

NATIONAL Assessment Centre Services: (Unit 1 Job No) **SN082290002**

Ref No: 2909/2022 16:14	Job description	Date & Time Completed	Done by
Ch No: XBA/C772009613/4	SAS e-filing		
Q.A: SMW 9040A	E-mail (with photo, A/C 3hrs)		
28/09/2022 17:32	1-Motor Claim Form		
17:32	1-Motor W/O (with photo, 3hrs, TP 4hrs)		
17:32	1-Photo Uploaded		
17:32	Assessment/Survey Report		
17:32	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: ()

Particulars: Yeh No: **84V 7181R** INC () / Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

Insured/Driver Liability: () % (Note: Est. Status (W/O): 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/Post Repair Inspection ()

3) Upload Re-survey Photo (Repair Cost > \$3000) ()

Injury: ()

1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13) 14) 15) 16) 17) 18) 19) 20)

XBA2202691

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C. Checked by (Engi-In-Charge): ()

1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13) 14) 15) 16) 17) 18) 19) 20)

| Invoice Breakdown (On Hold) | | Amount / Available |
|--|-------------|--------------------|
| 1) A/R: Accident Reporting (\$30) | | |
| 2) D/A: Damage Assessment (\$100) | R/C (\$10) | |
| 3) T/F: Towing Fee | \$100/\$10 | |
| 4) F/T: Follow-Through Survey | \$120 | |
| 5) F/T: Follow-Through Survey (Re-survey) | \$70 | |
| Per claimant's request only (over 10 Jan 2023) | | |
| 6) T/R: Re-inspection | \$75 | |
| 7) N/I: DA + SMART Survey | \$160 | |
| 8) NTUC Additional Services | | |
| 9) O/I: Courtesy Car / Tpt Allowance | \$3 | |
| 10) N/I: Repair Coordination | \$10 | |
| 11) N/I: Post Repair Inspection | \$25 | |
| 12) N/I: DV / Collision Excess Coordination | \$5 | |
| 13) T/R: TP (Non-INC) against INC | \$10 | |
| 14) N/I: Line Item | | |
| Invoice dated | Per Charged | |
| Invoice dated | Per 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 | 29/09/2022 16:14 (SGT) |
| Reported by | Both |
| Date of Accident | 28/09/2022 17:32 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS CHANGI (BEFORE EUNOS EXIT) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW9040A

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | MUHAMMAD ARIF BIN RAMLAN |
| NRIC No | SXXXX572F |
| Email Address | muhammadarif91@hotmail.com |
| Mobile Phone No | (Phone) +65-81277337 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Avante |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00090052200 |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | MUHAMMAD ARIF BIN RAMLAN |
| NRIC No | SXXXX572F |
| Date Of Birth | 15/11/1991 |
| Occupation | Indoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 13/10/2011 |
| Driving experience | 10 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81277337 |
| Alt. Phone Number | - |
| Email Address | muhammadarif91@hotmail.com |
| Address | BLK 864 TAMPINES STREET 83 #11-442 |
| Address complement | - |
| Postcode | 520864 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SGV7181R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NG JACKIE |
| NRIC No | SXXXX663D |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-93686699 |
| 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 | SNE6815J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MUHAMMAD FARHAN BIN SAEMAN |
| NRIC No | SXXXX852F |
| Contact Number | (Phone) +65-96530310 |
| 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/are 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

Handwritten notes above the grid: *29/09/2022*, *PIE Towards entrance (Before Junction Exit)*

A = SGV 7181R
B = SMW 9040A
C = SNE 6815J

Describe Circumstance of the Accident

I was driving along PIE towards Changi, suddenly the car from the back rear-ended my car, and my car surge forward and contacted the front vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Aif

Policyholder's Signature / Date & Time

Aif

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

29/09/2021
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--|-----------------------------------|
| ACCIDENT DATE: 28 Sept 2022 | TIME: 17:32 | (hh:mm) 24 hrs Format |
| LOCATION PIE towards Changi (Before Eunus Exit) | | |
| VEHICLE NUMBER SMW9040A | | |
| INSURED NAME Muhammad Arif Bin Ramlan | | |
| NRIC / FIN S9142572F | CONTACT: 81277337 | |
| MAKE Hyundai | MODEL CN7 AVANTE 1.6 DOHC CVT S | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes, If No, Pls Select : (/) Third Party () Reporting Only | | |
| INSURANCE COMPANY CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | | |
| TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT | | |
| POLICY NUMBER : DMPCSNW00090052200 | | |
| NAME DRIVER : Muhammad Arif Bin Ramlan | | (/) SAME AS INSURED |
| NRIC / FIN S9142572F | CONTACT: 81277337 | |
| DATE OF BIRTH: 15 November 1991 | | |
| DRIVING PASS DATE : 13 Oct 2011 | | |
| OCCUPATION : (/) INDOOR () OUTDOOR | | |
| GENDER : (/) MALE () FEMALE | | |
| EMAIL ADDRESS: muhammadarif91@hotmail.com | | () NO EMAIL |
| ADDRESS OF DRIVER: 864 Tampines St 83 #11-442 S(520864) | | |
| Number Of Passenger Include Driver: 1 | | |
| Was driver an employee of the Insured's Company? () YES (/) NO | | |
| If No, Relationship Of The Driver With The Insured | | |
| (/) Owner () Spouse () Friend () Relative () Children () Sibling () Others | | |
| Does The Driver Own Any Other Vehicle?: () YES (/) NO | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | |
| Insurance Company Of Driver's Own Vehicle | | |
| Weather Conditions: (/) Clear () Raining () Drizzling () Others | | |
| Road Surface : (/) Dry () Wet () Others | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO | | |
| Was Anybody Injured In The Accident? () YES (/) NO | | |
| If YES, Injured details : | | |
| Convey By Ambulance: () YES (/) NO | | |
| Was There Any Video Capture By Car Camera? (/) YES () NO | | |
| Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report | | |
| Police Report Number (if any) | | |
| Details Of 3rd Party | Name / NRIC | No. of Paxs (incl'driver) Contact |
| Veh B SGV7181R | NG JACKIE / S8335663D | (1) / Not Sure () 93686699 |
| Veh C SNE6815J | MUHAMMAD FARHAN BIN SAEMAN / S9305852F | (2) / Not Sure () 96530310 |
| Veh D | | () / Not Sure () |
| Veh E | | () / Not Sure () |
| Veh F | | () / Not Sure () |
| Veh G | | () / Not Sure () |



Motor Private Car

MX1F

N SN

AN0711A

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)

Engine No.: G4FMLU192478

Cha. No.: KMHLN41ETMU094293

CERTIFICATE No. DMPCSNW00090052200

1. Index Mark and Registration Number of Vehicle
BMW904DA

2. Name of Policy Holder
MUHAMMAD ARIF BIN RAMLAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
08/04/2022
(00:00:00)

4. Date of Expiry of Insurance
16/06/2023

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 \$3,000.00
Ex Sect. I - Age >= 25 \$500.00
* Age as at date of accident
EX ON WINDSCREEN \$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 \$5500 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. : OCBC BANK 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: ACE AUTOMOBILE PTE. LTD.
Authorised Officer

Authorised Signatory