

NATIONAL Assessment Centre Services

Date In 16/01/2023

Ref No NA23000516/d4

Veh No SUC 3132

DOA 13/01/2023 16 03

OD/ TP/ Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs. Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHA 8158B

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:

NA2300158

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

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:-

OT*

*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

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:-

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	16/01/2023 17:36 (SGT)
Reported by	Both
Date of Accident	13/01/2023 16:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOULMEIN ROAD CROSS JUNCTION TRAFFIC LIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC313Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MOHD JAMALUDIN BIN JAFFAR
NRIC No	SXXXX639Z
Email Address	spydaboyz21@hotmail.com
Mobile Phone No	(Phone) +65-97244414
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2360

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00076692202

DRIVER

Name of Driver	SYED MOHD JAMALUDIN BIN JAFFAR
NRIC No	SXXXX639Z

Date Of Driving Pass	04/02/1999
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97244414
Alt. Phone Number	-
Email Address	spydaboyz21@hotmail.com
Address	APT BLK 505 PASIR RIS STREET 52
Address complement	# 02-199
Postcode	510505
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?	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	UNKNOWN
Gender	Female

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 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	SHA8158B
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Taxi
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

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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.

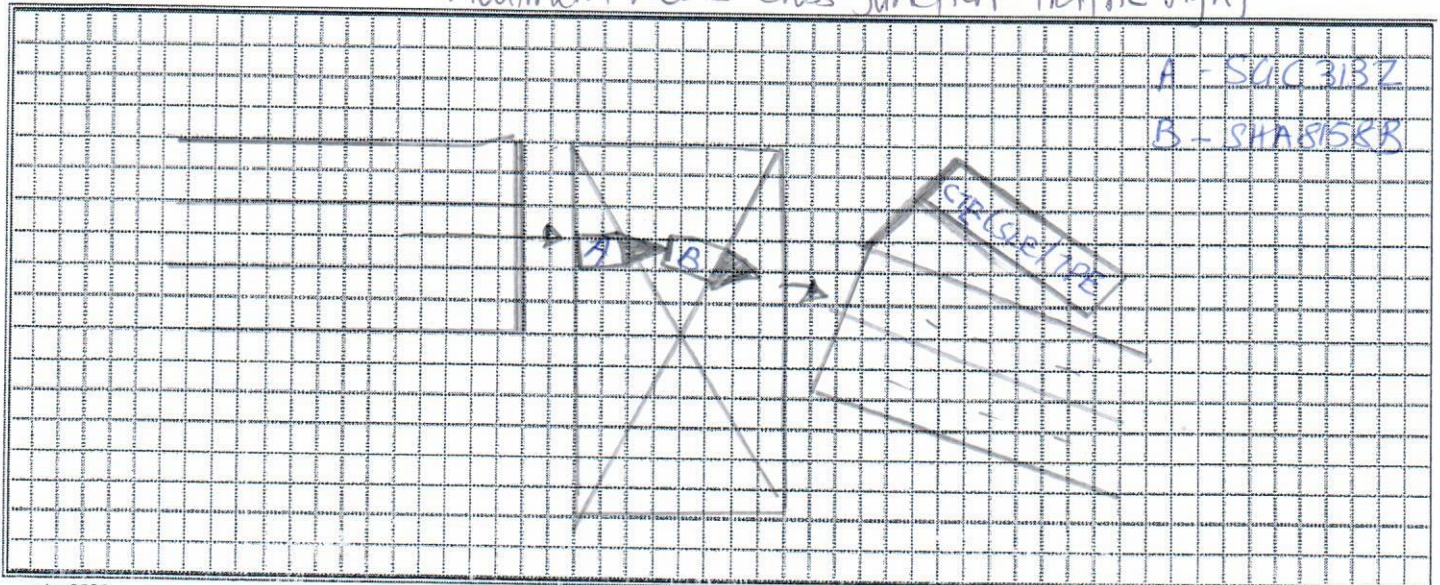
 16/1/23
Policyholder's Signature / Date & Time

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

 16/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Mallmein Road Cross Junction Traffic Light



Describe Circumstance of the Accident


On 13/1/23 at around 1603hrs, I was driving my vehicle ^{with my wife (as passenger)} SGC3132 along Moulmein Road. I wanted to ^{exit / filter} lane towards CTE and was on 2nd lane. I stopped my vehicle at the cross junction due to Traffic. When the oncoming traffic was cleared, I engage my vehicle however there was another vehicle (taxi) from Comfort Delgro @ SHA 8158B suddenly jammed brake. ~~At the~~ In view of the sudden brake from the taxi, I had to abruptly brake my vehicle, unfortunately it hit the taxi ~~with~~. I believe my travelling speed was less than 5km/hr. The ~~knock~~ was very silence and without any sound.

After the accident, I stepped out of the car, the affected driver claimed ~~his~~ that his neck was pained. ~~I checked~~ I note that he can still clearly communicate and remember the whole events that happened. I checked the taxi for damage however there are no visible sign of any scratches and damages. ~~Not~~ can refer to attached photo. My vehicle wasn't damaged too. Since there was no sign of any damages and injury, out of goodwill I offered outside settlement. But the driver was adamant that the car was damaged and he suffered ~~to~~ neck pain, and the ~~off~~ settlement was declined. I note that there was a ~~pass~~ lady passenger in the said taxi she didn't come out from the taxi during the accident.

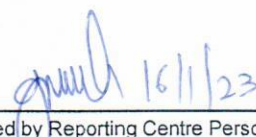
The next day, 14/01/23, I contacted the driver for alternative settlement, again it was rejected.

Declaration

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

 16/1/23
Policyholder's Signature / Date & Time

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

 16/1/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 01 / 2023 (DD/MM/YYYY) TIME: 16.03 (HH:MM)

LOCATION: Moulmein Road Cross Junction Traffic light

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC 313Z
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNW00076692202
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mitsubishi Outlander AUTO / MANUAL
 f) TYPE: (SALEON / 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: Syed Mohd Jumaaludin Bin Jaffer (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57934639Z CONTACT: 97244414
 c) ADDRESS: APT BLK 505 Pasir Ris Street 52 # 02-199

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 26 / 10 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 041021999

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 8158 B MODEL: _____
 b) DRIVER'S NAME: ong yoke tong
 c) NRIC/FIN/PASSPORT: 815242011 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = spychboyz21@hotmail-com

Pax =

VIDE = NO



Motor Private Car

MX1F

R SN

AN0667A

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.	DMPCSNW00076692202	Engine No.: 4B12PY6789	Cha. No.: JMYXTGF3WGZ001158
1. Index Mark and Registration Number of Vehicle	SGC313Z	AUTOSAFE	=====
2. Name of Policy Holder	SYED MOHD JAMALUDIN BIN JAFFAR		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/04/2022 (00:00:00)	Named Drivers Ex Sect. I	\$S1,000.00
4. Date of Expiry of Insurance	14/04/2023	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
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 \$S500 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. : TOKYO CENTURY LEASING (S) 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.

Issued By: TRILLIUM INSURANCE AGENCY PTE LTD
Authorised Officer


Authorised Signatory