NATIONAL Assessment Co	entre Services	wel 1 Jan'05 ML	A119085 130			
Date In: 1/3/19-14:34	Jeb description		Date &Time Comp	pleted	Done	by
Ref No: NA (7) 1901177 14	SAS e-filing					
Vch No: 174 36832	E-mail (within	Shrs, AIC 2hrs)	i i	1		
D.O.A: 24 6 4-10: (7	i-Motor Clai					
2	i-Motor W/C	(Within: OD 2hrs	, TP 4hrs)			
OD (P) Reporting Only	i-Photo Uplo	aded				
TP Insurer:	Assessment/St	irvey Report				
17 msurer,	Ass't Report b	y Fax / Hand t	Owner/Wksp	10.0		
Preferred Wksp / INC Assign Wksp / QW	/: (		Tel:	Fax:		-
TP Particulars: Veh No:	SICIGOTZO.	INC(	)/Non-INC(	)		
Owner / Driver: (			Tel:		)	
Policy No: ( )	Period: (	)	Cover Type: (		)	-
Confirmed by: (		Date:	Time:		)	
Insured/Driver Liability: (	%) [Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. I	P: 80-1009	6]	0,
Year of Registration: (	) Warranty: YES (	N. American	)			
Excess: (\$ ) Loading:	: \$1,000 ( )/\$2,000	( )				
General Remarks.		MARRIAN CANADA		\$155 (1754)		
( ) Walk-In Customer: Customer's	e information strictly Co.	effective seasons	Gent STEARCE CONTROL	A CANALAN	Y protection is	1000
, , , and an exercise to dotto more	3 mornation strictly Col	indential & Str	ictly NO rater of rep	pairer.		
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( ) Total Loss Case : to e-mail In						
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( ) Total Loss Case : to e-mail In  Drive-In ( )/ Towed-In ( ); In  Remarks: (INC hotline: 6788 661	voice: YES ( ) / N	10( );To	owing Co: ( Date& Time Compl	erad de	Done	) by
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#### 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
   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	01/07/2019 12:34
Date Of Accident	29/06/2019 10:10
Exact Location Of Accident	BLK 127 PASIR RIS ST 11 CARPARK
Country/State of Loss	SINGAPORE
With the control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3685Z
Insured/Policyholder	
Name Of Registered Owner	MISS MURNI BINTE SALLEH
NRIC No	S8226894D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90061381
Alternative Phone No	OFFICE-90061381
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	DMPCSN3047501800
Cover Note Number	
Driver	
Name of Driver	

Name of Driver	SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL
NRIC No	S8601278B
Date Of Birth	09/01/1986
Occupation	INDOOR
Date Of Driving Pass	16/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590659

Fax Number

Contact Number OFFICE-98590659

EMail Address NOEMAIL Address BLK 127 PASIR RIS STREET 11

#05-385

Postcode 510127

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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 SKL9053U

Vehicle Make/Model/Colour

HONDA CIVIC

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver WILFRED TAY

NRIC/Passport Number

Contact Number

97423911

Address

Postcode

Insurance Company Name

Nature Of Damage

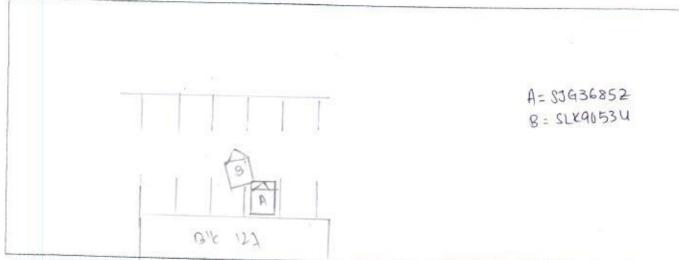
No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the police for investigation.
- 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. 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.

SKETCH PLAN



Men I went to collect my vehicle, I noticed my vehicle was damaged and a note was left on my front windscreen by Mr. wilfred Tay (Driver of vehicle SXL 9053U). Stated that he has collided on my vehicle when he reversed into the arpark lot.	0	n 29	P 300	, I Po	robed my	vehicle	at 8	3K 127	Pasir R	Lis St	11 Car	park.	Mary	
nd a nute was left on my front windscreen by Mr. Wilfred Tay (Driver of vehicle IXL 9053U) Stated that he has collided on my vehicle when he reversed into the	/	Men	1 w	ent ti	collec	t my	velicle	,1	nuticed	my ve	hicle	was da	maged	
IXL 90530) stated that he has collided on my vehicle when he reversed into the	nd a	nute	WAS	left.	on my	front	winds	creen by	Mr. V	vilfred T	ay (D	river of	vehicle	
	KL901	53u)	Stated	that	he	has 1	ollided	on m	y vehic	cle wh	in he	reversed	into	the
												3000		

DECLARATION

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

Policyholder's signature Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

Witnessed by reporti ng centre personnel

Date / time:

