

NATIONAL Assessment Centre Services

Date In: 25/07/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NM/CFI22007058/AR3			
Veh No: SDU17330	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/07/22 1755	i-Motor Claim Form		
OD: (1P) 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: SDU5503T	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
	MOBILE REPORTING (ADRIAN)

NA2201968	MOBILE REPORTING	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) FT: 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 (N-n 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	25/07/2022 18:04 (SGT)
Reported by	Both
Date of Accident	22/07/2022 17:55 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1733D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAIZAL BIN MOHAMED EKBAH
NRIC No	SXXXX037E
Email Address	faizalekban@gmail.com
Mobile Phone No	(Phone) +65-94557417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Orlando
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	1400

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00081272200

DRIVER

Name of Driver	MOHAMED FAIZAL BIN MOHAMED EKBAH
NRIC No	SXXXX037E
Date Of Birth	05/12/1974
Occupation	Indoor

Date Of Driving Pass	05/10/1998
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94557417
Alt. Phone Number	-
Email Address	faizalekban@gmail.com
Address	BLK 469 ADMIRALTY DRIVE
Address complement	#06-37
Postcode	750469
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	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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5503T
Vehicle Manufacturer	-
Vehicle Model	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED FAIZAL BIN MOHAMED EKBAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SDU1733D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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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 to 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 lodging 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 purposes 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 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

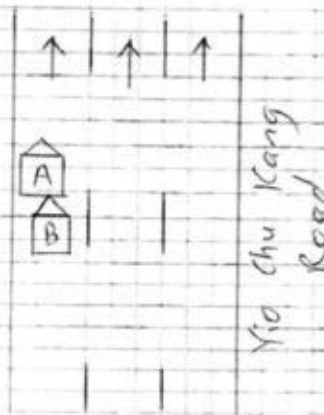

Driver's Signature (if driver is not the policyholder) / Date
& Time

 25/07/22
Witnessed by Reporting Centre
Personnel

Sketch Plan

(A) - SDU1733D

(B) - SJ05503T



Describe Circumstances of the Accident


On the 22/07/2022 @ about 5.55pm, along Yio Chu Kang Road towards Upper Thomson Road I was travelling along the extreme left lane of the above mentioned road before the junction of Ang Mo Kio Ave 5 I slowly slowed down my vehicle with my hazard ~~xx~~ light on as I wanted to pick my wife waiting along the road. Before I was able to come to a complete stop, I felt a huge impact from the rear, and when I alighted, I realised it was Vehicle (B) who hit into the rear portion of my Vehicle (A), causing damages to my vehicle.

Declaration

I/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

 25/07/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SDU1733D

MAKE & MODEL : Chevrolet Orlando

AUTO MANUAL

DATE OF ACCIDENT	22 07 2022	CC 1,400
TIME OF ACCIDENT	5.55 AM	PM
LOCATION OF ACCIDENT	Yio Chu Kang Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Mohamed Faizal Bin Mohamed Ekbal	
EMAIL	faizalekbal@gmail.com	Office: MOBILE 94557417
NRIC	S7441037E	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	DMPL SNW 0008127 2200	
NAME OF DRIVER	AS ABOVE / IF NO	
NRIC	S7441037E	
DATE OF BIRTH	05 / 12 / 1974	
ANY PASSENGER	YES / NO?	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	05 / 10 / 1999	
GENDER	Male / Female	
CONTACT NO	Mobile 94557417 Office:	
EMAIL		
ADDRESS	Blk 469 Admiralty Drive #06-37 S(750469)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes Reg No INSURER	
RELATIONSHIP	Employee / If No owner	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes Who? Faizal (M)	
CONVEYED BY AMBULANCE	No / If yes Who?	
POLICE REPORT	No / If yes Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES WHO?	
VEHICLE B NO	SE SJD 5503T Any Passenger unknown	
NAME		
CONTACT NO		
VEHICLE C NO	Any Passenger	
VEHICLE D NO	Any Passenger	
VEHICLE E NO	Any Passenger	
VEHICLE F NO	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s)		
Offering accident claims assistance?	YES / NO	

mobile Reporting

Motor Private Car

MX1F

N SN

AN0420A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.	DMPCSNW00081272200	Engine No.: B14NET153650315	
		Cha. No.: KL1YA7589GK333166	
1. Index Mark and Registration Number of Vehicle	SDU1733D	AUTOSAFE	=====
2. Name of Policy Holder	MOHAMED FAIZAL BIN MOHAMED EKBAH		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/03/2022 (00:00:00)	Named Drivers Ex Sect. I	\$S\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S\$3,000.00
4. Date of Expiry of Insurance	30/03/2023	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\$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.: MAYBANK SINGAPORE LIMITED			
* 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.

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

ORIGINAL

THE SCHEDULE

Agency : AN0420A	Class of Policy : Motor Private Car	Policy No. : DMPCSNW00081272200
Account : AN0420A	Issued on : 25/03/2022 in SINGAPORE	
Client : M0835781	Acceptance Date : 25/03/2022	

Period of Insurance : 31/03/2022 to 30/03/2023 , both dates inclusive

Insured's Name : MOHAMED FAIZAL BIN MOHAMED EKBAH

 Address : 469 ADMIRALTY DRIVE
 #06-37
 Singapore 750469

Business/Occupation : ENGINEER

Premium	:	Basic Annual Premium	:	S\$2,064.30
	:	Less 20% Autosafe Scheme	:	S\$ 412.86
	:	No Claim Discount -50%	:	S\$ 825.72
	:	Promotion Discount	:	S\$ 82.57
	:	Total Annual Premium	:	S\$743.15
	:	Premium Due	:	S\$743.15
	:	Premium GST	:	S\$52.02
	:	Total Due	:	S\$795.17

Risk No.1	Motor Private Car		
Make/Model	: Chevrolet Orlando 1.4AT Turbo	No. of seats	: 7
Registration	: SDU1733D	Body Type	: MPV
Engine No.	: B14NET153650315	Capacity cc's	: 1362
Chassis No.	: KL1YA7589GK333166	Certificate Ref.	: MX1F
Year of Manuf/Regn	: 2015/2016		
Type of Cover	: Comprehensive		
Financial Interest	: MAYBANK SINGAPORE LIMITED		

Sum Insured:Market value at the time of loss

Named Drivers Ex Sect. I : S\$500.00

Additional Ex Other than Named Drivers:

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

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

*An additional excess of \$3,000 shall apply for Inexperienced Driver with less than 1 year Singapore Driving Licence.

The maximum additional excess of \$3,500 shall apply if the driver is both Young (Age <=25) and Inexperienced (less than 1 year Singapore Driving Licence). Unless otherwise stated in the policy.

* Age as at date of accident

EX ON WINDSCREEN : S\$100.00

Continued on page 2