

# NATIONAL Assessment Centre Services

Date In: 24/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/CJ22001791/13	SAS e-filing		
Veh No: SMJ8362	E-mail (within 2hrs. M-F 2hrs)		
D.O.A: 24/02/22 1110	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: GBC2127R	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

NA2200517	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 \$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	24/02/2022 15:43 (SGT)
Date of Accident	24/02/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUROH/JURONG PORT RD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ836Z
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MARICAR S/O MOHD SEDIK
NRIC No	SXXXX095F
Email Address	hupsoon238@yahoo.com
Mobile Phone No	(Phone) +65-89395951
Alternative Phone No	+65-89395951

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00036932200
Cover Note Number	-

#### DRIVER

Name of Driver	SYED MARICAR S/O MOHD SEDIK
NRIC No	SXXXX095F

Date Of Birth	17/06/1976
Occupation	Outdoor
Date Of Driving Pass	29/06/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89395951
Alt. Phone Number	+65-89395951
Email Address	hupsoon238@yahoo.com
Address	BLK 517 JURONG WEST ST 52
Address complement	#03-81
Postcode	640517
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	Raining
Road Surface	Wet

#### 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

PLS 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	GBC2127R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHAMED RONY
Passport No/FIN	GXXXX402W
Contact Number	(Phone) +65-87372302
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' 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

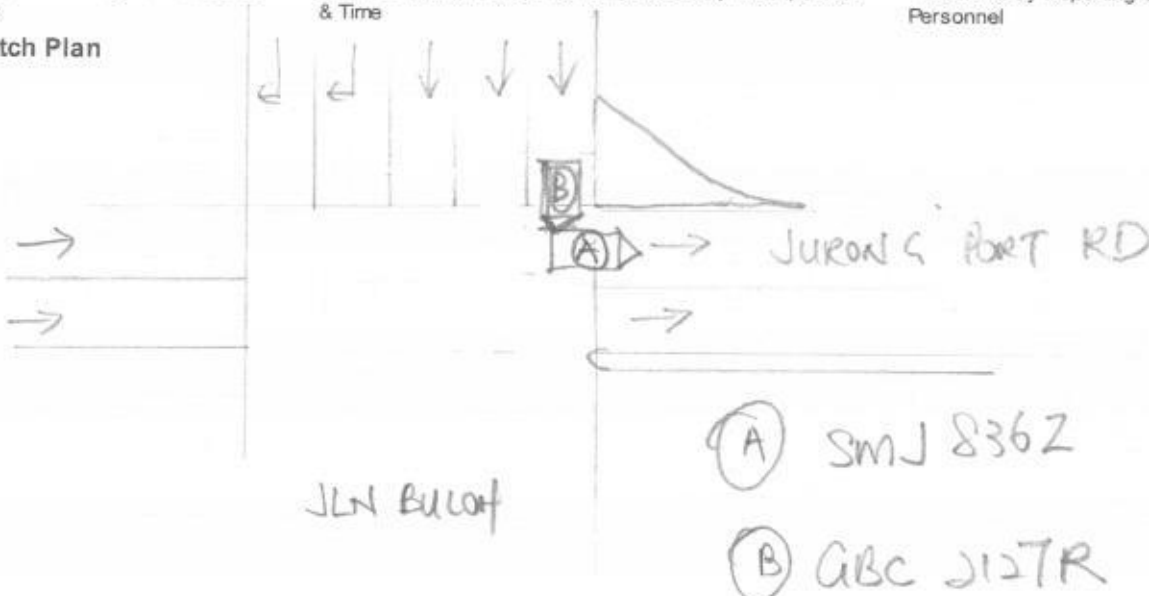


Driver's Signature (If driver is not the policyholder) / Date & Time

 24/02/22

Witnessed by Reporting Centre Personnel

#### Sketch Plan





**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG JUKONG PORT RD.  
AT THE JUNCTION I PROCEEDED WHEN IT TURNS GREEN FOLLOWING ME  
A FEW CARS BEHIND.  
SUDDENLY VEHICLE B FROM MY LEFT DID NOT FOLLOW TRAFFIC SIGNAL  
TO STOP ALONG WITH THE OTHER VEHICLES AND HIT ONTO MY LEFT SIDE  
VEHICLE. WITH  
THE VEHICLE B DRIVER APOLOGISED TO ME, BUT HIS OFFICE TOLD  
HIM TO CALL TP.

**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

 24/02/22  
Witnessed by Reporting Centre  
Personnel



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SMJ 836Z MAKE/MODEL: HYUNDAI AVANTE  
DATE OF ACCIDENT: 24/2/2021 TIME: 11 HR 10 MIN AM/PM  
LOCATION OF ACCIDENT: JLN BURUH / JURONG CRT RD JUNCTION  
EXACT PURPOSE USE DURING ACCIDENT: WORKING

## CAR OWNER

NAME OF CAR OWNER: SYED MARICAR S/O MOHD SEDIK  
CONTACT NO: 8938 5851  
NRIC: S7677095F  
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY  
INSURANCE COMPANY: CHINA TAIPING  
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT  
POLICY NO: DMPCSNW00036P32200

## ACCIDENT DRIVER

☒ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW  
NAME OF DRIVER: AS ABOVE  
NRIC: 17.6.1P76 NO OF PASSENGER/S: 0  
DATE OF BIRTH: 17.6.1P76  
OCCUPATION: STORE ASSISTANT ☒ OUTDOOR ☐ INDOOR  
DATE OF DRIVING PASS: 29.6.2001  
GENDER: ☒ MALE ☐ FEMALE  
CONTACT NO: 8938 5851  
ADDRESS: BLK 517 JURONG WEST ST 52 #03-81 (S) 640517

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: N.A.

WEATHER CONDITION

ROAD SURFACE

ANY INJURIES

CONTACT NO

POLICE REPORT

VIDEO FOOTAGE

## 3RD PARTY INFO

VEHICLE B NO: GBC 2127R NO OF PASSENGER/S: 2 MALE  
NAME: AHAMMED RONY G2775402W  
CONTACT NO: 8737 2302

VEHICLE C NO	NO OF PASSENGER/S
VEHICLE D NO	NO OF PASSENGER/S
VEHICLE E NO	NO OF PASSENGER/S
VEHICLE F NO	NO OF PASSENGER/S
ANY WITNESS	
WITNESS CONTACT NO	





Motor Private Car

MX1F

N SN

AN0132A

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.

DMPCSNW00036932200

Engine No.: G4FC9U628718

Cha. No.: KMHDU41BR9U726135

1. Index Mark and Registration  
Number of Vehicle

SMJ836Z

AUTOSAFE

2. Name of Policy Holder

SYED MARICAR S/O MOHD SEDIK

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

31/01/2022  
(09:52:59)

Named Drivers Ex Sect. I

SS\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

4. Date of Expiry of Insurance

29/03/2023

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 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.

HIRE PURCHASE CO.: LAKE VIEW 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: LAKE VIEW AGENCY PTE LTD  
Authorised Officer

Authorised Signatory