

NATIONAL Assessment Centre Services

Date In: 28/12/2021	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21013235/r3	SAs e-filing		
Veh No: SMP 4585P	E-mail (w/duc, SAs, AP, Burs)		
DOA: 28/12/2021 10:15	i-Motor Claim Form		
QID: (P) Reporting Only	i-Motor W/O (Within 10 Days 2hrs TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Wks)		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKR 1845Y	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%; F: 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

NA 2104846

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

- | | Ant (\$) | Ant (\$) |
|---|----------|----------|
| | 1st 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 (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| QID: | | |
| *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 (N-n INC) against INC \$20 | | |
| 9) N12: Idac Mobile \$10 | | |

Invoice dated:

Invoice dated:

Fee Charged:

Fee Charged:

10000000

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	28/12/2021 15:22 (SGT)
Date of Accident	28/12/2021 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE SLIP ROAD TOWARDS PASIR RIS DR 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4585P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD SHAHRIN BIN JASMANI
NRIC No	SXXXX038A
Email Address	bumblebbb8888@gmail.com
Mobile Phone No	(Phone) +65-91194925
Alternative Phone No	+65-91194925

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	DMPCSNA00161722102
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD SHAHRIN BIN JASMANI
NRIC No	SXXXX038A

Date Of Birth	20/07/1976
Occupation	Indoor
Date Of Driving Pass	21/11/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91194925
Alt. Phone Number	+65-91194925
Email Address	bumblebbb8888@gmail.com
Address	20 PASIR RIS LINK
Address complement	#07-14
Postcode	518157
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

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	SKR1845Y
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)		-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD SHAHRIN BIN JASMANI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP4585P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

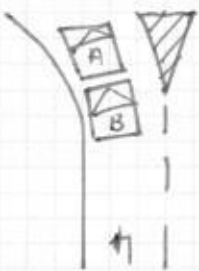

Driver's Signature (If driver is not the policyholder) / Date & Time

 28/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Handwritten notes on the grid:

- Veh A: SMP4585P
- Veh B: SKR1845Y
- TPE slip road twds Pasir Ris Dr 8



Attached

10

Peter

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

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

Re 28/12/21

Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A (SMP4585P) WAS TRAVELLING ON THE STATED VENUE. I SLOWED DOWN AND STOP TO CHECK FOR CLEARANCE OF THE ONCOMING VEHICLE. SUDDENLY , I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKR1845Y) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SMP4585P

VEHICLE B : SKR1845Y



SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/12/2021	Time: 10:15pm	(hh:mm) 24 hr format
Location TPE Slip Rd twds Pasir Ris Dr 8		
Vehicle Number SMP 4585P		
Insured Name Mohammad Shahrin Bin Jasmani		
NRIC / FIN S7621038A	Contact Number 9119 4925	
Make Honda	Model Freed (A) (1496cc)	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMPC SNA00161722102		
Name of Driver		(✓) Same as Insured
NRIC / FIN - Contact Number -		
Date of Birth 20 Jul 1976		
Driving Pass Date 21 Nov 1995		
Occupation (✓) Indoor () Outdoor		
Gender (✓) Male () Female		
Email Address bumblebbb8888@gmail.com		() NO EMAIL
Address of Driver 20 Pasir Ris Link #07-14 (S) 518157		
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		
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 () Others		
Road Surface (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? (✓) Yes () No		
If yes, injured detail Driver (SMP 4585P) slight		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SKR1845Y	
Veh C		
Veh D		
Veh E		
Veh F		

* Driver Only

~~no~~ no of passenger include driver (1)

Motor Private Car

MX1F

R SN

AN0644A

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.		DMPCSNA00161722102	Engine No.: L15B4313789
			Cha. No.: GB51091798
1. Index Mark and Registration Number of Vehicle	SMP4585P	AUTOSAFE	*****
2. Name of Policy Holder	MOHAMMAD SHAHRIN BIN JASMANI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/09/2021 (00:00:00)	Named Drivers Ex Sect. I	SS\$500.00
		Additional Ex. Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
4. Date of Expiry of Insurance	25/09/2022	Ex Sect. I - Age >= 26	SS\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	SS\$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.			
<p>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.</p>			
6. Limitations as to use*			
<p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first SS\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>			

HIRE PURCHASE CO.: OCBC BANK 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: Tan Mingjie
 Authorised Officer



Authorised Signatory