
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along BRICK RESERVOIR ROAD



A: SKD 7544 A

B: FBF 6252 U

Describe Circumstances of the Accident

On 20/07/2021, at about 23:05hrs, I was travelling along Bedok Reservoir Road. I was driving on the right lane of 2 lanes. Out of a sudden, I felt a great impact from the rear. I alighted and realised vehicle B had collided onto my vehicle's rear portion.

Declaration

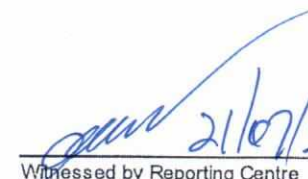
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


21/07/2021
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 20th JULY 2021		TIME: 23:05	(hh:mm) 24 hrs Format
LOCATION: Along Bedok Reservoir Road			
VEHICLE NUMBER: SKD 7544A			
INSURED NAME: MOHAMED ISKANDAR BIN HUSSAIN			
NRIC / FIN: S7434181J		CONTACT: 98809597	
MAKE: HONDA		MODEL: AIRWAVE	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: (/) Third Party () Reporting Only			
INSURANCE COMPANY: CHINA TAIPING			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: DMKSNW00105772000			
NAME DRIVER: NORITA BINTE ABDUL WAHAB			() SAME AS INSURED
NRIC / FIN: S7935163F		CONTACT: 87900870	
DATE OF BIRTH: 19-11-1979			
DRIVING PASS DATE: 27-10-2000			
OCCUPATION: (/) INDOOR () OUTDOOR			
GENDER: () MALE (/) FEMALE			
EMAIL ADDRESS: estpr66@gmail.com			() NO EMAIL
ADDRESS OF DRIVER: BLK 142 BEDOK RESERVOIR ROAD # 10-1543			
S(170142)			
Number Of Passenger Include Driver: DRIVER & (PASSENGER (MALE)			
ANDRE GHAZI UL HAQ BIN MOHAMED ISKANDAR (m)			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
() Owner (/) Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () Yes () No			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Other			
Road Surface : (/) Dry () Wet () Other			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? (/) YES () NO			
If YES, Injured details: DRIVER & PASSENGER			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? (/) YES () NO			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name/NRIC	Contact	No. of Paxs (incl'driver)
Veh B	FBF 6252 U		() / Not Sure (/)
Veh C			() / Not Sure ()
Veh D			() / Not Sure ()
Veh E			() / Not Sure ()
Veh F			() / Not Sure ()

Motor Private Car

MX1F

N SN

AN0695A

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. DMPCSNW00105772000

Engine No.: L15A5119721

Cha. No.: GJ11115996

1. Index Mark and Registration
Number of Vehicle

SKD7544A

AUTOSAFE
=====

2. Name of Policy Holder

MOHAMED ISKANDAR BIN HUSSAIN

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

23/08/2020

Named Drivers Ex Sect. I S\$500.00

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

22/08/2021

* 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\$500 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.: TECK WEI CREDIT PTE LTD 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: TECK WEI CREDIT PTE LTD
Authorised Officer



Authorised Signatory