

NATIONAL Assessment Centre Services (wef 1 Jan 2000)

Date In: 18/06/2018 13:51	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ18010944/k4	SAS e-Milling		
Veh No: SGX7513G	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 14/06/2018 21:25	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Yeh No: SLL810Z 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%; P: 80-100%)

Year of Registration: (

Warranty: YES() / NO()

Excess: (\$

Loading: \$1,000() / \$2,000()

General Remarks:

() Walk-In Customer: Customers 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: 678816616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time	Actions

NA1803833

Human's Particulars:	Invoice Preparation Credits	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Director's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	Foreclaiming against INC Only (wef 10 Jan 2000)		
	6) TR: Re-inspection	\$75	
	7) NI: Idav DA + SMRT Survey	\$160	
	8) NTUC Additional Serv(cons)		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DY / Collect Excess Coordination	\$5	
	13) TE (NI): TP (NI) INC against INC	\$20	
	14) NI: Idav Mobile	\$10	
	Invoiced 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 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 ability.
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 Report	18/06/2018 13:51
Date Of Accident	14/06/2018 21:25
Exact Location Of Accident	BRADDELL RD TWDS CTE AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7513G
Insured/Policyholder	
Name Of Registered Owner	MDM NOR SYABARIYAH BTE SAIRI
NRIC No	S7810077Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91874892
Alternative Phone No	OTHERS-91874892

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3061001700
Cover Note Number	

Driver

Name of Driver	SUHAIMIY B ABDUL JALIL A M D
NRIC No	S1805355A
Date Of Birth	04/03/1967
Occupation	INDOOR
Date Of Driving Pass	27/06/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91874892
Fax Number	
Contact Number	OTHERS-91874892
EMail Address	NOEMAIL

Address	BLK 712 TAMPINES STREET 71 #03-156
Postcode	520712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180616/2029

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL810Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOUIS
NRIC/Passport Number	
Contact Number	93877087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUHAIMIY B ABDUL JALIL A M D
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGX7513G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder, fill in)

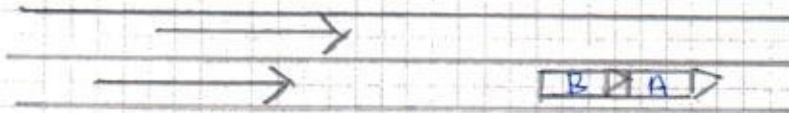
Reporting Centre Personnel's Signature

18/6/2018

SKETCH PLAN

A SGX 7513G

B SLL 810Z



Braddell Rd
towards CTE Amk

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per Police report.

T/20180616/2029

DECLARATION

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

Date & Time:

X [Signature]

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Officer / Driver's Signature

Name:

NRIC/FIN No.:

18/6/2018



SINGAPORE POLICE FORCE



T/20180616/2029

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20180616/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2018 10:32		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: SUHAIMIY B ABDUL JALIL A M D			Address: APT BLK 712 TAMPINES STREET 71 #03-156 SINGAPORE 520712		
ID Type / ID No.: NRIC NO / S1805355A			Contact No.: Home/Office: Mobile: 91874892		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 04/03/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2018 21:25	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD TOWARDS CTE, AMK.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7513G	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	0
SLL810Z	Car	SUBARU	OUTBACK 2.5I-S CVT AWD SR	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180616/2029

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180616/

CONTINUATION OF REPORT

Brief Details.

On the 14th of June 2018 at about 2125hrs, I was travelling (SGX7513G) on the first lane along Braddell Road, towards Central Expressway, Ang Mo Kio. The traffic was moving slowly and my car was stationary, behind another vehicle. When I was about to move off, the car (SLL810Z) behind me hit onto the rear portion of my car.

Due to the accident, my rear bumper had dents. The other vehicle only had dent on his front plate number.

The other driver is namely Louis (hp no: 93877087).

At that point of time, no one was injured. On the 15th of June 2018, I started to feel pain on my neck, down to my lower back. I went to see the doctor and obtained 3 days MC from 15th to 17th of June 2018.



SINGAPORE
POLICE FORCE



T/20180616/2029

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3

Report No. T/20180616/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 NURHIDAYAH BINTE IADIL

M/SGT SYAFI...

