

NATIONAL Assessment Centre Services (part 1 Jan 2022) **Sub 22C70002**

Date In: 07/12/2022 12:28	Job description	Date & Time Completed	Done by
Ref No: NA2203402	SAS e-filing		
Veh No: G6K 7833K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/12/2022 13:34	i-Motor Claim Form		
TP: TP / Reporting Only	i-Motor W/O (within 3hrs, AIC 2hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by FAX / Hand to Owner/Whsp		

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

TP Particulars: Vch No: **SR 7149Y** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.

() 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: ()

NA2203402	Invoice Preparation Checklist:	Fee Charged
Infant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion: ()	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: i-DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	QW:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NC: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*NP: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non-INC) against INC \$10	
	9) NI: 24hrs Mobile \$10	
	Invoice dated: ()	Fee Charged: ()
	Invoice total: ()	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	07/12/2022 17:28 (SGT)
Reported by	Driver
Date of Accident	06/12/2022 13:34 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS HOUGANG AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7833K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SSL LIMOUSINE PTE LTD
Company Reg No	2XXXXX894E
Email Address	duttytora22@gmail.com
Mobile Phone No	(Phone) +65-89033764
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00128232202

DRIVER

Name of Driver	MOHAMED SHAFAR BIN SALIH
NRIC No	SXXXX011I
Date Of Birth	22/11/1983
Occupation	Outdoor

Date Of Driving Pass	03/07/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89033764
Alt. Phone Number	-
Email Address	duttytora22@gmail.com
Address	BLK 102 COMMONWEALTH CRESCENT #08-108
Address complement	-
Postcode	140108
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)	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR7149Y
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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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

SLIP ROAD A2 YU CHU KONG TOWARDS TOUNGKONG AVENUE 2

Describe Circumstance of the Accident

On the stated date and time, I was driving along slip road of xio chu kang exiting to Hengang Hwy2. Suddenly the car in front of me brake, I apply my brake but could not stop in time and hit onto the car in front.

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

Witnessed by Reporting Centre Personnel

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Date of Accident : 6/12/2022 Accident Time: 13:34 (24-HR-FORMAT)
Accident Place : Slip Road at Yio Chu Keng toward Hongkong Ave 2
Vehicle Reg. No (Car plate No.) : GBK 7833K cc: 2500 Vehicle Make/Model: Toyota hiace
Insurance Company : China TP Policy No. OMICVSHW00128232702
Name of Registered Owner : Company Individual SSL Limousine PTE LTD
ID of Registered Owner : Co Reg No: 2019078946 Owner's NRIC No: _____
OWNER EMAIL ADDRESS: Charlesongjl@gmail.com : Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Name : Mohamed Shafar bin Salih DRIVER'S NRIC No: 963360111
DRIVER'S Date of Birth : 22/11/1983 DRIVER'S License Pass Date 3/07/2012
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 102 Commonwealth Crescent #08-108 Singapore 140102
DRIVER'S Contact No./ Alt No. : 1) 94033764 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : dattylora22@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): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes(name of the injured person) Nil

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLR 7149X	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER \ DRIVER \ BOTH

Motor Commercial

MZ407/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)

R SN

AN0420A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00128232202

Engine No.: 1GD8617673

Cha. No.:GDH2011049243

1. Index Mark and Registration
Number of Vehicle

GBK7833K

AUTOSAFE

2. Name of Policy Holder

SSL LIMOUSINE PTE LTD

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

30/11/2022

Excess Sect. I . S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/11/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the
vehicle is hired.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. And provided further that the Motor Vehicle is registered under the Road Traffic Act
and its registration under the Road Traffic Act has not been cancelled at the time of the accident
loss or damage.

6. Limitations as to use:*

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's
Business.

(3) Use for social, domestic or pleasure purpose.

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED

* 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).

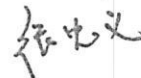
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Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory