

NATIONAL Assessment Centre Services

SN2822100003

Date In: 13/01/2022 15:53	Job description	Date & Time Completed	Done by
Ref No: XBA/C7220004854	SAS e-illing		
Veh No: SJC 1924X	E-mail (within 3hrs. At 2hrs.)		
DOA 12/01/2022 15:40	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within 04. 2hrs. 1P 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJH 3664D	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

NA2200130	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
	Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
	Contact No:	3) TF : Towing Fee \$40/\$45		
	Damaged Portion:	4) FT : Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)		
	Cat 1:	6) TR : Re-inspection \$75		
	Cat 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	9) NI 2: Blue Mobile \$10			
	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	13/01/2022 15:53 (SGT)
Date of Accident	12/01/2022 15:40 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	JUNCTION WITH JALAN SULTAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1924X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NOOR AZWAD BIN RAFIE
NRIC No	SXXXX605C
Email Address	anarchy66657@gmail.com
Mobile Phone No	(Phone) +65-88156407
Alternative Phone No	+65-93508096

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00240662101
Cover Note Number	-

DRIVER

Name of Driver	RAFIE BIN NOOR
NRIC No	SXXXX967J



Date Of Birth	16/08/1972
Occupation	Indoor
Date Of Driving Pass	28/09/1995
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93508096
Alt. Phone Number	-
Email Address	anarchy66657@gmail.com
Address	BLK 622 YISHUN RING ROAD #06-3178
Address complement	-
Postcode	760622
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 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

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	SJH3664D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAM JIA HOW
Passport No/FIN	GXXXX097W
Contact Number	(Phone) +65-82449988
Address	-

* Address complement	-
Postcode	-
* Insurance Company Name	Great Eastern General Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' law yers/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 yers/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

A: SJL1924X
B: SJH3664D

The sketch plan is drawn on a grid. A vertical line on the left is labeled 'Victoria St'. To the right of this line is a grid of lanes. There are four vertical lanes and one horizontal lane at the bottom. Arrows indicate traffic flow: up the vertical lanes and right along the horizontal lane. Two accident locations are marked with boxes labeled 'A' and 'B'. Box 'A' is in the second vertical lane from the left, and box 'B' is in the third vertical lane from the left. Both boxes are in the top horizontal lane.


Describe Circumstances of the Accident

On 12.01.2022 at about 15:40 pm. I was travelling along Junction of Victoria Street and Jalan Sultan. I was stationary due to the traffic light. Suddenly, vehicle B hit my 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

 13/01/2022

Witnessed by Reporting Centre
Personnel

Date of Accident : 12.01.2022 Accident Time: 15:40 pm (24-HR-Format)
Accident Place : Junction of Victoria Street and Jalan Sultan
Vehicle. No. (Car Plate No.) : SJL 1924X Make/Model: Honda Stream 1.8L
Insurance Company : China Taiping Policy No: DMPCSNW00240662101
Owner or Company Name /IC No. : Muhammad Noor Azwad Bin Rafie (S9515605C)
Owner or Company Contact No. : 8815 6407 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Rafie Bin Noor (S7227967J)
DRIVER'S Date Of Birth : 16.08.1972 DRIVER'S License Pass Date 28.09.1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Son
DRIVER'S Address : Blk 622 Yishun Ring Road #06-3178 S (760622)
DRIVER'S Contact No./ Alt No. : 1) 9350 8096 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : anarchy66657@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): 1 Driver.
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>SJH 3664D (vehicle B)</u> ^{> Great Eastern}	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Kam Jia How</u>	Name Driver: _____
IC No. Driver/Contact: <u>66881097W (8244 9988)</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Private Car

MX1/NDF

R SN

BR0096A

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.

DMPCSNW00240662101

Engine No.: R18A12804609

Cha. No.: JHMRN68408S204621

1. Index Mark and Registration
Number of Vehicle

SJL1924X

AUTOSAFE
=====

2. Name of Policy Holder

MUHAMMAD NOOR AZWAD

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

18/11/2021
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

17/11/2022

5. Persons or Classes of Persons entitled to drive*

Any 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 loss 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. : INDEX CREDIT PTE LTD

* 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: PCMI INSURANCE BROKERS PTE LTD
Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com