

NATIONAL Assessment Centre Services: (Ref: 123456)		SNO 2827000	
Date In: 07/01/2023 12:10	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA C722300/281/Y	E-mail (within 3hrs, A/C 2hrs)		
Veh No: S222A, N022B	1-Motor Claim Form		
D.O.A: 27/11/2023 15:50	1-Motor W/O (within 3hrs, A/C 2hrs)		
OD / TR / Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SBS 6122Z	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: () Time: ()		
Insured/Driver Liability: () % (Note: 1st 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC Ref: 0788/0610	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: _____

NA2300388 Important Particulars: Owner/Owner: Contact No: Damaged Portion: Checked by (Engi-In-Charge): Comments: L.P.	Invoice Preparation Checklist:		Amount
	1) AR: Accident Reporting (\$20)		
	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$20/\$40	
	4) FT: Follow-Through Survey	\$100	
	5) FT: Follow-Through Survey (Resurvey)	\$50	
	Excess/Excess Excess (Ref: 12 Jan 2023)		
	6) TR: Re-inspection	\$75	
	7) NI: New DA, P-SMRT Survey	\$140	
	8) NTUC Additional Services:		
QTY:			
*NI: Courtesy Car / Tot Allowance		\$5	
*NI: Repair Coordination		\$10	
*NI: Post Repair Inspection		\$20	
*NI: DV / Collect Excess Coordination		\$1	
*TP (NI): TP (Non-INC) against INC		\$20	
*TP (NI) Mileage		\$5	
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	07/02/2023 17:10 (SGT)
Reported by	Driver
Date of Accident	27/11/2022 15:50 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	TOWARDS ALEXANDRA ROAD (FILTER LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1622B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED RASHEED BIN ABDULLAH
NRIC No	SXXXX934I
Email Address	amirahbee11@gmail.com
Mobile Phone No	(Phone) +65-94889225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00151302203

DRIVER

Name of Driver	AMIRAH BEE BHARKATULLAH
NRIC No	TXXXX053H
Date Of Birth	01/04/2003
Occupation	Indoor

Date Of Driving Pass	02/03/2022
Driving experience	8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94889225
Alt. Phone Number	-
Email Address	amirahbee11@gmail.com
Address	BLK 19 QUEEN'S CLOSE #4-111
Address complement	-
Postcode	140019
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - Major/Minor Rd
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	SISTER
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 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	SBS6172S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-

Describe Circumstance of the Accident

On 27 November 2022 at about 1550 I (Amirahbee) IC No (T03090534) was driving vehicle no (3MM1622B) along Queensway towards Alexandra. I was turning left at the filter lane and my car was inched out a little. It was then a SBS Bus which was on coming hit side swiped my car. As a result my car headlight was slightly damaged. Did not knowing what to do, as I could not see the SBS bus which hit, I drove off. As the damage to my car was minor, the damages has been fixed by me.

SBS BUS NO: 9BS6172Z

Declaration

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

Policyholder's Signature / Date & Time

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/11/2022) (DD/MM/YYYY), TIME: (15:50) (HH:MM)
 LOCATION: Queensway RD Towards Alexandra RD (Filter lane)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SHM1622B
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSNW00151302263
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: RUNNING ERRANDS
 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: MOHAMED RASHEED BIN ABDULLAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 914639341 CONTACT: #02-665
 c) ADDRESS: 223C COMPASSVALE WALK SINGAPORE 543223

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
 (2)

DRIVER
 a) NAME: Amirah Bee Bhakathullah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T0399053H CONTACT: 94889225
 c) ADDRESS: 19 QUEENS CLOSE SINGAPORE 140019

d) DATE OF BIRTH: (01/04/2003) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 02/03/2022

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

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

No of passengers
 (including driver)
 ()

a) VEHICLE NUMBER: 9BS61722 MODEL: SBS BUS
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
 ()

a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

Email: AMIRAHBEE11@gmail.com
 VIDEO



Motor Private Car

MX1/NDF

R SN

AN0679A

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.	DMPCSNW00151302203	Engine No.: 3ZZ4956045	
		Cha. No.:MR053ZEE106162591	
1. Index Mark and Registration Number of Vehicle	SMM1622B	AUTOSAFE	=====
2. Name of Policy Holder	MOHAMED RASHEED BIN ABDULLAH (NON-DRIVER) @ JOGA SINGH S/O MALINDER SINGH		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/07/2022 (00:00:00)	Named Drivers Ex Sect. I	S\$500.00
		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	04/07/2023		
5. Persons or Classes of Persons entitled to drive*	Any 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 loss 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. : ABWIN PTE LTD AS HP OWNER

* 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: ABWIN PTE LTD
Authorised Officer

Authorised Signatory