

NATIONAL Assessment Centre Services - ()

Date In 02/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/C123002226/d4	SAS e-filing		
Veh No SJV 8090C	E-mail (within 8hrs. AP 2hrs)		
DOA 01/03/2023 12:50	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SNF 5086Y	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:-	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

NA2300626	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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) iT : 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:-			
Driver/Owner:	ON*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
Contact No:	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11) : TP (Non INC) against INC	\$20		
Damaged Portion:	9) N12: Idac Mobile	\$0		
QC Checked by (Engr-In-Charge):	Invoice date/	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Gal 1:				
Gal 2/3:				

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	02/03/2023 08:46 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CHOA CHU KANG WAY TURNING RIGHT TO LOT 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8090C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE LTD
Company Reg No	2XXXXX814M
Email Address	sinhocklee@yahoo.com.sg
Mobile Phone No	(Phone) +65-91076319
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA0008032200

DRIVER

Name of Driver	AHMAD SUYUTI BIN AHMAD SULAIMAN
NRIC No	SXXXX127D
Date Of Birth	20/08/1976
Occupation	Outdoor

Date Of Driving Pass	16/08/1996
Driving experience	26 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91076319
Alt. Phone Number	-
Email Address	asuyuti30@gmail.com
Address	APT BLK 478 SEGAR ROAD
Address complement	# 05-396
Postcode	670478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 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	SNF5086Y
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD SUYUTI BIN AHMAD SULAIMAN
Gender	Male
Phone No	(Phone) +65-91076319
Address	APT BLK 478 SEGAR ROAD
Address Complement	# 05-396
Post Code	670478
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SJV8090C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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.

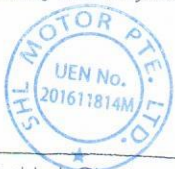
8. Consent under the Personal Data Protection Act (PDPA)

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.

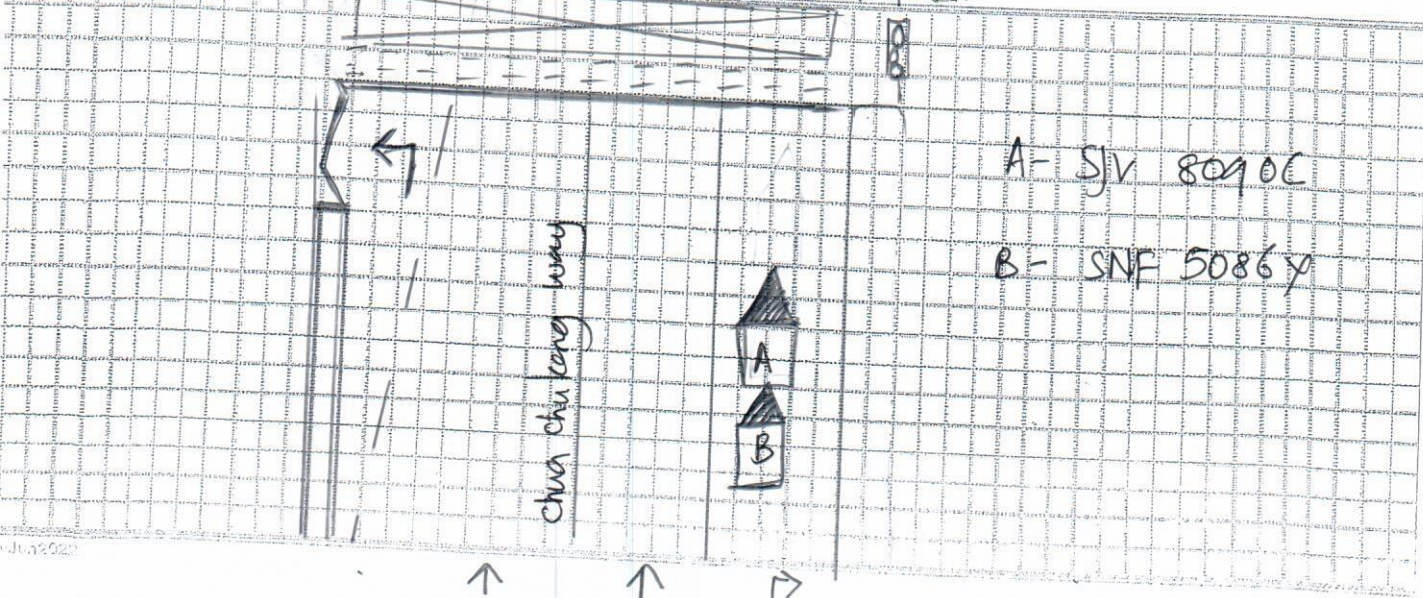


Policyholder's Signature / Date & Time

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

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

Sketch Plan Along Choa Chu Kang way turning Right to lot 1.



Describe Circumstance of the Accident

On the above stated date and time, I was travelling along Choa Chu Keng way and I stopped at the Choa Chu Keng way traffic light since the traffic light was in Red. I wanted to turn right to Choa Chu Keng Avenue 4 and heard to lot one to pick up my passenger. As I was waiting, my vehicle was stationary and suddenly vehicle B hit the rear portion of my vehicle. Vehicle B owner did not want to provide me any details or particulars of him to me.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 1/3/2023

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

[Signature] 2/3/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 03 / 2023) (DD/MM/YYYY), TIME: (12 : 50) (HH:MM)

LOCATION: Along chao chu Kong way turning Right. to lot 1

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJV 8090C
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMHCSNA 00008032200
d) POLICY TYPE (COMPREHENSIVE / ☒ THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota wish 1.8 ☒ AUTO / ☐ MANUAL
f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / ☒ COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
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: SHL MOTOR PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201611814M CONTACT: 62828585
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Ahmad Suyuti Bin Ahmad Sulaiman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7625127D CONTACT: 9107 6319
c) ADDRESS: APT BLK 478 Seeger Road # 05-346, S67 0478

* d) DATE OF BIRTH: (20 / 08 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / ☒ OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/08/1996

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / ☒ NO) Neck pain

7. c) REPORTED TO POLICE (YES / ☒ NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SNF 5086Y 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:

sinhocklee@yahoo.com.sg

Email = asuyuti30@gmail.com

Phone =

Address = No

Motor Hire Car

MZ406L/B

N SN

AN0706B

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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.	DMHCSNA00008032200	Engine No.: ZZR0457369	Cha. No.: ZGE200021070
1 Index Mark and Registration Number of Vehicle	SJV8090C		
2 Name of Policy Holder	SHL MOTOR PTE LTD		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/05/2022 (00:00:00)	Excess Sect. II	S\$1,500.00
		Excess Sect.II (Outside Singapore).	S\$1,500.00
4 Date of Expiry of Insurance	22/05/2023		
5 Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below. 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:*			
(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.			
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.			
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.			

* 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: Zhong YueQiang
Authorised Officer
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

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