

# NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

81608227R0006

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 27/07/2022 12:27 | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: 1438/C71229071931 | E-mail (within 3hrs, ATC 2hrs)           |                        |          |
| Veh No: SN6 772C          | 1-Motor Claim Form                       |                        |          |
| D.O.A: 25/07/2022 19:15   | 1-Motor W/O (Within: OD, 2hrs, TP 4hrs)  |                        |          |
| OD: (TP) Reporting Only   | 1-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: SN6 7080P

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:  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2201991

## Invoice Preparation Checklist:

- |   |  |
|---|--|
| 1) AR: Accident Reporting (\$30);               |  |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |  |
| 3) TF: Towing Fee \$40/\$45                     |  |
| 4) FT: Follow-Through Survey \$120              |  |
| 5) PT: Follow-Through Survey (Resurvey) \$30    |  |
| For claiming against INC Only (wef 10 Jan 2005) |  |
| 6) TR: Re-inspection \$75                       |  |
| 7) N1: Idao DA + SMRT Survey \$160              |  |
| 8) NTUC Additional Services:                    |  |
| OD:   |  |
| *N3: Courtesy Car / Tpt Allowance \$5           |  |
| *N4: Repair Co-ordination \$10                  |  |
| *N7: Post Repair Inspection \$25                |  |
| *N8: DV / Collect Excess Coordination \$5       |  |
| TP (N11): TP (from INC) against INC \$20        |  |
| 9) N12: Idao Mobile \$0                         |  |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

## Auditors' Comments:

L 1:

L 2/3:



# 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              | 27/07/2022 12:21 (SGT)   |
| Reported by                     | Both                     |
| Date of Accident                | 25/07/2022 19:15 (SGT)   |
| Exact Location of Accident      | Sengkang W Rd, Singapore |
| Additional Location Information | -                        |
| Country/State of Loss           | Singapore                |

## DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SNG772C |
|-----------------------------|---------|

### INSURED/POLICYHOLDER

|                          |                         |
|--------------------------|-------------------------|
| Is company?              | No                      |
| Name Of Registered Owner | MOHAMAD RAOS BIN MARSIO |
| NRIC No                  | SXXXX571G               |
| Email Address            | raiann.jr@gmail.com     |
| Mobile Phone No          | (Phone) +65-86916488    |
| Alternative Phone No     | -                       |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Odyssey                   |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private hire              |
| Transmission   | Auto                      |
| CC   | 2353                      |

### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00011952200                            |

### DRIVER

|                |                         |
|----------------|-------------------------|
| Name of Driver | MOHAMAD RAOS BIN MARSIO |
| NRIC No        | SXXXX571G               |
| Date Of Birth  | 27/06/1965              |
| Occupation     | Outdoor                 |

|  |                         |
|--|-------------------------|
| Date Of Driving Pass   | 27/09/1985              |
| Driving experience   | 36 YEARS AND 10 MONTHS  |
| Gender   | Male                    |
| Mobile Number  | (Phone) +65-86916488    |
| Alt. Phone Number  | -                       |
| Email Address  | raiann.jr@gmail.com     |
| Address  | BLK 1 HAIG ROAD #05-571 |
| Address complement   | -                       |
| Postcode   | 430001                  |
| 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       | 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)   | 3   |
| 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   | -   |

#### PASSENGER 1

|        |          |
|--------|----------|
| Name   | GRAB PAX |
| Gender | Female   |

#### PASSENGER 2

|        |          |
|--------|----------|
| Name   | GRAB PAX |
| Gender | Female   |

#### 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  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number             | SNF4030P    |
| 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                              | MOHAMAD RAOS BIN MARSIO |
| Gender  | Male                    |
| Phone No  | (Phone) +65-86916488    |
| Address   | -                       |
| Address Complement                                  | -                       |
| Post Code   | -                       |
| Approximate Age Years Old                           | -                       |
| Injuries Sustained                                  | SLIGHT INJURY           |
| Injured person in which vehicle?                    | SNG772C                 |
| Were seat belts worn?                               | Yes                     |
| 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 Actual 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 Traffic Police Department for investigation.**
6. This 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 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

