

NATIONAL Assessment Centre Services

[Date: Jan 2005]

Date In: 19/08/22	Job description	Date & Time Completed	Done by
Ref No. NA/CT2202007959/13	SAS e-filing		
Veh No. SNF1146J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/08/22 1810	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: 5JB9769C	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

NA2202229	Invoice Preparation Checklist	Am't (\$) in Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 \$3		
	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	
Ref. 1:			
Ref. 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	19/08/2022 14:37 (SGT)
Reported by	Both
Date of Accident	18/08/2022 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TWDS ECP B4 PIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1146J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FAUZAN BIN AHMAD
NRIC No	SXXXX317C
Email Address	zn.ahmad@gmail.com
Mobile Phone No	(Phone) +65-90038058
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00116412200

DRIVER

Name of Driver	MUHAMMAD FAUZAN BIN AHMAD
NRIC No	SXXXX317C
Date Of Birth	26/01/1989
Occupation	Indoor

Date Of Driving Pass	10/09/2009
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90038058
Alt. Phone Number	-
Email Address	zn.ahmad@gmail.com
Address	BLK 224C COMPASSVALE WALK
Address complement	#03-655
Postcode	543224
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB9769C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD1775R
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	MUHAMMAD FAUZAN BIN AHMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNF1146J
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

(A) SNF 1146J
(B) SJB 9769C
(C) SMD 1775R

KPE towards ECP before PIE exit.

Describe Circumstance of the Accident

On 18/08/2022 at @ 1810 hrs, I was travelling in my vehicle (SNF 1146J) along KPE towards ECP before PIE exit on the centre lane of a 3 lanes road. I slowed down and stopped due to traffic jam ahead. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 vehicles.

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

 19/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	SNF 1146 J			MAKE & MODEL:	Subaru Forester (AUTO) MANUAL		
DATE OF ACCIDENT:	18/08/2022			CC:	2-0		
TIME OF ACCIDENT:	1810 HRS						
LOCATION OF ACCIDENT:	KPE towards ECP before ME exit.						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE						
NAME OF OWNER:	Muhammad Fauzan Bin Ahmad						
TEL NO:	H/P: 9003 8058			OFFICE:	HOME:		
NRIC:	S8902317 C						
ADDRESS:	BLK 224C Compassvale Walk #03-655 (3) 543224						
EMAIL:	zn.ahmd@gmail.com						
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY						
FLEET POLICY:	YES (NO)						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	(Comprehensive) Third Party / Third Party Fire & Theft						
POLICY NO:	DMPC SNW00116412200						
NAME OF DRIVER:	(AS ABOVE) / IF NO:						
NRIC:				ANY PASSENGER:	N.A.		
DATE OF BIRTH:	26/01/1989			LICENCE PASSED DATE:	10/09/2009		
OCCUPATION:	OUTDOOR (INDOOR)						
GENDER:	(MALE) / FEMALE						
CONTACT NO:	H/P:			OFFICE:	HOME:		
ADDRESS:							
EMAIL:							
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:			
RELATIONSHIP:	Owner						
WEATHER CONDITION:	(CLEAR) / DRAINING / OTHERS:						
ROAD SURFACE:	(DRY) / WET / OTHER:						
ANY INJURIES:	NO / (YES, WHO?) Muhammad Fauzan Bin Ahmad (H/P: 9003 8058)						
NAME & CONTACT:							
NAME & CONTACT:							
POLICE REPORT:	(NO) / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?						
VEHICLE B REG NO:	SJB 9T69 C			ANY PASSENGERS:	01 (F)		
NAME OF DRIVER:				CONTACT NO:			
VEHICLE C REG NO:	SMD 1775 R			ANY PASSENGERS:	N.A.		
VEHICLE D REG NO:	Song Wen Lih			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:	N.A.			WITNESS CONTACT:	N.A.		
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO						
WAS THERE ANY AUDIO RECORDED?	YES (NO)						
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO						
ACCIDENT PORTION:	Rear Portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?							YES (NO)
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	JOSEPH TAN						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Private Car

Mx11

N SH

AN0596A

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.	DMPCSNW00118412200	Engine No.: FA20A973432
		Chs. No.: JF1S3GK95GG074966
1. Index Mark and Registration Number of Vehicle	SNF1145J	AUTOSAFE
2. Name of Policy Holder	MUHAMMAD FAUZAN BIN AHMAD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/05/2022 (00:00:00)	Named Drivers Ex Sect. I \$9750.00 Additional Ex. Other than Named Drivers: Ex Sect. I - Age <= 25 \$83,000.00 Ex Sect. I - Age >= 26 \$8500.00 * Age as at date of accident EX ON WINDSCREEN, \$8100.00
4. Date of Expiry of Insurance	15/08/2023	
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 \$8500 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. : HONG LEONG FINANCE 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: AUTO ZOOM CREDIT PTE LTD
Authorised Officer


Authorised Signatory