The deeple properties runt de rall me of 97423911 and 1111 med who was at new block. I lead what ender tourding and do pavdon me stated to a state to answer your first call. I a conduction a wedding ceremony and will coturn your call when the ceremony is over. Thomas for your portugue! MIL

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

Frank: freesimantudire @ gmail.com Franc. 67023577

Date and time of accident	THE PROPERTY OF THE PROPERTY O
Exact location of accident	BIK 127 Pasir Ris Street 11 carpark PR2

## Details of vehicle

Vehicle registration number	276	136857	
Vehicle make and model		4	awav .
Type of vehicle	Saloon D	MPV E	CRV D Van D
Vehicle category	Private	-	motorcycle D Others:
Purpose of using at said time	11101070	COTTI	nercial   Motorcycle
Are you claiming under your own insurance company?	Yes 🗆 Third part o	No.d	if no, please select; Reporting only □

# Insurance information

Insurance company	China Taiping Insurance (Singapore) He Ltd.
Policy number	DMP(SN 3047501800) HE Ltd.
Type of policy	Compressive Z Third party fire & theft D TP only D

# Insured / Policy holder

Murni ainto Callal		
	Male 🗆	Female
1 100		
	# 05-305 Canada en	510127
	Murri Binte Salleh S8226894D 9006 1381 Apt BK DJ Pasir Ris Street 1	S8226894D

#### Driver

# Same as insured above □ (skip to D.O.B)

Name	Shaik Mhammad Hisyam Male of Female 7
NRIC / Fin / Passport number	Ivide V Female
Contact	\$86019788
Address	98590659 Apt Blk 127 Pasit Ris Street 11 #05-385 Singapore 510127
Date of birth	09 Jan 1986
Occupation	Indoor/ Outdoor D
Driving date pass	16 04 2015

# General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No d tionship of the	driver and insur	ed: Husband - witz
Weather condition	Clear	Raining O	Others:	33.
Road surface	Dryg	Weto	0.110.13.	

## Other information

Was anybody injured?	Yes	No D'	
Was other vehicle damaged?	Yesz	No 🗆	

## Details of police action

Reported to police?	Yes 🗆	No D	If yes, please state which police station.
Police station name			7 27 presse state which police station.

## Third party vehicle 1

Name	Wifred Tan	
Contact number	97423911	
NRIC / Fin / Passport number	17.00111	
Vehicle registration number	SKL 9053U	
Vehicle make model	Hunda Civic.	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Witness 1

Total Control of the	
Name	
I SUPPLIE	
The state of the s	

# Witness 2

Name	
TAGILLE	

# Injured person 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	

# Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to hospital by ambulance?	Yes	No o	

# Injured person 3

Name		AND FRANCISCO FOR A 1410-10 Control of Contr
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No	

## Injured person 4

Name	NIL	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes a No a	A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT AS A SECTION ASSESSMENT AS A SECTION



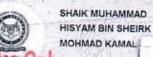
SHAIK MUHAMMAD HISYAM BIN SHEIRK MOHMAD KAMAL

Birth Date: 09 Jan 1986 Issue Date: 16 Oct 2015

For LKK/N



# SINGAPORE ARMED FORCES IDENTITY CARD



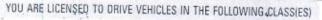
NRIC No

S8601278B





and is the property of the Sargapore Armyd Forces. Any person final use card is requested to tone
if without delay to Cartral Manpower Base or any Indice Station.



EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

26 Mar 2005 16 Oct 2015

For LKK/MA

\$6601278B/ PINK

ARAB

Oate Of Seth 09/01/1986 Blocd throup A (+)

SINGAPORE Military Rank Star WOSE

00000050000045

ADDRESS: APT BLK 127 PASIR RIS STREET 11 #05-385

SINGAPORE 510127 DATE: 25.02.2013

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8226894D





MURNI BINTE SALLEH

r LKK/NAC Use Only

03-09-1982 F

22599

SINGAPORE



Mor KK/NAC Use Only

18-02-2013

APT BLK 127 PASIR RIS STREET 11 #05-385 SINGAPORE 510127

NRIC No: S8226894D

Date: 26/02/2013 No: 7233109



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

MX1F N SN AN0613A COMPREHENSIVE AUTOSAFE

### 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.

DMPCSN3047501800

Engine No : 4A910082836

Chassis No: JMYSRCY2A8U006975

1. Index Mark and Registration Number of Vehicle

SJG36852

2. Name of Policy Holder

MISS MURNI BINTE SALLEH

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

14 JULY 2018 (11:30 HOURS) NAMED DRIVERS EX SECT. I.........\$\$500.00 IN ADDITION TO NAMED DRIVERS EX:

13 JULY 2019

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

4. Date of Expiry of Insurance

AGE AS AT DATE OF ACCIDENT

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 \$\$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. : KENSO LEASING PTE LTD AS HP OWNER

\* Limitations rendered in and Section 95 of the Ru

the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Malaysia), are not to be included under these headings.

I/We hereby Certify that (Third-Party Risks and Compensa

'ertificate relates is issued in accordance with the provisions of the Motor Vehicles d 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