

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAA119081238

Date In: 22/06/2009 11:04	Job description	Date & Time Completed	Done by
Ref No: NBA/C11190/1029/Y	SAS e-filing		
Veh No: SKH 1461Z	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 20/06/2009 22:00	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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMG 6649Z	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 : Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Action

MAA1904613

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Ref 1:	6) TR: Re-inspection	\$75
2 / 3:	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (N-in INC) against INC	\$20
	*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 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. 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	22/06/2019 11:04
Date Of Accident	20/06/2019 22:00
Exact Location Of Accident	SLIP ROAD FROM TAMPINES AVENUE 12 TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1461Z
Insured/Policyholder	
Name Of Registered Owner	YAHYA BIN MOHAMAD
NRIC No	S1499917E
Email Address	HANI.Y@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85690039
Alternative Phone No	OTHERS-85690039

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	DMPCSN3078611803
Cover Note Number	

Driver

Name of Driver	HANIFAYANA BINTE YAHYA
NRIC No	S9245674I
Date Of Birth	03/12/1992
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85690039
Fax Number	
Contact Number	OTHERS-85690039
Email Address	HANI.Y@HOTMAIL.COM

Address	BLK 519B TAMPINES CENTRAL 8
	#14-33
Postcode	522519
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190621/2122

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	SMG6649Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YORK HIANG
NRIC/Passport Number	S7602847H
Contact Number	91995778
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

HANIFAYANA BINTE YAHYA

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKH1461Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

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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 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)
Date & Time:


22/06/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

TPE TOWARDS PUNHGO



A) SKH1461Z

B) SMG 6649Z

TAMPINES AVENUE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/90621/2122

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:

22/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190621/2122

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190621/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 17:55	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: HANIFAYANA BINTE YAHYA			Address: APT BLK 519B TAMPINES CENTRAL 8 #14-33 SINGAPORE 522519		
ID Type / ID No.: NRIC NO / S9245674I			Contact No.: Home/Office: Mobile: 85690039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 03/12/1992	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: FLIGHT ATTENDANT			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 12 TOWARDS TPE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SKH1461Z	Car				Seriously Damaged	0
SMG6649Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190621/2122

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Report No. T/20190621/2122

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver				
Name	HANIFAYANA BINTE YAHYA		ID No.	S9245674I
Related Vehicle	SKH1461Z (Car)		Contact No.	85690039
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	20/06/2019		Date Discharge	20/06/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	ONG YORK HIANG		ID No.	S7602847H
Related Vehicle	NIL		Contact No.	91995778
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 20/06/2019 at about 2200hrs, I was driving my car SKH1416Z along Tampines Avenue 12 merging lane towards TPE, I stopped my car as I have to give way to the oncoming vehicles coming from the right side. Suddenly I felt a impact coming from the rear of my car. A car SMG6649Z had collided on to the rear of my car. I went down to make a check and took down the driver particulars.

I went to see a doctor as I am feeling pain on the back of my neck. I am given three days Medical Certificate by the doctor from Central 24-HR Clinic.



**SINGAPORE
POLICE FORCE**



T/20190621/2122

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20190621/2122

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 /

Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/06/2019 17:55

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9245674I



Name

HANIFAYANA BINTE YAHYA

Race

MALAY

Date of birth

03-12-1992

Country of birth

SINGAPORE

Sex

F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9245674I

Name HANIFAYANA BINTE YAHYA

Birth Date: 03 Dec 1992

Renewal Date: 15 Sep 2017



5052259

NRIC No. S9245674I



Date of issue

06-06-2012

PT BLK 516B TAMPINES CENTRAL 8 #14-33

SINGAPORE 522519

S9245674I

Date: 14/01/2015

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 15 Sep 2017

NP 428A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079900
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.chntaipeg.com
Co. Reg No. 200208384E

ORIGINAL

GST Reg.No. 20-0208384-E

TAX INVOICE
Debit Note

No..... SN/MR4949383
Transaction/Due date 23/10/2018

YAHYA BIN MOHAMAD
BLK 519B TAMPINES CENTRAL B
#14-33
SINGAPORE 522519

CCL INSURANCE AGENCY PTE LTD
BLK 906 TAMARINDS ST 93
#01-204 SINGAPORE 750930
TEL: 6342 9296 FAX: 6342 3075

Type of Policy.....	MOTOR PRIVATE CAR
Policy Number.....	DMPCSN3078611803
Period of Cover.....	from 10/11/2018 to 09/11/2019
Vehicle Registration no..	SKH1461Z
Insured's Name & Address.	YAHYA BIN MOHAMAD BLK 519B TAMPINES CENTRAL 8 #14-33 SINGAPORE 522519
Branch/Territory.....	SINGAPORE/SINGAPORE
Account/Agency.....	AN0472A/AN0472A CCL INSURANCE AGENCY PTE LTD

	SINGAPORE DOLLAR
Premium.....	S\$898.96
GST at 7.00%	S\$62.93
	<hr/>
	S\$961.89
	<hr/>
Total Due.....	S\$961.89

PAYMENT SLIP

Tax Invoice No.

Detach this portion and send together with your remittance

Contact No.

1. BY CHEQUE:

Crossed cheque made payable to "China Taiping Insurance (Singapore) Pte.Ltd."

Bank:

Cheque No:

2. BY CREDIT CARD:

VISA/MASTER

Card No: |_|_|_|_|_|-|_|_|_|_|_|-|_|_|_|_|_|-|_|_|_|_|_|

Expiry Date: |__|__|/|__|__| mm/yy

Card Holder's Name:

Card Holder's Signature:

Policy Holder's Signature: _____
(if different from cardholder)

* Any Refund Premium pertaining to the above policy shall be refunded to you. YOU CAN ALSO PAY YOUR PREMIUM AT ANY AXS STATIONS. PLEASE WRITE TAX INVOICE NO. ON THE BACK OF THE CHEQUE. IF PAYMENT HAS ALREADY BEEN MADE, PLEASE IGNORE THIS TAX INVOICE.

Hotline: 96214 666

24 Hours / 7 Days