

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA123007755/04	SAS e-filing		
Veh No: SKV 3927K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2023 10:20	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: SDR 8888K	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

NA2302285	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$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 First Submission ..... 31/07/2023 09:48 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 28/07/2023 10:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CARPARK OF LOTUS SHOPPING MALL BUKIT INDAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKV3927K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... RAHMATOM BIN RAMLI  
NRIC No ..... SXXXX189Z  
Email Address ..... tomramli@yahoo.com  
Mobile Phone No ..... (Phone) +65-98512107  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180k  
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 ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00097932303

### DRIVER

Name of Driver ..... RAHMATOM BIN RAMLI  
NRIC No ..... SXXXX189Z  
Date Of Birth ..... 05/02/1976  
Occupation ..... Indoor



Date Of Driving Pass	15/06/2002
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98512107
Alt. Phone Number	-
Email Address	tomramli@yahoo.com
Address	APT BLK 526 HOUGANG AVENUE 6
Address complement	# 04-157
Postcode	530526
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	Collided into Parked Vehicle
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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDR8888K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GN CHIANG HUAT
NRIC No	SXXXX943C



Contact Number .....	(Phone) +65-91478618
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.

*Ratih* 28/07/23

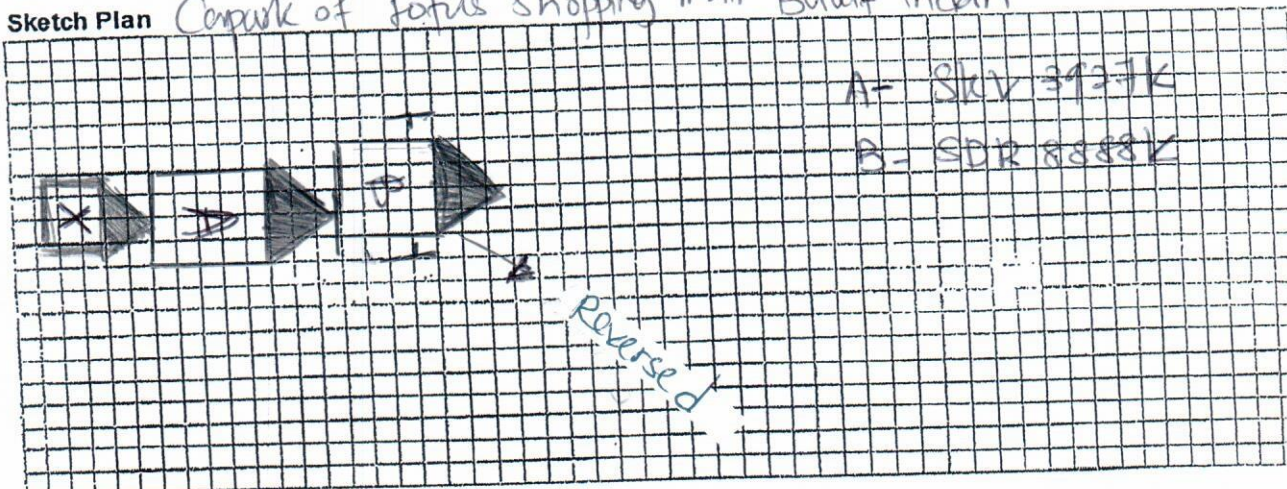
Policyholder's Signature / Date & Time

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

*gmuah* 31/7/23  
Witnessed by Reporting Centre Personnel

Sketch Plan

Car park of Lotus Shopping mall Bukit Indah






**Describe the Circumstance of the Accident**

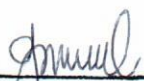
on the above stated date and time, my car was parked at the shopping mall carpark at Bukit Indah Johor. Upon approaching my vehicle I heard a loud bang and it was vehicle B who bang onto my car. seems that he was reversing his vehicle to park at the front lot of my car and while reversing he told me his leg was cramped and this made him to press the accelerator pedal accidentally and upon hitting, since his leg was still pressing on to the pedal he pushed my vehicle behind and my vehicle was pushed back and it slightly bump into another car which was a Johor plated car. But due to the damage was not much that driver take a look and just drive off. My vehicle damage is on the front and rear. Also to mention, vehicle B driver told me that this collision happens as he was not feeling well where he is just recovering from stroke.

