

NATIONAL Assessment Centre Services (WP 1 Jan 2005)

Date In: 08/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/CIS 22002137/13	SAS e-filing		
Veh No: SFX 7212L	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 07/03/22 1814	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: UNKNOWN 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

NA2200649	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	ON*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	08/03/2022 11:47 (SGT)
Date of Accident	07/03/2022 18:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	105 SIMS AVE CHANCERLODGE COMPLEX EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFX7212L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NOOR BIN KHAMIS
NRIC No	SXXXX715C
Email Address	evan_no2r@yahoo.com.sg
Mobile Phone No	(Phone) +65-96731767
Alternative Phone No	(Office) +65-96731767

VEHICLE PARTICULARS

Manufacturer	BMW
Model	540i
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00010702100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NOOR BIN KHAMIS
NRIC No	SXXXX715C

Date Of Birth	11/11/1970
Occupation	Indoor
Date Of Driving Pass	04/07/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96731767
Alt. Phone Number	(Office) +65-96731767
Email Address	evan_no2r@yahoo.com.sg
Address	55A EDGEDALE PLAINS
Address complement	#08-13
Postcode	828680
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	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
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 willful 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 :

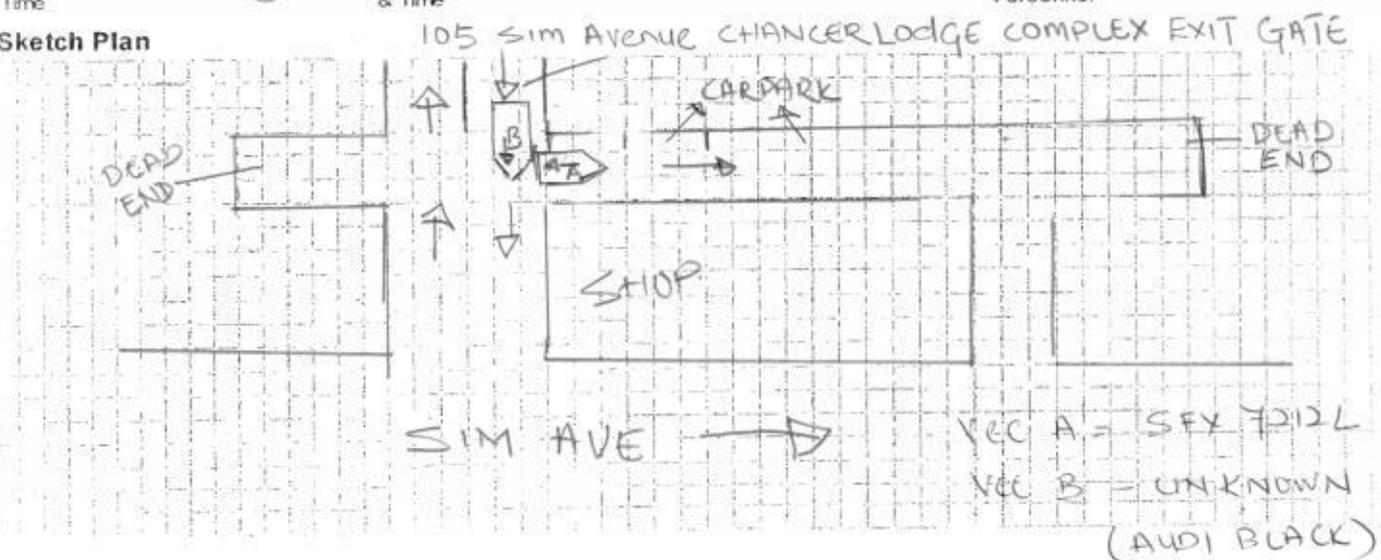
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

[Signature] 080322
Policyholder's Signature / Date & Time

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

[Signature] 08/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

While I was reversing out of carpark suddenly the vehicle B (AUDI BLACK) came out from the exit gate and hit onto my rear. I move forward and stop but vehicle B (AUDI BLACK) drove away.

Declaration

We declare the foregoing particulars are true in every respect.

Hamir 08/03/22
Policyholder's Signature / Date & Time

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

Slym 08/03/22
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 07-03-22 Time 18:14 Hrs
 Exact Location Of Accident * 105 SIM AVENUE CHANCERIDGE COMPLEX EXIT

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SFY 7212 L

Insured Policyholder

Name of Registered Owner * MUHAMMAD NOOR BIN KHAMIS
 NRIC/FIN/Passport Number * S7039715C

Vehicle Particulars

Manufacturer BMW
 Model 540i

Exact Purpose for which vehicle was being used at time of accident
 * Private use Commercial use Hire & reward
 Others - please specify _____

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes No Others _____

If No, please state action to be taken
 * Third Party Claim Reporting Only

Vehicle Category
 * Private Commercial Motorcycle

Insurance Company

Name of Insurance Company * CHINA TAIPING
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes No
 Policy Number * DMPCSNW00010702100
 Cover Note Number _____

Driver

Name of Driver * MUHAMMAD NOOR BIN KHAMIS
 NRIC/FIN/Passport Number * S7039715C
 Date of Birth * 11-11-70
 Occupation * DIRECTOR
 Date of Driving Pass * 04071994
 Gender * Male Female
 Mobile Number 96731767
 Address 55A EDGEDALE PLAINS #08-13 SINGAPORE 828680
 Email Address EVAN-NOOR@yahoo.com.sg

Was driver an employee of the Insured's Company?
 * Yes No
 If no, Relationship of the Driver with the Insured * OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General information of the Accident

Type of Accident *
Weather Conditions * Clear Raining Others
Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes No
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number *
Vehicle Make / Model / Colour
Detail Of Properties
Name of Driver *
NRIC/Passport Number
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

Details Of Witness

Name
Phone Number
Email Address

Motor Private Car

MX1E

E SN

AN0582A

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)

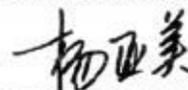
CERTIFICATE No.	DMPCSNW00010702100	Engine No.: 21435238B58B30A	Cha. No.: WBAJB32060G460040
1. Index Mark and Registration Number of Vehicle	SFX7212L		
2. Name of Policy Holder	MUHAMMAD NOOR BIN KHAMIS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/01/2021 (00:00:00)	Named Drivers Ex Sect. I	\$S\$1,500.00
4. Date of Expiry of Insurance	15/04/2022	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
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\$1,000 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. : HL BANK * 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: Irene Hor
Authorised Officer



Authorised Signatory