

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 21/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALC1123007498/d4	SAS e-filing		
Veh No: SMH 1197M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2023 18:10	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMZ 3950Y	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

NA230 2212

## Invoice Preparation Checklist

Amf (\$) Am  
In-Bill Add

Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*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		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors Comments:

Cat. 1:

Cat. 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	21/07/2023 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARD CTE / SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1197M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAHMAN BIN SHARIFF
NRIC No	SXXXX505A
Email Address	rahmanshariffjango@gmail.com
Mobile Phone No	(Phone) +65-87491802
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	2362

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00013242200

#### DRIVER

Name of Driver	ABDUL RAHMAN BIN SHARIFF
NRIC No	SXXXX505A

Date Of Driving Pass	13/12/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87491802
Alt. Phone Number	-
Email Address	rahmanshariffjango@gmail.com
Address	APT BLK 848 WOODLANDS STREET 82
Address complement	# 02-173
Postcode	730848
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	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)	6
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

Name	UNKNOWN
Gender	Female

#### PASSENGER 5

Name	UNKNOWN
Gender	Female

#### 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	SMZ3950Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG BOON CHYE , STEVEN
NRIC No	SXXXX959C
Contact Number	(Phone) +65-93381711
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.

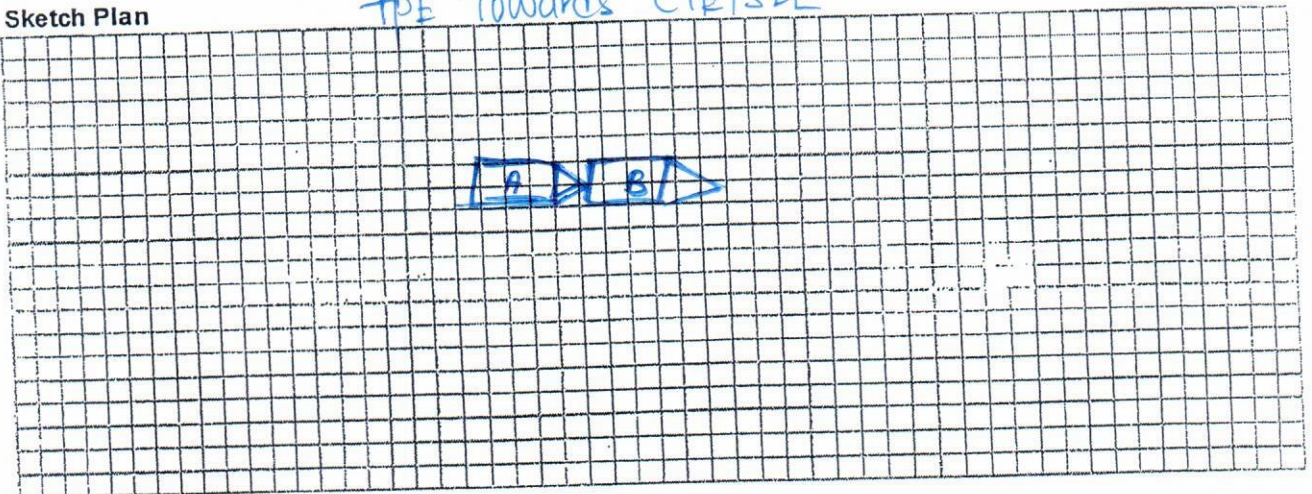
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE Towards CTE/SLE



A = SMH 1197M

B = SMZ 3950Y

TPE toward CTE/SLE



**Describe Circumstance of the Accident**


I was travelling from Changi Airport towards PIE → TPE towards CTC-SLE. It was peak hours and there was heavy traffic moving. As I was driving on the 2nd lane of TPE suddenly the car in front of me SMZ 3950Y, make a sudden stop. I step on my brake, unfortunately my car SMH 1197M hit the rear bumper of SMZ 3950Y.


The driver says sorry because he made a suddenly stop to avoid hitting the front car of his car. He just mention to change particular and make report to the insurance company. I took photos of both vehicles.

**Declaration**

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

 20/07/23  
Policyholder's Signature / Date & Time

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

 21/7/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 19/07/2020 <u>3</u>	TIME OF ACCIDENT : 1810 hrs <u>6:10pm</u>
VEHICLE NO : SMH 1197M	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : <u>TOYOTA PREVIA 2.4 7seater</u>	LOCATION : <u>TPE TOWARD LTR/SLE</u>
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE / PRIVATE HIRE</u>	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : <u>CTI</u>	POLICY NO :
TYPE OF COVERAGE :	VEHICLE TYPE : ( SALOON / <u>COUPE/MPV/VAN/LORRY/MOTORCYCLE</u> )
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	NRIC : <u>S1423505A</u>
NAME OF OWNER : <u>Abdul Rahman Bin Shariff</u>	CONTACT NO : <u>8749 1802</u>
ADDRESS : <u>Apt Blk 848 Woodlands Street 82</u> <u>#02-173 (S) 730848</u>	VIDEO RECORDING : YES / <u>NO</u>
EMAIL ADDRESS : <u>rahmanshariffjango@gmail.com</u>	NRIC: _____ CONTACT NO: _____
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	
DRIVER OWNER RELATIONSHIP: <u>OWNER</u>	PASSENGER: MALE ( <u>1</u> ) FEMALE ( <u>4</u> )
DATE OF BIRTH : <u>27 / 01 / 1960</u>	DRIVING PASSING DATE : <u>13 / 12 / 2010</u>
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES: <u>NO</u> , IF YES :	POLICE REPORT: <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SMZ 3950Y</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Eng Boon Chye, Steven</u>	DRIVER NAME : _____
NRIC : <u>S 6816 959C</u>	NRIC : _____
CONTACT : <u>9338 1711</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

email : rahmanshariffjango@gmail.com  
 passenger : 5 ( 1 male , 4 female )  
 driver : 1 driver

\* No video

Motor Hire Car

MZ406L/B

N SN

AN0707B

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.	DMHCSNW00013242200	Engine No.: 2AZJ121326	Cha. No.: JTEGD54M70A046668
1. Index Mark and Registration Number of Vehicle	SMH1197M	AUTOSAFE	=====
2. Name of Policy Holder	ABDUL RAHMAN BIN SHARIFF		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/07/2022 (12:07:33)	Excess Sect. I	S\$1,250.00
		Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,250.00
4. Date of Expiry of Insurance	02/08/2023	Excess Sect. II (Outside Singapore)	S\$2,500.00
		EX ON WINDSCREEN	S\$100.00
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.  ABDUL RAHMAN BIN SHARIFF			
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.: KENSO LEASING 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: KHC HOLDINGS PTE LTD  
Authorised Officer  
Authorised Signatory