

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 13/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CI123007119/d4	SAS e-filing		
Veh No: SNH 9054C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/06/2023 15:45	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: SKB 22E	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

NA230218	Invoice Preparation Checklist	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
QC Checked by (Engr-In-Charge):	Op*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
Auditors Comments:	*N8: DV / Collect Excess Coordination \$5	
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20	
Cat. 2 / 3:	9) N12: Idao Mobile \$0	
	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	13/07/2023 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BEDOK RESERVOIR ROAD & KAKI BUKIT ROAD 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH9054C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUMAHAT BIN ABDUL MAJID
NRIC No	SXXXX616A
Email Address	call87501383@gmail.com
Mobile Phone No	(Phone) +65-87501383
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S350
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	2987

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00012572300

DRIVER

Name of Driver	IZMAN BIN OSMAN
NRIC No	SXXXX592I
Date Of Birth	15/09/1972

Occupation	Outdoor
Date Of Driving Pass	23/02/2012
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88993158
Alt. Phone Number	-
Email Address	call87501383@gmail.com
Address	APT BLK 144 BEDOK RESERVOIR ROAD
Address complement	# 03-1603
Postcode	470144
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - G/20230615/7005

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	SKB22E
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)	-

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 Authorised 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. The 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.
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

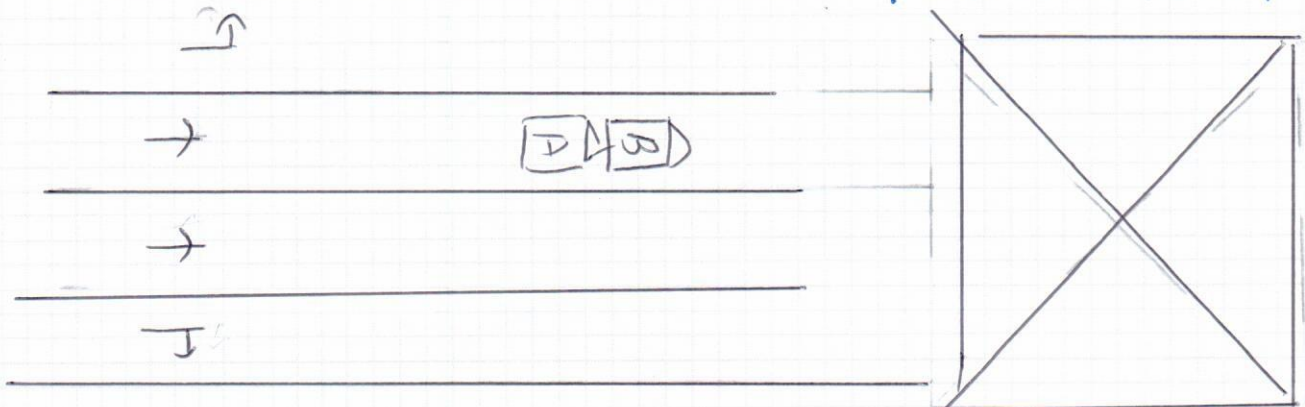
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(Bedok Reservoir Road)

Junction of Bedok Reservoir Road & Kaki Bukit Road 4



(A) SNH9054C

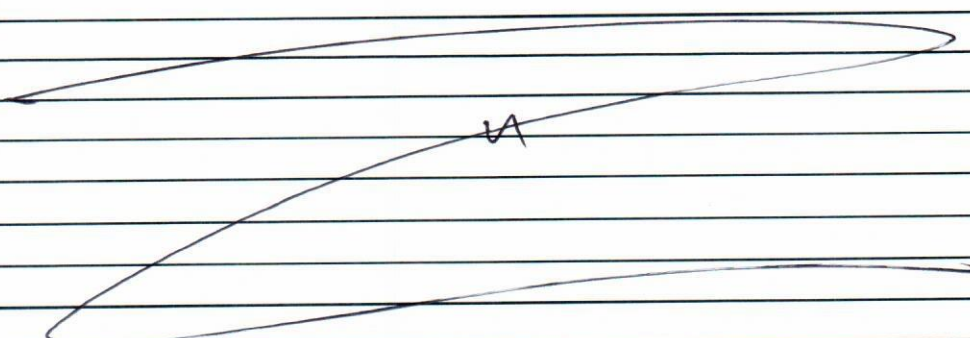
(B) SKB22E

Kaki Bukit Road 4

Describe Circumstances of the Accident

REFER TO TRAFFIC POLICE REPORT

G/20230615/7005



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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 & Time

