

# NATIONAL Assessment Centre Services

Date In: 25/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT122008220/1750	SAS e-filing		
Veh No: SJW2311A	E-mail (within 8hrs, APC 2hrs)		
DOA 24/08/22	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: SKJ4136H	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)
	YSK AUTO WORKSHOP
	1 KARI BUKIT AVE 6 #01-71
	417683

NA2202307	NA2202308	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Claimant's Particulars:-	↓ mobile reporting		1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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) N1: 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 \$30		
		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	25/08/2022 17:08 (SGT)
Reported by	Both
Date of Accident	24/08/2022 17:50 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2311A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURANI BINTE ABDUL GHANI
NRIC No	SXXXX427G
Email Address	strn6780@gmail.com
Mobile Phone No	(Phone) +65-88746872
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00025972200

#### DRIVER

Name of Driver	NURANI BINTE ABDUL GHANI
NRIC No	SXXXX427G
Date Of Birth	06/07/1980
Occupation	Indoor

Date Of Driving Pass	25/04/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88746872
Alt. Phone Number	-
Email Address	stm6780@gmail.com
Address	BLK 759 PASIR RIS ST 71
Address complement	#02-182
Postcode	510759
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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	SAIREE BIN SINWAN
Gender	Male

#### 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	SKJ4136H
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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.
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

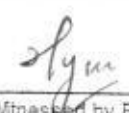
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(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.

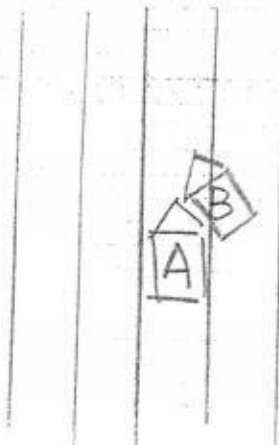
  
Policyholder's Signature / Date & Time

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

 25/08/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan

BEACH RD



[A] SJW 2311A

[B] SKJ 4136H

Describe Circumstances of the Accident

I WAS DRIVING ALONG BEACH ROAD TOWARDS  
ECP. IT WAS HEAVY RAIN & I WAS DRIVING SLOWLY  
ON LANE 2 ON MY RIGHT. SUDDENLY A VEHICLE  
NO. SKJ 4136H TURNING OUT FROM LANE 1 &  
HIT TO MY RIGHT BUMPER, FENDER & TIRE RIM.

Declaration

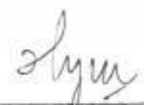
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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

 25/08/22

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/2022 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: BEACH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 2311 A  
 b) INSURANCE COMPANY: CHINA TAI PING  
 c) POLICY NUMBER: DMPCSNW00025972200  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA WISH 1.8X (KEYLESS)  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: NURANI BINTE ABDUL GHANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80194276 CONTACT:  
 c) ADDRESS: BLK 759 PASIR RIS STREET #02-182  
SINGAPORE 510759

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NURANI BINTE ABDUL GHANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80194276 CONTACT:  
 c) ADDRESS: BLK 759 PASIR RIS STREET #1 #02-182  
SINGAPORE 510759  
 d) DATE OF BIRTH: 06/07/1980 (DD/MM/YYYY)  
 e) OCCUPATION: INDOOR / OUTDOOR  
 f) YEARS OF DRIVING EXPERIENCE: 25 APR 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES/NO)  
 7. a) REPORTED TO POLICE (YES/NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKJ4136H MODEL: MAZDA  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 4. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

# No of passengers  
 (including driver)  
(2)

SATREE BIN  
 SIN WAN (MALE)

# No of passengers  
 (including driver)  
(1)

# No of passengers  
 (including driver)  
(1)

Email = strnb780@gmail.com

fax =

video =

Motor Private Car

MX1WF

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, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00025972200

Engine No.: 2ZR0418263

Cha. No.: ZGE200002935

 1. Index Mark and Registration  
 Number of Vehicle

SJW2311A

 AUTOSAFE  
 =====

2. Name of Policy Holder

NURANI BINTE ABDUL GHANI

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

 18/01/2022  
 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 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 will be doubled). A Flat S\$5,000

 Excess shall apply for Theft Losses occurring outside Singapore. 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.: VM AUTOFINANCE 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

**KCB AGENCY**

Co Reg No. 53116552C

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

200 Jalan Sultan

#02-36B Textile Centre

Singapore 199018

Tel: 6391 3811 Fax: 6391 3810

E: kcbinv0236@gmail.com

Issued By:

KCB AGENCY

Authorised Officer

Authorised Signatory