

NATIONAL Assessment Centre Services

Date In <u>09/01/2023</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CTI 23000278 / d4</u>	SAS e-filing		
Veh No <u>SJN 8309R</u>	E-mail (within 8hrs. A/C 2hrs)		
DOA <u>06/01/2023</u> <u>1920</u>	i-Motor Claim Form		
OD/ TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>9ME162K</u>	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

NA2300080	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Express Coordination \$5		
	TP (N1-N8) against INC \$20		
	9) N12: One Mobile \$0		

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	09/01/2023 17:51 (SGT)
Reported by	Driver
Date of Accident	06/01/2023 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8309R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALI AMRAN BIN MOHAMED SHARIF
NRIC No	SXXXX884A
Email Address	haziqaqmar001@gmail.com
Mobile Phone No	(Phone) +65-91541969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00074482200

DRIVER

Name of Driver	MOHAMED HAZIQ AQMAR BIN ALI AMRAN
NRIC No	TXXXX827E

Date Of Driving Pass	07/07/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88722506
Alt. Phone Number	-
Email Address	haziqaqmar001@gmail.com
Address	APT BLK 348 UBI AVENUE 1
Address complement	# 02-1049
Postcode	400348
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	5
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT

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 SME162K
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 SJJ1502R
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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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.

ON BEHALF

4 09/01/23

Policyholder's Signature / Date & Time

4 09/01/23

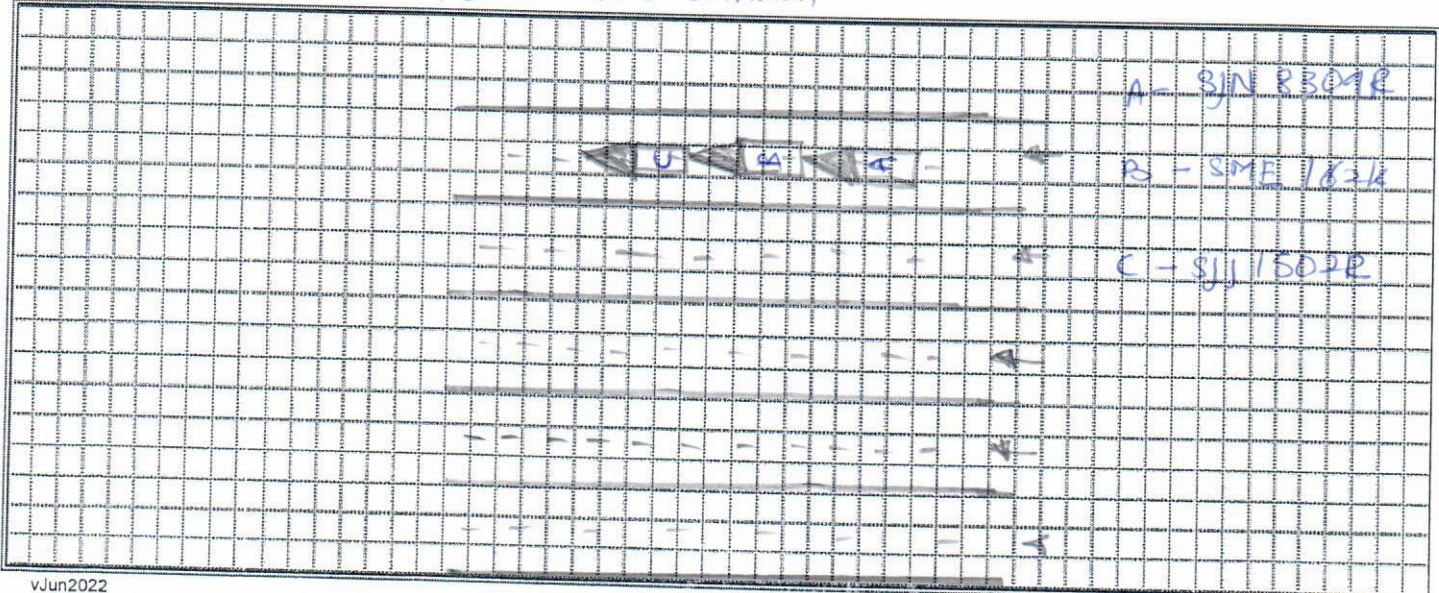
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

9/1/2023

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

Sketch Plan

AE TOWARDS CHANGI



Describe Circumstance of the Accident

I was on my way back home on 06/01/2023 back from Johor travelling along PIE changi. it was a 5 lane way highway, and my speed was 60-70km per hour. there was vehicle B in front of me. It was a heavy traffic. While moving towards, Vehicle B was in front of me. Suddenly, Vehicle B jam Brake and I hit his rear portion of the vehicle. I came out of my vehicle and got to know I was involved in a chain collision.

Declaration

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

ON BEHALF

f 090123

Policyholder's Signature / Date & Time

f 090123

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

gnd 9/1/2023

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

ANNEX E

NOTICE OF REPORTING

This is to confirm that MOHAMED HAZIQ AOMAR BIN ALI AMRAN, FIN: T0137827E, has reported to the Police a non-injury traffic accident which occurred at PIE TOWARDS CHANGI on 06/01/2023 at 1915hrs involving the following vehicles:

SJN8309R (COMPLT'S VEHICLE) CAR NUMBER 3

SME162K (OTHERS PARTY) CAR NUMBER 2

SJJ1502R (OTHERS PARTY) CAR NUMBER 3/1

Bedok NPC
30 Bedok North Road
Singapore 469676
Tel: 1800 - 2449999

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok NPC
30 Bedok North Road
Singapore 469676
Tel: 1800 - 2449999

Name of Issuing officer: SSSGT SIM CHENG SIONG

Date: 07/01/2023

Time: 1508hrs

S/D Ref:

67

Police Post/ Unit: BEDOK NPC

Original - To be issued to informant
Duplicate- to be submitted to Traffic Police

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 01 / 2023 (DD/MM/YYYY), TIME: 19 : 20 (HH:MM)

LOCATION: PIE TOWARDS CHANGI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN8309R
 b) INSURANCE COMPANY: CHINA TAMPING
 c) POLICY NUMBER: DMPCSNW00074482200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ALIAMRAN BIN MOHAMMED SHARIF (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6905884A CONTACT: 91541969
 c) ADDRESS: BLK 348 Ubi Ave 1 # 02-1049, 400348

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: MOHAMED HAZIQ AQMAR BIN ALI AMRAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T0137827E CONTACT: 8872 3506
 c) ADDRESS: KPT BLK 348 Ubi Ave 1 # 02-1049, S 400348

- d) DATE OF BIRTH: 09 / 12 / 2001 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 07/07/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PARENTS

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: Bedok

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 182K MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = haziqaqmar001@gmail.com

Fax =

Video = No



Motor Private Car

MX1F

N SN

AN0055A

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.

DMPCSNW00074482200

Engine No.: R18A1796733

Cha. No.:RN61087284

1. Index Mark and Registration

SJN8309R

Number of Vehicle

AUTOSAFE

=====

2. Name of Policy Holder

ALI AMRAN BIN MOHAMED SHARIF

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

18/03/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

17/03/2023

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 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.: ZW CAPITAL 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer