

NATIONAL Assessment Centre Services

(Call 1-800-441-1111)

240823210000

Date In: 27/08/2023 16:59

Ref No: N42300564

Vel No: SNAJ 618C

D.O.A: 27/08/2023 07:20

OD (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Billing

E-mail (within 24hrs, A/C 24hrs)

1-Motor Claim Form

1-Motor W/O (within 24hrs, A/C 24hrs)

1-Photo Uploaded

Assessment/Survey Report

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

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Vel No:

SCX 9653C

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel:

Confirmed by: (

Date:

Cover Type: (

Insured/Driver Liability: (

%) (Note: Hst Status (WO): 10-0-30%, P: 21-70%, P: 90-100%)

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 Cost: ()

Remarks: N42300564

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time:

N42300564

TP Particulars:

Owner/Owner:

Subject No:

Assigned Person: ()

Checked by (Engr-In-Charge):

TP Insurer:

TP:

TP:

Invoice Preparation Checklist

Item	Amount	Inc	Non-Inc
1) A/R: Accident Paperwork (\$300)			
2) DA: Damage Assessment (\$1000)		INC (\$50)	
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$110		
5) PT: Follow-Through Survey (Recovery)	\$50		
Recovery Fee (Recovery Cost > \$3000)			
6) TR: Disbursement	\$25		
7) NI: Follow-Through Survey	\$140		
8) NIUC: Additional Services			
GM:			
* NI: Courtesy Car / Tot Allowance	\$5		
* NI: Repair Coordination	\$10		
* NI: Post Repair Inspection	\$20		
* NI: DV / Collect Excess Coordination	\$1		
* TP (NI) : TP (NI) INC / TP (NI) INC	\$20		
* TP (NI) : TP (NI) INC	\$10		
TP: TP			
TP: TP			
TP: TP			

Invoice Date:

Fee Charged:

Fee Received:

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	22/02/2023 16:59 (SGT)
Reported by	Driver
Date of Accident	22/02/2023 07:20 (SGT)
Exact Location of Accident	1 Jurong West Street 72, Singapore 649223
Additional Location Information	WESTGROVE PRIMARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ618L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD AMINUDDIN BIN KHALID
NRIC No	SXXXX215C
Email Address	darwisynandao@gmail.com
Mobile Phone No	(Phone) +65-96376793
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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 - Claiming third party
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	DMPCSNW00225772100

DRIVER

Name of Driver	MUHAMMAD DARWISY BIN MOHD AMINUDDIN
NRIC No	SXXXX047D
Date Of Birth	28/01/1999
Occupation	Indoor

Date Of Driving Pass	13/02/2018
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-96512715
Alt. Phone Number	-
Email Address	darwisynandao@gmail.com
Address	BLK 361 CHOA CHU KANG AVENUE 3 #01-23
Address complement	-
Postcode	389884
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX9652C
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE SIEW KWAN
Contact Number	(Phone) +65-96202987

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.
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.

