

**NATIONAL Assessment Centre Services**

Date In: <b>15/08/22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CIS0000772/13</b>	SAS e-filing		
Veh No: <b>SK29330X</b>	E-mail (w/2hrs, also, MP 2hrs)		
D.O.A: <b>13/08/22 1400</b>	i-Motor Claim Form		
OD: <b>(P) Reporting Only</b>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SLB91049** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 \$0		
	Invoice date / 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 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	15/08/2022 14:37 (SGT)
Reported by	Driver
Date of Accident	13/08/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE BUKIT TIMAH TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ9330X

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERTEC LIMOUSINE PTE LTD
Company Reg No	2XXXXX332H
Email Address	superteclimo@gmail.com
Mobile Phone No	(Phone) +65-85316549
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00005152201

#### DRIVER

Name of Driver	JALANI BIN IDRIS
NRIC No	SXXXX999B
Date Of Birth	16/06/1963
Occupation	Outdoor

Date Of Driving Pass	13/06/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85316549
Alt. Phone Number	-
Email Address	superteclimo@gmail.com
Address	BLK 882 TAMPINES ST 84
Address complement	#03-80
Postcode	521882
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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 PASSENGER
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

#### 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	SLB9104Y
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)	-

**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 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

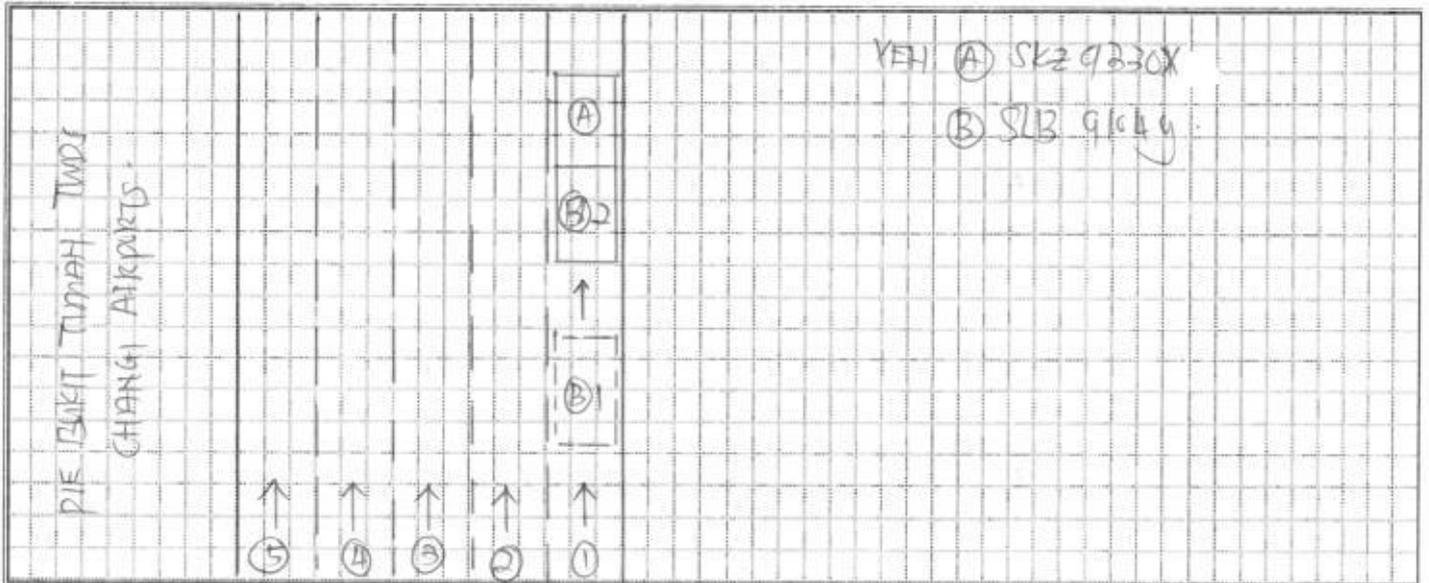
*[Handwritten Signature]*

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

*[Handwritten Signature]* 15/08/22

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

**Sketch Plan**



Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A)

SKZ 9330X TRAVELLING ALONG PIE BUKIT TOMAH TOWARDS

CHANGI AIRPORT, WITH 1 OF MY GRAB PASSENGER.

I WAS ON LANE 1, AND WHEN I WAS NOTICE THAT THE

VEHICLE INFRONT OF WAS STOPPED, I WAS ALSO MAKE A STOPPED.

AFTER I COMPLETED STOPPED MY VEHICLE, SUDDENLY I WAS

FEELING A IMPACT FROM MY REAR, WAS A VEHICLE (B).

SLB 9104Y HIT ONTO THE REAR OF MY VEHICLE, I ALIGHTED

& DISCOVER MY VEHICLE WAS DAMAGED.

VEH (A) SKZ 9330X

(B) SLB 9104Y.

Declaration

I/We declare the foregoing particulars are true in every respect.



Signature of Policyholder

Signature of Reporting Centre Personnel dated 15/08/22

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)

(PRIVATE INFO)

Date of Accident : 13/08/22 Accident Time: 1400HRS. (24-HR-Format)  
 Accident Place : PIE BUKIT TIMAH TWRG CHANGI AIRPORT.  
 Vehicle No. (Car Plate No.) : SKZ 9330X Make/Model: TOYOTA ACTIS.  
 Insurance Company : CHINA TAIPING. Policy No: DMHCNA 00005152201.  
 Owner or Company Name /IC No. : SUPERTEC LIMOUSINE PTE LTD. (200911332H).  
 Owner or Company Contact No. : 85316549 Owner's Hp 85316549. Company Tel  
 DRIVER'S Name / IC No. : JALANI BIN IDRIS (S1586999B).  
 DRIVER'S Date Of Birth : 16/6/1963 DRIVER'S License Pass Date 13/06/1983.  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: -  
 DRIVER'S Address : Blk 882 TAMPINES ST 84 #03-80 S1 621382.  
 DRIVER'S Contact No./ Alt No. : 1) 8531 6549 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : SUPERTEC.LIMO@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): 02

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): NO.

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

Vehicle. No: <u>B SLB 9104Y.</u>	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.

Motor Hire Car

MZ406LB

R SN

AN0895A

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. DMHCSNA00005152201

Engine No. 1ZRX534006

Cha. No. MR053REH104539903

1. Index Mark and Registration Number of Vehicle SKZ9330X

 AUTOSAFE  
 \*\*\*\*\*

2. Name of Policy Holder SUPERTEC LIMOUSINE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21/03/2022 (00.00.00)

Excess Sect I S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

Excess Sect. II (Outside Singapore) S\$3,000.00

4. Date of Expiry of Insurance 20/03/2023

EX ON WINDSCREEN S\$100.00

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.

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.

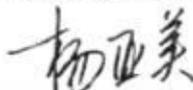
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: Tan Xin Yi Josephine  
 Authorised Officer

  
 Authorised Signatory