Witnessed by Reporting Centre Personnel

gmuher 13/07/2023



**SINGAPORE
POLICE FORCE**



G/20230615/7005

1 of 2

POLICE REPORT (NP299)

Report No. G/20230615/7005

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 15/06/2023 01:11	Vide Report No.	Station Diary No.
Name Of Informant IZMAN BIN OSMAN	Address 144 BEDOK RESERVOIR ROAD #03-1603 SINGAPORE 470144	
ID Type / ID No. NRIC NO / S7233592I	Contact No. Home/Office: Mobile: 87790085	
Nationality SINGAPORE CITIZEN	Email Address IZMANOSMAN@GMAIL.COM	
Occupation ICT sales and services professional	Sex Male	Age 50
Institution/School Name	Date of Birth 15/09/1972	Race Malay
Date/Time Of Incident 13/06/2023 15:45 - 13/06/2023 16:00	Language English	
	Location Of Incident 200 BEDOK RESERVOIR ROAD MASJID ALKAFF KAMPUNG MELAYU SINGAPORE 479221	

Brief details.

On above date and time, I was helping my friend who is away oversea to send his car for repair to the workshop at Kaki Bukit.

At the traffic light junction of Bedok Reservoir Road and Kaki Bukit Road 4, I had stopped the car behind another car bearing SKB22E as light was red. While stationary, I had reached for my charging cable when suddenly my right foot slipped from the brake pedal causing the car to inched forward. I immediately stepped back on the brake pedal by it was too late as the vehicle I was driving - SNH9054C -

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2023 01:11
Officer In-Charge Of Case:	Classification Of Case:



had came into contact with the front vehicle - SKB22E. We established that no injuries was sustained and decided to moved our vehicles further up so as not to caused obstruction for other traffic users. We inspected both cars and took photos of the cars. No damages were visible nor any scratches. SNH9054C had not sustained any damaged. Not a dent nor a single scratch. SBK22E however insisted the rear bumper need to replacement. I was shocked. Only visible was a tiny 3milimeter tear of the wrap which protects the car paint. No paint peel had resulted. The next day, the driver informed me that this will costs him \$7000. I was flabbergasted at the amount quoted and warned him to not quote irresponsibly and cheat in making claims as the car cam had captured everything post- accident. . I had advised SNH9054C vehicle owner of the accident. The other driver had proceeded to file a claim to the insurer and the owner had asked me to file police report . I had concurred and followed advise from vehicle owner.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
15/06/2023 01:11

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/06/2023		Time: 1545h		(hh:mm) 24 hr format	
Location Junction of Bedok Reservoir Road & Kaki Bukit Road 4.					
Vehicle Number SNH 9054C					
Insured Name Jumahat Bin Abdul Majid					
NRIC / FIN 87134616A		Contact Number 8750 1383			
Make		Model			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: () Third Party (/) Reporting					
Insurance Company CHINA TAIPING					
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number					
Name of Driver IZMAN Bin Osman				() Same as Insured	
NRIC / FIN S7233592I		Contact Number 8899 3158			
Date of Birth 15/09/1972					
Driving Pass Date 23/02/2012					
Occupation () Indoor (/) Outdoor					
Gender (/) Male () Female					
Email Address				() NO EMAIL	
Address of Driver B1K 144 bedok Reservoir Road #03-1603					
S(470144)					
Was driver an employee of the Insured's Company? () Yes (/) No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse (/) Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (/) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (/) Clear () Raining () Others					
Road Surface (/) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (/) No					
Was anybody injured in the accident? () Yes (/) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (/) No					
Was the Accident reported to the Police? () Yes (/) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		SKB 22E			
Veh C					
Veh D					
Veh E					
Veh F					

1 person including driver



Motor Private Car

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)

MX1E

N SN

AN0662A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00012572300

Engine No.: 64286141616547

Cha. No.: WDD2221322A108490

1. Index Mark and Registration
Number of Vehicle

SNH9054C

AUTOSAFE
=====

2. Name of Policy Holder

JUMAHAT BIN ABDUL MAJID

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
(14:43:09)
Ordinance or Enactment

03/01/2023

Named Drivers Ex Sect. I S\$1,500.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

4. Date of Expiry of Insurance

02/01/2024

* Age as at date of accident

EX ON WINDSCREEN S\$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.

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 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.

HIRE PURCHASE CO. : HORIZON MOTORING

* 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: HORIZON MOTORING

Authorised Officer

Authorised Signatory