Policyholder's Signature / Date & Time

22/02/23 1600
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

22/08/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

WESTGROVE PRIMARY SCHOOL

A) SMJ 618L
B) SKX 9652C

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→

JURONG WEST STREET 72

Describe Circumstance of the Accident

22/02/2023, around 7.20am, I was driving along Jurong West Street 72, outside of Westgrove Primary School. There are 2 lanes in that street, I was on the left lane, nearest to the school. There were many cars using both the inner and outer lane to turn right into the school. From my knowledge taught at Bukit Batok Driving Centre, I know that any vehicle from the outer lane who wants to turn left into a location, the driver of that vehicle has to; 1. signal 2. Check blind spot 3. Check side mirrors 4. ensure that there are no vehicles 5. ensure that there is enough space to filter into the inner lane and execute the turn. The vehicle involved in this accident is a Honda Vezel, SKX 9652 C, driven by Mdm Wee Siew Kwan. She was on the outer lane and signal was on. However, she did not have enough space to filter in and execute the left turn into the school. I was driving slowly, inching forward as the car in front of me entered the premises of the school. A van was also in front of me, but it turned in from the outer lane as well. At this point of time, Mdm Wee's car is right beside me. The bumper of my car is near her passenger seat door, which means she is not able to turn left in a safe manner. She was also still in the outer lane, she had not crossed the line, or her left wheel is on the line. When the car and van in front of me moved, I moved as well, my speed is slow. At this point I noticed that Mdm Wee continued to turn left at a sharp angle, in which I proceeded to stop. However, she continued turning in and the left side doors of her car hit the right front side of my bumper, and further proceeded to turn in to the school. I followed her into the school and stopped behind her. Upon alighting our respective cars, Mdm Wee raised her voice and claims that it is her right of way, threatening to call the police but backed out from it. We exchanged particulars, took photos of the damages to both cars and I proceeded to exit the school. From the time of accident till the time of writing this report now, Mdm Wee communicated with me in a foul manner via Whatsapp. I have spoken to her kindly explaining the details from my footage and told her to file the claim as she wishes to while I do my own filing and reporting.

2 photos of the damages to both cars,
2 videos of the incident are attached.

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: (22/02/2023) (DD/MM/YYYY), TIME: (0720) (HH:MM)
 LOCATION: WestGrove Primary School

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8MJ 618L
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSNW00225772100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 316 I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING
 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: Mohd Aminuddin Bin Khalid (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: K22884936 872052156 CONTACT: 96376793
 c) ADDRESS: Choa Chu Kang Ave 3, Wandervale Bk 361, #01-23

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
 (1)

- DRIVER
 a) NAME: Muhammad Darwis Bin Mohd Aminuddin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S99020478 CONTACT: 96512715
 c) ADDRESS: Choa Chu Kang Ave 3, Wandervale Bk 361, #01-23

* d) DATE OF BIRTH: (23/01/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/02/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passengers
 (including driver)
 (1)

- a) VEHICLE NUMBER: SKX 9652C MODEL: HONDA VEZEL
 b) DRIVER'S NAME: Wee Siew Kwan
 c) NRIC/FIN/PASSPORT: CONTACT: 96202987

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
 ()

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

Email: darwisynandao@gmail.com

VINOD

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0582A	Class of Policy	Motor Private Car	Policy No.	DMPCSNW00225772100
Account	AN0582A	Ren. Notice Date	27/08/2022	Expiry Date	26/10/2022
Client	M046484I				

Renewal Period from 27-10-2022 to 26-10-2023, both dates inclusive

Insured's Name	MOHD AMINUDDIN BIN KHALID
Address	361 CHOA CHU KANG AVENUE 3 #01-23 WANDERVALE Singapore 689884

Business/Occupation	MANAGER
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Premium	
Basic Annual Premium	S\$2,015.00
Less 5% Loyalty Discount	S\$ 100.75
Less 20% Autosafe Scheme	S\$ 382.85
No Claim Discount -50%	S\$ 765.70
Incentive Discount 10%	S\$ 76.57
Promotion Discount	S\$ 68.91
Total Annual Premium	S\$620.22
Renew. Premium	S\$620.22
Premium GST	S\$43.42
Total	S\$663.64

 *PLEASE BE INFORMED THAT THE ADDITIONAL EXCESS OTHER THAN NAMED DRIVER CLAUSE *
 * BELOW HAS BEEN AMENDED UPON RENEWAL OF THIS POLICY *

Risk No.1	Motor Private Car		
Make/Model	: BMW 316i 4Dr (A)	No. of seats	: 5
Registration	: SMJ618L	Body Type	: Saloon
Engine No.	: B347J576N13B16A	Capacity ccs	: 1596
Chassis No.	: WBA3A16060NS36093	Certificate Ref.	: MX1E
Year of Manuf/Regn	: 2013/31.03.2014		
Type of Cover	: Comprehensive		
Financial Interest	: DBS BANK LTD		
Sum Insured	: Market value at the time of loss		

Sum Insured:Market value at the time of loss

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

*An additional excess of \$3,000 shall apply for Inexperienced Driver with less than 1 year Singapore Driving Licence.

Continued on page 2