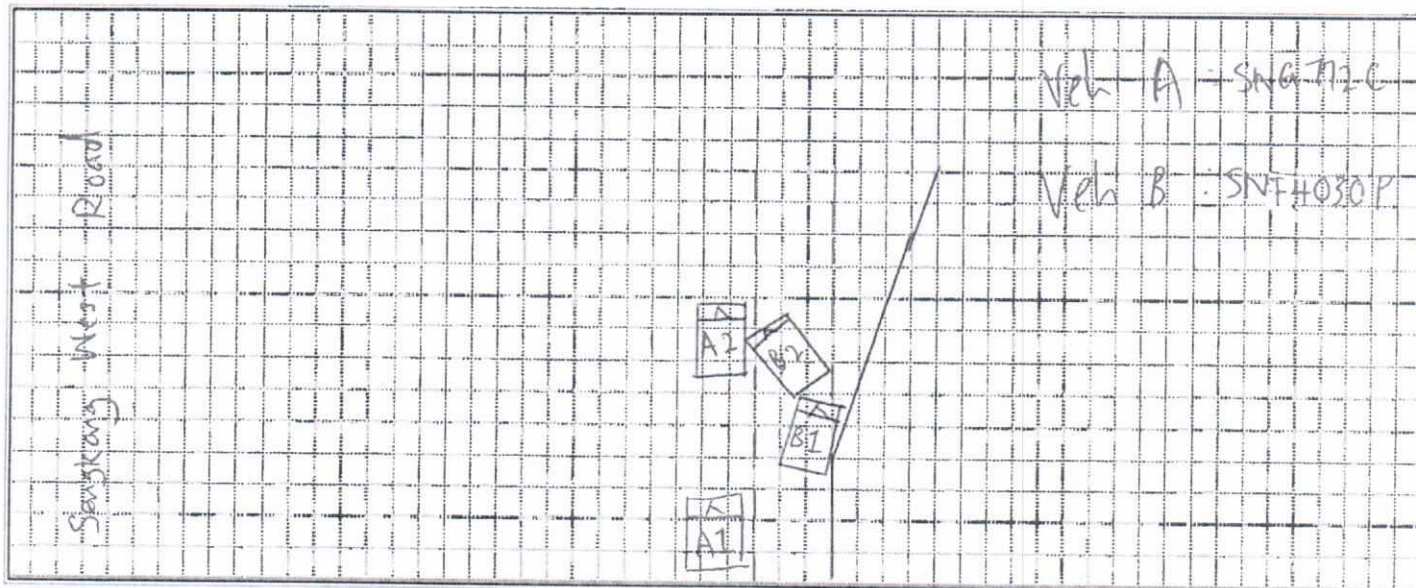
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



**Describe Circumstance of the Accident**

I Vehicle A traveling straight, Vehicle B dash out and  
collided onto my right portion.

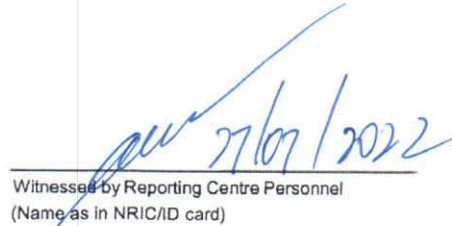
**Declaration**

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



J

Date of Accident : 25/7/2022 Accident Time: 19:15 (24-HR-Format)  
Accident Place : Sengkang West Road  
Vehicle No. (Car Plate No.) : SNR 772C Make/Model: Honda / odyssey  
Insurance Company : China Taiping Policy No: DMHCSNW00011952200  
Owner or Company Name /IC No. : Mohamad Raos Bin Marso / 517045716  
Owner or Company Contact No. : 8691 6488 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : -  
DRIVER'S Date Of Birth : 27/6/1965 DRIVER'S License Pass Date 27/09/1985  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: owner  
DRIVER'S Address : Block 1 Haig Road #05-571  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : raian. jr @ gmail.com (RAIANN.JR@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): 03

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle. No: (B) SNF 4030P

Vehicle. No: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

**\* NEW – Passenger's name & gender:**

① GRAB PASSENGER— FEMALE

② GRAB PASSENGER— FEMALE.



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

AN0621A

Conv. 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

DMHC5NW00011952200

Engine No. LFA2148396

Chs. No. RC41308428

1. Index Mark and Registration  
Number of Vehicle

SNG772C

AUTOSAFE

2. Name of Policy Holder

MOHAMAD RAOS BIN MARSIO

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

08/07/2022  
(00 00 00)

Excess Sect. I \$51,500.00

Excess Sect. I (Outside Singapore) \$53,000.00

Excess Sect. II \$51,500.00

Excess Sect. II (Outside Singapore) \$53,000.00

4. Date of Expiry of Insurance

07/07/2023

EX ON WINDSCREEN \$5100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below

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

MOHAMAD RAOS BIN MARSIO

6. Limitations as to use\*\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HERE PURCHASE CO. CAR TIMES CAPITAL 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

Lim Lee Choo  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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