

# NATIONAL Assessment Centre Services

Date In: <b>28/12/2021</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA/CTI 21013240/r3</b>	SAS e-filing		
Veh No: <b>SKX 3131D</b>	E-mail (within 2hrs / 4hrs)		
TP No: <b>24/12/2021 22:25</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	i-Motor W/O (Within 2hrs / 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkspr		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>Smv 3868R</b>	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 2104847**

## 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

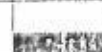
- |   | Ant (\$) | Ant (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30)                |          |          |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |          |          |
| 3) TF: Towing Fee \$40/\$45                     |          |          |
| 4) FT: Follow-Through Survey \$120              |          |          |
| 5) RT: 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:-                   |          |          |
| ON:   |          |          |
| * 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: Idac Mobile                             | 30       |          |

Invoice dated:

Invoice dated:

Fee Charge:

Fee Charge:



## 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 15:55 (SGT)
Date of Accident	24/12/2021 22:25 (SGT)
Exact Location of Accident	Jurong West Street 42, Singapore
Additional Location Information	BLK 401-404 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3131D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROSDI BIN SURAJU
NRIC No	SXXXX172A
Email Address	rosdi_su@yahoo.com
Mobile Phone No	(Phone) +65-98591766
Alternative Phone No	+65-98591766

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2493

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00255622101
Cover Note Number	-

#### DRIVER

Name of Driver	ROSDI BIN SURAJU
NRIC No	SXXXX172A

Date Of Birth	14/11/1956
Occupation	Indoor
Date Of Driving Pass	02/07/1984
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98591766
Alt. Phone Number	+65-98591766
Email Address	rosdi_su@yahoo.com
Address	BLK 405 JURONG WEST STREET 42
Address complement	#10-629
Postcode	640405
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FAMILY MEMBER
Gender	Female

#### PASSENGER 2

Name	FAMILY MEMBER
Gender	Female

#### PASSENGER 3

Name	FAMILY MEMBER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211225/2013

#### 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	HAVEN'T RETRIEVE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN3868R
Vehicle Manufacturer	Honda
Vehicle Model	Fit
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

## 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' law yers/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

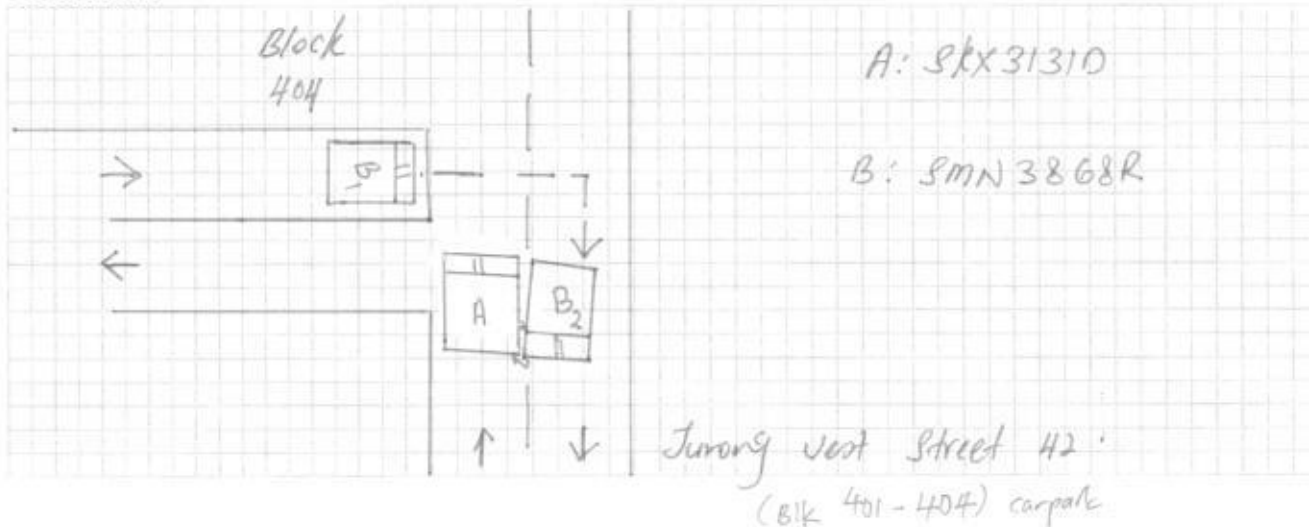
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



Refer to Traffic Police Report  
T/20211225/2013

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20211225/2013

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211225/2013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/12/2021 09:23		Vide Report No.:		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: ROSDI BIN SURAJU			Address: APT BLK 405 JURONG WEST STREET 42 #10-629 SINGAPORE 640405		
ID Type / ID No.: NRIC NO / S1189172A			Contact No.: Home/Office: Mobile: 98591766		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 14/11/1956	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2021 22:25	Type of Location: Car Park
Location:  JURONG WEST STREET 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX3131D	Car	TOYOTA	ALPHARD 2.5X A	Black	Slightly Damaged	3
SMN3868R	Car	HONDA	FIT 1.3G F-PACKAGE CVT	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20211225/2013

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211225/2013

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX3131D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0025562 2101	21/12/2021	20/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ROSDI BIN SURAJU	ID No.	S1189172A
Related Vehicle	NIL	Contact No.	98591766
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/12/201 at about 2225hrs, I was driving my car (SKXX3131D) in carpark of UWJ50 at Jurong West st 42 (Blk 401 - 404 ) when approaching a turn on my left, I noticed a car (SMN3868R) about to turn out to my right without signaling. I then horned to warn him to warn I am driving ahead but he still moved off. I stopped my car, however the car collided into the rear right side of my car. Subsequently, I went out to make a check and discovered that my car had slight dents and scratches on the right read side. I then asked him to make a police report to avoid any conflicts. I wish to state that I have a video camera in my vehicle.



SINGAPORE  
POLICE FORCE



T/20211225/2013

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211225/2013

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
J /  
Sgt 2 NURAQILAH BINTE  
ABDUL HAMID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No: 65476182

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
25/12/2021 09:23

Classification Of Case:

Date of Accident : 24/12/2024 Accident Time: 2225 (24-HR-FORMAT)  
 Accident Place : Junag West St-42 Blk 404-404 carpark (2493cc)  
 Vehicle Reg. No (Car plate No.) : SKX3131D Vehicle Make/Model: Toyota Alphard 2.5X (A)  
 Insurance Company : China Tai Ping Policy No. OMPESN A00255 622101  
 Name of Registered Owner : Company / Individual Rosdi Bin Suraju  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1189172A  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : Rosdi Bin Suraju DRIVER'S NRIC No: S1189172A  
 DRIVER'S Date of Birth : 14 Nov 1956 DRIVER'S License Pass Date 02/7/1984  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self  
 DRIVER'S Address : Block 405 Junag West Street 42 #10-629 S(640405)  
 DRIVER'S Contact No./ Alt No. : 1) 9859 1766 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : rosdi\_suc@yahoo.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): 4 Name & Gender: X3 Female. (family)  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera? YES \ NO Haven't retrieve  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any injuries, if yes (name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SMN 3868R  
 Vehicle Make/Model: Honda Fit  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_

Motor Private Car

MX1F

R SN

AN0650A

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.

DMPCSNA00255622101

Engine No.: 2ARH589482

Cha. No. AGH300026400

1. Index Mark and Registration  
Number of Vehicle

SKX3131D

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

ROSDI BIN SURAJU

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment21/12/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$800.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* 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.

\* 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