T/140510

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

16/06/2018 10:32

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168


SIGNATURE


VEHICLE NO:	SGX 7513 G.		MAKE & MODEL:	Toyota Wish	
DATE OF ACCIDENT	14 / 06 / 2018.				
TIME OF ACCIDENT	21.25 AM (PM)				
LOCATION OF ACCIDENT	Braddell Rd towards CTE Auk.				
Exact Purpose use during accident					
NAME OF OWNER	NOR SYABARNAH BTE SAIRI				
TELP NO	91874892				
NRIC	S78100772				
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only				
PRIVATE HIRE	YES / <u>NO</u> ?				
INSURANCE CO.	CHINA TAIPING.				
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO.	DMPCSN3061001700				
NAME OF DRIVER	As above / If No? <u>SUHAIMIY B ABDUL JALIL AMU</u>				
NRIC	S1805355A Any passengers: <u>No</u>				
DATE OF BIRTH	04 / 03 / 1967				
OCCUPATION	Outdoor / <u>Indoor</u>				
DATE OF DRIVING PASS	27 / 06 / 1996				
GENDER	<u>Male</u> / Female				
CONTACT NO.	91874892 Office: Home:				
ADDRESS	281K 712 Tampines St 71 #03-156 (520712)				
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:				
RELATIONSHIP	<u>Employee</u> / If No: <u>Husband</u>				
WEATHER CONDITION	<u>Clear</u> / Raining / Other:				
ROAD SURFACE	<u>Dry</u> / Wet / Other:				
ANY INJURIES	No If yes: Who? <u>SUHAIMIY B ABDUL JALIL AMU</u>				
CONTACT NO.	91874892				
POLICE REPORT	No If yes: Where? <u>Tampines N P C</u>				
VEHICLE B NO.	SLL 810Z Any Passenger: <u>No</u>				
NAME	Louis				
CONTACT NO.	93877087				
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
PARTICULAR WORKSHOP	Sme Motor Pte Ltd				
TELEPHONE	1 Kaki Bukit ave 6 #02-15				
FAX NO.	Singapore 417883				
	Tel: 67476106 (6 lines)				

6 speed Autowork PLC

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1805355A




SUHAIMIY B ABDUL JALIL
A M D


Race
MALAY
Date of Birth
04-03-1967
Country of Birth
SINGAPORE

Sex
M


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1805355A
Name
SUHAIMIY B ABDUL JALIL
A M D

Birth Date: 04 Mar 1967
Issue Date: 04 Jun 2003



1000542949D



Driver

Driver

3281473



NRIC No: S1805355A



Blood Group: Date of issue: 23-12-2002

APT BLK 712 TAMPINES STREET 71 #03-156
SINGAPORE 520712


NRIC No: S1805355A Date: 18/06/2012 No: 7077746

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	16 May 1989
Class 2A	Motorcycles between 201 cc and 400 cc	16 May 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jun 1996

NP 428A

Licence No: S1805355A



Driver

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7810077Z



Name

NOR SYABARIYAH BTE SAIRI



Race

JAVANESE

Date of Birth

11-04-1978

Sex

F

Country of Birth

SINGAPORE

Owner

OWNER

3281475



NRIC No: S7810077Z



Expiry Group Date of issue
23-12-2002

APT BLK 712 TAMPINES STREET 71 #03-156
SINGAPORE 520712

NRIC No: S7810077Z Date: 18/06/2012 No: 7977745

Owner

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.

DMPCSN3061001700

Engine No : 1ZZ2927743

Chassis No: ZNE100370487

1. Index Mark and Registration
Number of Vehicle

SGX7513G

2. Name of Policy Holder

MDM NOR SYABARIYAH BTE SAIRI

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment

31 JULY 2017
(13:58 HOURS)

NAMED DRIVERS EX SECT. I.....S\$750.00
IN ADDITION TO NAMED DRIVERS EX:

EX SECT. I - AGE <= 25.....S\$3,000.00

EX SECT. I - AGE >= 26.....S\$500.00

* AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREEN.....S\$100.00

4. Date of Expiry of Insurance

30 JULY 2018

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 WILL BE
DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 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. : CREATIVE AUTO 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.

Countersigned By:

Authorised Officer

Authorised Signatory