

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

SK1082365002

Date In: 28/06/2023 11:43	Job description	Date & Time Completed	Done by
Ref No: NA2301908/510/y	SAS e-filing		
Veh No: SVC 2950m	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/06/2023 08:30	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: SU5915Y 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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile \$30			
	*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			
	Invoice dated Fee Charged			
	Invoice dated 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	28/06/2023 11:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 08:30 (SGT)
Exact Location of Accident	522 Hougang Ave 6, Block 522, Singapore 530522
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC2950M

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FADHILL BIN ABDUL HAMID
NRIC No	SXXXX030G
Email Address	dalemainoi@gmail.com
Mobile Phone No	(Phone) +65-90253632
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1490

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007212300

### DRIVER

Name of Driver	MUHAMMAD FADHILL BIN ABDUL HAMID
NRIC No	SXXXX030G
Date Of Birth	11/03/1987
Occupation	Outdoor

Date Of Driving Pass	23/09/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90253632
Alt. Phone Number	-
Email Address	dalemainoi@gmail.com
Address	BLK 101D PUNGGOL FIELD #02-450
Address complement	-
Postcode	824101
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	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
Reasons for not uploading a video of the accident	WITH OWNER

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLL5915Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG GWEK LIAN

NRIC No .....	SXXXX105Z
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

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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

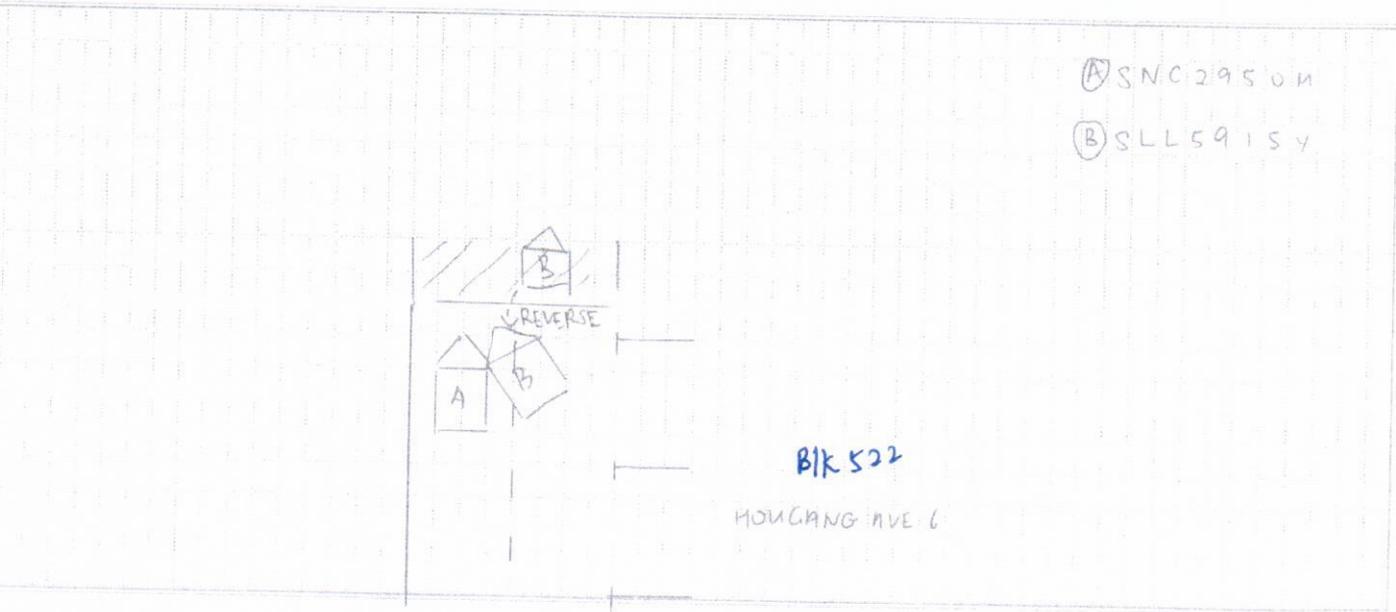
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
 Policyholder's Signature / Date & Time

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

*[Signature]* 28/06/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NPIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

STRAIGHT  
I WAS TRAVELLING ALONG HOUCANG AVENUE 6  
NEAR BLOCK 522. SUDDENLY, VEHICLE B<sup>A</sup> REVERSED INTO THE PARKING LOT  
AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

Declaration

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

*Dale*  
Date

*Dale*  
Date

*James*  
28/06/2023  
Date

**ACCIDENT STATEMENT**

Date of accident: 27/06/2023 Time: 08-30AM

Location of accident: HOUKANG AVE 6 BLK 522

Vehicle Number: SNC295DM Make/Model: \_\_\_\_\_

Insurer: CHINA TAIPING Engine & Transmission: \_\_\_\_\_

Policy No: DMHCSNW00007212300 Policy Type: C/TP57/200

Name: MUHAMMAD FADHIL BIN ABDULL HAMID NRIC/FIN no: S87080306

Email: DALEMALNOI @ GMAIL.COM Contact no: 9025 3632

Name: DALEMALNOI @ GMAIL.COM NRIC/FIN no: S87080306

Email: \_\_\_\_\_ Contact no: 9025 3632

Occupation: Indoor / Outdoor D.O.B: 11-03-1987

Address: BLK 101D PUNCCOL FIELD #02-450 SINGAPORE 824101 28/09/2026

Driving pass date: \_\_\_\_\_ Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining Road surface: Wet

Police report: Yes / No Video Footage: Yes / No

Prosecution Letter: Yes / No If Yes against whom: \_\_\_\_\_

Passenger (incl. Driver): 1 Please provide ALL passengers details:

	Passenger 1	Passenger 2
Name:	-	-
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:

	Witness 1	Witness 2
Name:	-	-
Contact no:	-	-

Injuries: Yes / No If Yes, provide injuries details:

Name	Veh. no.	Seatbelt	Covered to his/her
-	-	Yes / No	Yes / No
-	-	Yes / No	Yes / No

	Vehicle B	Vehicle C
Vehicle no:	<u>SLL5915Y</u>	
Driver name:	<u>TANG GWEE LAN</u>	
NRIC/ FIN no:	<u>S7617105Z</u>	
Contact no:		
Insurance Co:		
Address:		
Insured Person's name:		
Insured Person's address:		

Driver Type: Car \_\_\_\_\_

Motor Hire Car

MZ406L/B

**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)

N SN

AN0758A

Cov. Type C

CERTIFICATE No.	DMHCSNW00007212300	Engine No.: M15AY182823 Cha. No. MXPB102010386
1. Index Mark and Registration Number of Vehicle	SNC2950M	AUTOSAFE =====
2. Name of Policy Holder	MUHAMMAD FADHIL BIN ABDULL HAMID	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (10.56.38) Ordinance or Enactment	04/04/2023	Excess Sect. I. S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect. II (Outside Singapore) S\$2,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	03/04/2024	

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.

MUHAMMAD FADHIL BIN ABDULL HAMID

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.

HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES 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: FUTURE INSURANCE AGENCY PTE LTD  
Authorised Officer

  
Authorised Signatory