**Declaration**

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

 28/07/23  
Policyholder's Signature / Date & Time

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

 31/7/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# POLIS DIRAJA MALAYSIA

## REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI Pegawai Penyiasat : R190317  
Daerah : ISKANDAR PUTERI  
Kontinjen : JOHOR  
No. Repot : TRAFIK IPUTERI/009881/23  
Tarikh : 28/07/2023  
Waktu : 1158 AM  
Bahasa Diterima : B. Malaysia

### Butir-butir Penerima Repot :

Nama : AMIR HAMZAH BIN AZHAR No. Badan : R212693 Pangkat : L/KPL

### Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : --- No. Polis/Tentera : ---  
No. Pasport : --- Bahasa Asal : ---  
Alamat : ---

### Butir-butir Pengadu :

Nama : RAHMATOM BIN RAMLI No. Pasport : S7681189Z  
No. K/P (Baru) : --- No. Polis/Tentera : ---  
No. Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 05/02/1976  
Umur : 47 Tahun 5 Bulan Keturunan : Melayu Warganegara : SINGAPORE  
Pekerjaan : PENGURUS  
Alamat Tinggal : 526 HOUGANG EVENUE 6, #04-157, 530526 SINGAPORE  
Alamat IbuBapa : ---  
Alamat Pejabat : ---  
No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 0174735276  
Emel : ---

### Pengadu Menyatakan :

PADA 28/07/2023 JAM L/KURANG 0915HRS SAYA MELETAKKAN M/KAR NO PENDAFTARAN SKV3927K DI KAWASAN PETAK PARKING LOTUS BUKIT INDAH. SETERUSNYA PADA JAM L/KURANG 1020HRS SEMASA INGIN MENGGUNAKAN M/KAR SAYA DAPATI SEBUAH M/KAR NO PENDAFTARAN SDR8888K TELAH MELANGGAR M/KAR SAYA DALAM KEADAAN MENGUNDUR. KEROSAKAN PADA M/KAR SAYA IALAH BUMPER DEPAN, BONET DEPAN, RADIATOR, PANEL, CRASHBAR SERTA LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R212693 | 28/07/2023 12:04:37 PM



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 28/07/2023	TIME OF ACCIDENT : 10:30am
VEHICLE NO : SKV 3927K	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Carpark of Lotus shopping Mall Bukit Indah
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMPCSNW00097932303
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : 876811892
NAME OF OWNER : Rahmatom Bin Ramli	CONTACT NO : 98512107
ADDRESS : Apt Blk 526 Hougeng Avenue 6 # 04-157, 5530526	VIDEO RECORDING : YES / NO
EMAIL ADDRESS : tomramli@yahoo.com	NRIC : _____ CONTACT NO : _____
NAME OF DRIVER : AS ABOVE / IF NO :	PASSENGER : <input type="radio"/> MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP : owner	DRIVING PASSING DATE : 15/06/2002
DATE OF BIRTH : 05 / 02 / 1976	ADDRESS :
OCCUPATION : INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES : NO, IF YES :	ROAD SURFACE : DRY / WET / OTHERS
WEATHER CONDITION : CLEAR / RAINING / OTHERS:	
VEHICLE B REG NO : SDR 8888K	VEHICLE C REG NO : _____
DRIVER NAME : GN Chiang Huet	DRIVER NAME : _____
NRIC : S1442943C	NRIC : _____
CONTACT : 91478618	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:



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

R SN

BR0138A

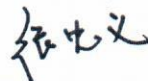
Cov. Type:C

CERTIFICATE No.	DMPCSNW00097932303	Engine No.: 27191031345787
		Cha. No.: WDD2040452A571622
1. Index Mark and Registration Number of Vehicle	SKV3927K	AUTOSAFE =====
2. Name of Policy Holder	RAHMATOM BIN RAMLI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/07/2023 (00:00:00)	Named Drivers Ex Sect. I \$500.00 Additional Ex Other than Named Drivers: 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
4. Date of Expiry of Insurance	22/07/2024	
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.: EFIZZIG CREDIT PTE LTD AS HP OWNER		
* 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: IVAN INSURANCE BROKERS PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com