

NATIONAL Assessment Centre Services (Call 1 800 225 9000)

Suo 2259000

Date In: 09/08/2023 (12:57)	Job description	Date & Time Completed	Done by:
Ref No: NIA2801357	SAS e-Billing		
Val No: SA 26087	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/05/2023 07:40	1-Motor Claim Form		
QC (TP) Reporting Only	1-Motor W/O (Within: 03 hrs, 07 hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yell No: SMM 97917 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-30%, F: 21-70%, 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 repair.

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

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

Remarks: (INC Billing: 6789, 0615) Date: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

NIA2801357

Invoice Preparation Charge	Amount
1) AR: Accident Reporting (\$35)	
2) DA: Damage Assessment (\$100) INC (\$50)	
3) TP: Towing Fee \$10/\$45	
4) PE: Follow-Through Survey \$15	
5) PE: Follow-Through Survey (Basic \$2)	
6) TR: Re-Inspection \$15	
7) NI: Hst DA, & Shift Survey \$145	
8) NTC Additional Services	
QC:	
*No: Courtesy Car / Tel Allowance	\$5
*No: Repair Coordination	\$15
*No: Post Repair Inspection	\$25
*No: BY / Collect Excess Coordination	\$1
*TP (N1) / TP (Non-INC) System INC	\$20
TP (N1) / TP (Non-INC) System INC	\$0
Invoice Total	
Fee Charged	

Checked by (Engr-In-Charge):

Customer Comments:

L.P.A:

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	09/05/2023 12:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/05/2023 07:40 (SGT)
Exact Location of Accident	656A Woodlands Ring Rd, Singapore 731656
Additional Location Information	MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2608J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD RAZMILSYAH BIN JAMIL
NRIC No	SXXXX196J
Email Address	razmilsyah@gmail.com
Mobile Phone No	(Phone) +65-93364147
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00229122200

DRIVER

Name of Driver	MUHAMMAD RAZMILSYAH BIN JAMIL
NRIC No	SXXXX196J
Date Of Birth	09/10/1991
Occupation	Indoor

Date Of Driving Pass	13/02/2010
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364147
Alt. Phone Number	-
Email Address	razmilsyah@gmail.com
Address	BLK 765 WOODLANDS CIRCLE #02-360
Address complement	-
Postcode	730765
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9791T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NATHAN
Contact Number	(Phone) +65-93856159

- 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.

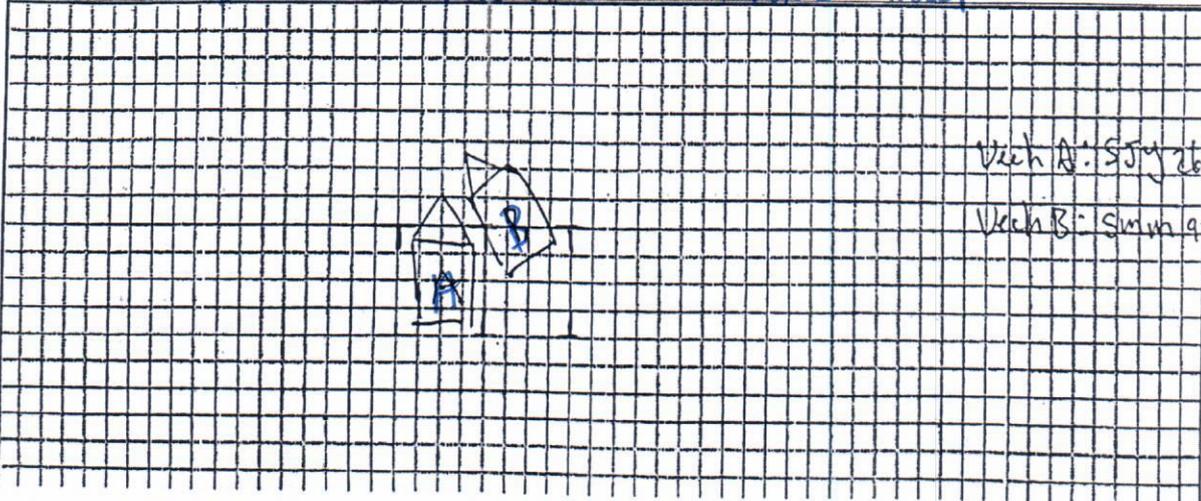
Juy.
Policyholder's Signature / Date & Time

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

09/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BK 656A Woodlands Ring Road MRCP



Describe Circumstance of the Accident

On the stated date & time, my car was stationary park
at my house multi storey carpark, the next day I went to collect my
car, I saw a pcs of paper on my windscreen & notice there
are damage on my car front right portion, therefore I contact the
number on the paper.

Declaration

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

Policyholder's Signature / Date & Time

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

09/05/2023

Witnessed by Reporting Centre Personnel

(J)

Date of Accident : 8/5/23 Accident Time: 0740 (24-HR-FORMAT)

Accident Place : Bik 656A Woodknud ring Road multi-storey car park

Vehicle Reg. No (Car plate No.) : SJX 2608J CC: _____ Vehicle Make/Model: Merl - E

Insurance Company : chinn tapping Policy No. DMPESNW00229122200

Name of Registered Owner : Company / Individual Muhammad razmilsyah Bin Jamil

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9137196J

OWNER EMAIL ADDRESS: razmilsyah@gmail.com : Co Contact No: _____ Owner's Contact No: 93364147

DRIVER'S Name : Muhammad razmilsyah Bin Jamil DRIVER'S NRIC No: S9137196J

DRIVER'S Date of Birth : 09-10-1991 DRIVER'S License Pass Date 13-02-2010

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : Bik 765 Woodknuds Circle #02-360 S 730765

DRIVER'S Contact No./ Alt No. : 1) 93364147 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 0 Name & Gender; 0

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes(name of the injured person) _____ N: L

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>Smm 9791T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>Nathan</u>	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>93856157</u>	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

Motor Private Car

MX1E

N SN

AN0420A

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)

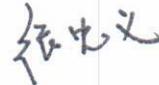
CERTIFICATE No.	DMPCSNW00229122200	Engine No.: 27186030028253 Cha. No.:WDD2120472A154083
1. Index Mark and Registration Number of Vehicle	SJY2608J	AUTOSAFE =====
2. Name of Policy Holder	MUHAMMAD RAZMILSYAH BIN JAMIL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/10/2022 (00:00:00)	Named Drivers Ex Sect. I \$500.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	06/10/2023	Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$500.00 * Age as at date of accident EX ON WINDSCREEN . \$100.00
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.	
<p>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.</p>		
6. Limitations as to use:*	<p>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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>HIRE PURCHASE CO. : SWEE SENG CREDIT 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.</p>		

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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory