

NATIONAL Assessment Centre Services

Ref: J31121

2

Date In: 02/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI20007318/13	SAS e-filing		
Veh No: SMW2908T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 01/08/22 0150	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: SLC3495C	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

NA202069	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Cal 1:			
Cal 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 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 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	02/08/2022 10:36 (SGT)
Reported by	Both
Date of Accident	01/08/2022 01:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHUA CHU KANG BLK 277 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2908T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MASLINDA BINTE RAHMAT
NRIC No	SXXXX343A
Email Address	linoy8@hotmail.com
Mobile Phone No	(Phone) +65-84827144
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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	996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00215012100

DRIVER

Name of Driver	MASLINDA BINTE RAHMAT
NRIC No	SXXXX343A
Date Of Birth	08/11/1971
Occupation	Indoor

Date Of Driving Pass	30/01/2004
Driving experience	18 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84827144
Alt. Phone Number	-
Email Address	linoy8@hotmail.com
Address	BLK 277 CCK AVE 2
Address complement	#05-319
Postcode	680277
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	SLC3495C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOOI CHEE HOE
Contact Number	(Phone) +65-81127057

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 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:

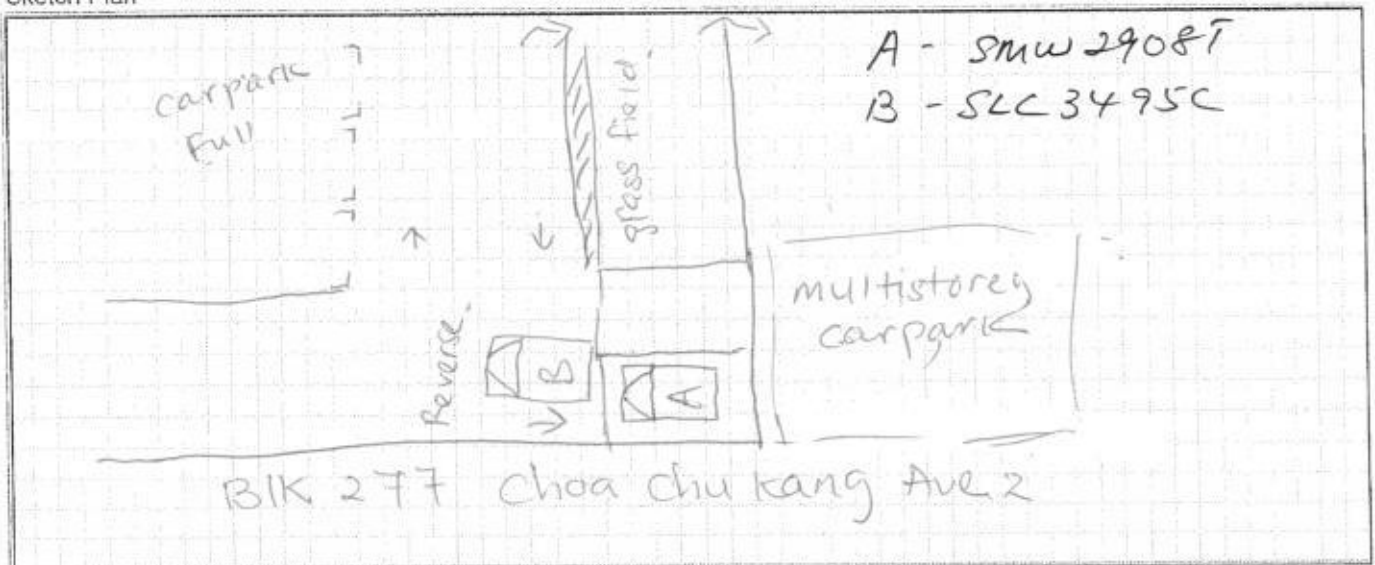
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 02/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident:

On the date 01 Aug 2022, times about 1.15 hrs I parked my car around the drop of point to clear my stuff and bring it home.

When about 0150 hrs, my daughter going to move the car to carpark and realised there was a paper paste on my windscreen which my car was hit by another car. And the owner was leave a contact.

After I contact the owner, he claim that because of dark weather, and he didn't seeing my car, so accidentally hit my car front portion.

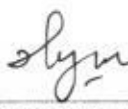
And the driver MR. Looi ask me to claim againsts his car insurance.

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

 02/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	BMW 2908T		MAKE & MODEL	Toyota Raize (AUTO/MANUAL)	
DATE OF ACCIDENT	01/1 Aug 2022		CC:	1.0	
TIME OF ACCIDENT:	0150 HRS				
LOCATION OF ACCIDENT:	CHUA CHU KANG (B1K277) Carpark				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE				
NAME OF OWNER:	Maslinda Binte Rahmat				
TEL NO:	H/P: 84827144		OFFICE:	HOME:	
NRIC:	S7138343A				
ADDRESS:	B1K 277, Chua Chu Kang Ave 2 #05-319				
EMAIL:	linov8@hotmail.com				S'680277
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	YES / (NO)				
INSURANCE COMPANY:	China Taiping Ins				
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft				
POLICY NO:	DMPCSNW00215012100				
NAME OF DRIVER:	(AS ABOVE) / IF NO: Maslinda Binte Rahmat.				
NRIC:	S7138343A		ANY PASSENGER:	0	
DATE OF BIRTH:	08/11/1971		LICENCE PASSED DATE:	30 Jan 2004	
OCCUPATION:	OUTDOOR / (INDOOR)				
GENDER:	MALE / (FEMALE)				
CONTACT NO:	H/P: 84827144		OFFICE:	HOME:	
ADDRESS:	B1K 277, Chua Chu Kang Ave 2 #05-319 S'680277				
EMAIL:	linov8@hotmail.com				
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:		INSURER: NIL		
RELATIONSHIP:	NIL				
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	(DRY) / WET / OTHER:				
ANY INJURIES:	(NO) / IF YES, WHO?				
NAME & CONTACT:	NIL				
NAME & CONTACT:	NIL				
POLICE REPORT:	NO / IF YES, WHERE? NIL				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO? NIL				
VEHICLE B REG NO:	SLC3495C		ANY PASSENGERS:	0	
NAME OF DRIVER:	LOOI CHEE HUE		CONTACT NO:	8112 7057	
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	0		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)				
WAS THERE ANY AUDIO RECORDED?	YES / (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO				
ACCIDENT PORTION:	Front Portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO					
WORKSHOP PARTICULAR:	N-51 Automotive P/L				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:					
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Private Car

MAXIF

N SN

AN0083A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No. DMPCSNW00215012100

Engine No.: 1KRK027594

Chs. No.: A200A0024831

1. Index Mark and Registration
Number of Vehicle

SMW2908T

AUTOSAFE

2. Name of Policy Holder

MASLINDA BINTE RAHMAT

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

12/11/2021
(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

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.: GENIE FINANCIAL SERVICES 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).

KCB AGENCY
Please see reverse

CO. REG. NO. 531186520

200 Jalan Sultan

#02-36/5 Textile Centre

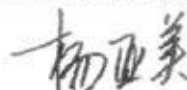
Singapore 189018

KCB AGENCY

Authorised Officer

Tel: 6391 4813 Fax: 6391 1310

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Issued By: