

NATIONAL Assessment Centre Services

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SMO82AC0003

Date In: 12/10/2021 16:32	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: NBACT2201042814	Terminal (Vehicle ID, A/C ID):		
Val No: 12/10/2021 11:46	1-Motor Claim Verin		
DOA:	1-Motor W/O (Vehicle ID, A/C ID, TP ID):		
	1-Photo Uploaded		
	Assessment/Repair Report		
	Assessment Report by Fax/Hand to Owner/Visor		

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / QW:

TP Insurer/Visor: Vch No: PC124X INC: / Non-INC:

Owner/Driver:

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

Losses (\$): Loading: \$1,000 / \$2,000

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Refor of reputation

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In: / Towed-In: Invoiced VRS: / NO: Towing Cost:

1) Apply for Transport Allowance: / Courtesy Car:

2) QC Check/Post Repair Inspection

3) Upload Repair Photo (Repair Cost > \$9,000)

Injury:

XA 204090

Driver/Owner:

Company No:

Designated Person:

QC Checked by (Engin-In-Charge):

1) All Accident Insurance (50%)	INC (10)
2) BA/Owner Affidavit (\$100)	\$100
3) TP Filing Fee	\$120
4) PT Follow-up Survey	\$30
5) PT Follow-up Survey (Repair)	\$30
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PT Check

PT Check

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	12/10/2021 16:32 (SGT)
Date of Accident	12/10/2021 11:40 (SGT)
Exact Location of Accident	140 Jalan Bukit Merah, Singapore 160140
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4477X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DYNAMIC CAR RENTAL
Company Reg No	5XXXX467K
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-96284268
Alternative Phone No	(Office) +65-67465405

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00006442000
Cover Note Number	-

DRIVER

Name of Driver	CHANG CHIP WAY
NRIC No	SXXXX033E

Date Of Birth	29/11/1967
Occupation	Indoor
Date Of Driving Pass	29/07/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96284268
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 56 TEBAN GARDENS ROAD #23-465
Address complement	-
Postcode	600056
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	PC124X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZAINUDIN BIN MOHAMAD
NRIC No	SXXXX024J
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CARPARK OF BIK 140 JALAN BUKIT MERAH

Sketch Plan area with grid lines and handwritten notes:

A: SJH 4477X
B: PC 124X

3
A
X

Describe Circumstances of the Accident

On 12/10/2021 at about 11:40AM. My vehicle (SJH 4477X) was parked at the carpark of BIK 140 Jalan Bukit Merah. I was notified by a passerby that vehicle B (PC 124X) has hit my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink, consisting of a stylized 'S' or 'Z' shape.

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

A handwritten signature in blue ink, followed by the date '12/10/2021' written in blue ink.

Witnessed by Reporting Centre Personnel

5

Date of Accident : 12/10/2021 Accident Time: 11:40AM (24-HR-Format)
Accident Place : Carpark of BIK 40 Jalan Bukit Merah
Vehicle No. (Car Plate No.) : SJH 4477X Make/Model: Toyota Axio
Insurance Company : China Taiping Policy No: DMHCSNA00011182101
Owner or Company Name /IC No. : Dynamic Car Rental (52928467K)
Owner or Company Contact No. : _____ Owner's Hp 6746 5405 Company Tel
DRIVER'S Name / IC No. : Chang Chip Way (S1824033E)
DRIVER'S Date Of Birth : 29/11/1967 DRIVER'S License Pass Date 29/07/1985
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : BIK 56 Teban Gardens Road #23-465 S(600056)
DRIVER'S Contact No./ Alt No. : 1) 9628 4268 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : jasonkcapl@gmail.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): 0
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>PC 124X (Veh B) - AXA</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Zainudin Bin Mohamad</u>	Name Driver: _____
IC No. Driver/Contact: <u>S1661024J</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Hire Car

MZ406L/B

N SN

AN0707A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNA0006442000

Engine No.: 1NZD067989

Cha. No.: NZE1416083864

1. Index Mark and Registration
Number of Vehicle

SJH4477X

2. Name of Policy Holder

DYNAMIC CAR RENTAL

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

14/10/2020

Excess Sect. II

S\$1,500.00

Excess Sect. II (Outside Singapore).

S\$3,000.00

4. Date of Expiry of Insurance

13/10/2021

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.

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.

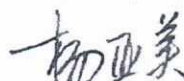
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory