

# NATIONAL Assessment Centre Services

Date In 17/11/22	Job description	Date & Time Completed	Done by
Ref No NA/CTI22011549/13	SAS e-filing		
Veh No SMH4135K	E-mail (within 3hrs, APT 2hrs)		
DOA 17/11/22 0735	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: SLX3583X	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

NA2203255	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bil
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	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	17/11/2022 14:17 (SGT)
Reported by	Both
Date of Accident	17/11/2022 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TUAS B4 CORPORATION RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH4135K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALIMRAN BIN LOMRI
NRIC No	SXXXX843B
Email Address	alimran.lomri76@gmail.com
Mobile Phone No	(Phone) +65-88769426
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1498

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00020722200

### DRIVER

Name of Driver	ALIMRAN BIN LOMRI
NRIC No	SXXXX843B
Date Of Birth	30/06/1976
Occupation	Outdoor

Date Of Driving Pass .....	13/05/1995
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88769426
Alt. Phone Number .....	-
Email Address .....	alimran.lomri76@gmail.com
Address .....	BLK 473 SEGAR RD
Address complement .....	#02-312
Postcode .....	670473
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 - 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	TAN CHYUN HUEI PHILIP
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLX3583X
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	-
Name of Driver	.....	Private car
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	.....	TAN CHYUN HUEI PHILIP
Gender	.....	Male
Phone No	.....	-
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	SLIGHT
Injured person in which vehicle?	.....	SNH4135K
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.

*[Signature]* 17/11/22

Policyholder's Signature / Date & Time

*[Signature]* 17/11/22

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

*[Signature]* 17/11/22

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

### Sketch Plan

Sketch Plan

Pls (Tugas) before corporation rd

→ w

→ u

→ -

A - 3NH4135K

B - SLX3583X

*[Diagram showing a road layout with a box containing '8' and '3' and arrows indicating directions]*

Describe Circumstance of the Accident

As per above date and time, I was driving 3NH4135K along P2E (Tues) on the extreme right lane. Somewhere before corporation rd Exit, Vehicles in front of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of sudden, I felt an impact from the rear. I alighted and discovered veh (B) SLX3583X from posterior collided onto my vehicle rear portion.

Declaration

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

x Azi / 17/11/22 x

Policyholder's Signature / Date & Time

x Azi / 17/11/22 x

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

Shyne 17/11/22

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



VEHICLE NO:	SNH4135K		MAKE & MODEL:	H.Vezel		AUTO / MANUAL
DATE OF ACCIDENT:	17/11/2022		CC:			
TIME OF ACCIDENT:	0735 HRS					
LOCATION OF ACCIDENT:	Pie (Tugs) Before Corporation rd exit.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Aliimran Bin Lomri					
TEL NO:	H/P: 8876 9426		OFFICE:	HOME:		
NRIC:	S7618843B					
ADDRESS:	473 Segor rd #02-312 (S) 670473					
EMAIL:	aliimran.lomri76@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Tapsy					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMHCSNW00020722200					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:	AS ABOVE		ANY PASSENGER:	1(m)		
DATE OF BIRTH:	30/06/1976		LICENCE PASSED DATE:	13/05/1995		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: AS ABOVE		OFFICE:	HOME:		
ADDRESS:	AS ABOVE					
EMAIL:	AS ABOVE					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?		hwei			
NAME & CONTACT:	Tan Chyun Hwei Philip, 9746 0610					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SLX3583X		ANY PASSENGERS: unknown			
NAME OF DRIVER:	unknown		CONTACT NO: unknown			
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:			WITNESS CONTACT:			
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:	Twincor Automation Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Jun ming. 8812 95151					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

S\$2,677.91

Motor Hire Car

MZ406L/B

N SN

AN0695A

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.

DMHCSNW00020722200

Engine No.: L15Z1002981

Cha. No.:RV31002427

1. Index Mark and Registration  
Number of Vehicle

SNH4135K

AUTOSAFE  
=====

2. Name of Policy Holder

ALIIMRAN BIN LOMRI

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (14:23:08)  
Ordinance or Enactment

26/10/2022

Excess Sect I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

25/10/2023

Excess Sect.II (Outside Singapore). S\$2,500.00

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.

ALIIMRAN BIN LOMRI

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.

HIRE PURCHASE CO.: EMPEROR MOTORS 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).



TECK WEI CREDIT PTE LTD

Cc. Reg. No. 200512300K

10 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

TECK WEI CREDIT PTE LTD

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张世义

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SNH4135K		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5G CVT
Chassis No.:	RV31002427	Engine No.:	L15Z1002981
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	87.0 kW ( 116 bhp )		
Unladen Weight:	1250 kg	Maximum Laden Weight:	1525 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	26 Oct 2022	Original Registration Date:	26 Oct 2022
Manufacturing Year:	2021	Open Market Value:	\$23,850.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$5,195.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$3,850.00 (140%)
Actual ARF Paid:	\$10,390.00		

### Owner Particulars

Owner Name:	ALIIMRAN BIN LOMRI
Owner ID Type:	Singapore NRIC
Owner ID:	S7618843B
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	473
Registered Street Name:	SEGAR ROAD
Registered Unit No.:	# 02 - 312
Registered Building Name:	-
Registered Postal Code:	670473
COE No. / Expiry Date:	2022110101000846R / 25 Oct 2032
COE Bid Category:	A - Car-Details at OneMotoring
QP Paid:	\$81,089.00

### Transaction Details

Business Transaction Ref. No.:	20221026150550055900
Business Transaction Date:	26 Oct 2022
Business Transaction Time:	15:05:50

### Message

The above vehicle has been successfully registered.

The total amount is \$82,381.00.

The notification delivery date will be subject to validation of address with source agency.

OK

Save as PDF