

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 18/04/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22003505/m4	SAS e-filing		
Veh No: SJS 8526 D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/04/2022 10:50	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: GBF 2688 Y	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 2201019	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
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 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	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	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	18/04/2022 13:54 (SGT)
Date of Accident	17/04/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK EXIT TAMPINES AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8526D
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK CHIN HUAT
NRIC No	SXXXX824A
Email Address	sophianzakaria77@gmail.com
Mobile Phone No	(Phone) +65-98480468
Alternative Phone No	+65-98480468

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00100792100
Cover Note Number	-

DRIVER

Name of Driver	SOPHIAN BIN ZAKARIA
NRIC No	SXXXX294J

Date Of Birth	04/12/1977
Occupation	Outdoor
Date Of Driving Pass	18/01/2005
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81008644
Alt. Phone Number	-
Email Address	sophianzakaria77@gmail.com
Address	BLK 940 TAMPINES AVENUE 5
Address complement	#02-207
Postcode	520940
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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

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	GBF2688Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG HUI
Passport No/FIN	GXXXX846X
Contact Number	(Phone) +65-90909629
Address	-



Address complement	XX	-
Postcode	XXXXXXXXXX	-
Insurance Company Name	XX	-
Nature Of Damage	XX	-
Details of property damaged in accident	XX	-
No. Of Passenger (Including Driver)	XXXXXXXXXX	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOPHIAN BIN ZAKARIA
Gender	Male
Phone No	(Phone) +65-81008644
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HIP AREA PAIN (SLIGHT)
Injured person in which vehicle?	SJS8526D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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

A 18/4/22

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

Ru 18/4/22

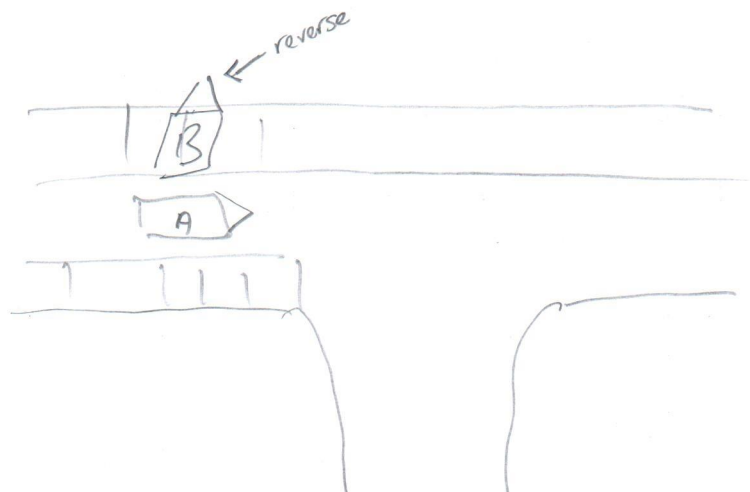
Witnessed by Reporting Centre
Personnel

Sketch Plan

A = SJS 8526D

B = GBF 2688Y

CARPARK EXIT TAMPINES AVE 4.




Describe Circumstances of the Accident


17 APRIL 2022 at 1050 am my car
TOYOTA WISH was at stationary position at carpark
exit TAMPAWES AVE 4. when today plate no CBF 2688 Y
make reverse from the carpark lot and hit my
passenger from door.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 18/4/22
Driver's Signature (If driver is not the policyholder) / Date
& Time

 18/4/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT (1050am)

ACCIDENT DATE: (17 / 4 / 2022) (DD/MM/YYYY), TIME: (10 : 50) (HH:MM)

LOCATION: CARPARK EXIT TAMPINES AVE 4.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 8526 D
 b) INSURANCE COMPANY: CHINA TAIPING INSURANCE COMPANY
 c) POLICY NUMBER: DMPISNW00100792100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH AUTO / MANUAL (1797cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Quek Chin Hual (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 7825824A CONTACT: 9848 0468
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SOPHAN BIN ZAKARIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 7736294J CONTACT: 8100 8644
 c) ADDRESS: Blk 940 Tampines Avenue 5 #02-207 (S) 520940.

* d) DATE OF BIRTH: (04 / 12 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/01/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) slight (Hip pain)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBF 2688 Y MODEL: Commer. veh.

b) DRIVER'S NAME: Zhang Hui

c) NRIC/FIN/PASSPORT: G6711846X CONTACT: 9090 9629 (driver's boss contact)

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = sophianzakaria77@gmail.com

fax =

VIDEO = NO



Motor Private Car

MX1W

E SN

AN0490A

Cov. Type:T

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.

DMPCSNW00100792100

Engine No.: ZZR0427027

Cha. No.: ZGE200008093

1. Index Mark and Registration
Number of Vehicle

SJS8526D

2. Name of Policy Holder

QUEK CHIN HUAT

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

19/05/2021
(00:00:00)

4. Date of Expiry of Insurance

10/09/2022

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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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 Private Car/Parallel Imported Models Only).

* 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: Lim Lee Choo
Authorised Officer

杨亚美
Authorised Signatory