

NATIONAL Assessment Centre Services

[Part 1 Jan 2003]

MNA 120039364

Date In	2/4/20 15:47	Job description	Date & Time Completed	Done by
Ref No	MA1 CTZ 20004830/164	SAS e-filing		
Veh No	SJ2 3455X	E-mail (within 3hrs, AIC 2hrs)		
IP No	8112119 12:30	I-Motor Claim Form		
IP - TP Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
IP Particulars:	Veh No: Unknown	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 repairer.

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

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

Remarks:	(INC (online: 67884616))	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

MA2002435	Invoice/Repairation Checklist	Amount (\$)	Ass't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
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 (Bngr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (Sua 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 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	02/04/2020 15:47
Date Of Accident	08/12/2019 12:30
Exact Location Of Accident	TPE EXIT 2 (LOYANG AVE AND PASIR RIS TOWN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3455X
Insured/Policyholder	
Name Of Registered Owner	MR EFFENDI BIN SALAMOON
NRIC No	SXXXX069J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97450490
Alternative Phone No	OFFICE-97450490

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45-2.0 ABS (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	REPORTING ONLY
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	DMPCSN1625701903
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZAIM BIN EFFENDI
NRIC No	SXXXX256H
Date Of Birth	04/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91465054
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 222 HOUGANG ST 21 #06-112
Postcode	530222
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20191209/7060. REMARK: VEH HAVE BEEN SCRAP.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

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

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 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:

2/4



Driver's Signature

(If driver is not the policyholder)

Date & Time:

02/04/20



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loyang Ave

TPE

A = SJZ 3455X

B = Unknown.

Refer to Police Report F/2019/209/7060

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

Policyholder's Signature

GIARMC SketchPlanForm_V3

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

Date & Time:
02/04/20

Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No.: _____



SINGAPORE POLICE FORCE



F/20191209/7060

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POLICE REPORT (NP299)

Report No. F/20191209/7060

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 09/12/2019 22:18	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ZAIM BIN EFFENDI	Address APT BLK 222 HOUGANG STREET 21 #06-112 SINGAPORE 530222	
ID Type / ID No. NRIC NO / S9332256H	Contact No. Home/Office: Mobile: 91465054	
Nationality SINGAPORE CITIZEN	Email Address zaimfeffendi93@gmail.com	
Occupation Chemical engineering technician (petrochemicals)	Sex Male	Age 26
Institution/School Name	Date of Birth 04/09/1993	Race Javanese
Date/Time Of Incident 08/12/2019 12:30 - 08/12/2019 12:45	Location Of Incident APT BLK 222 HOUGANG STREET 21 #06-112 SINGAPORE 530222	

Brief details.

I would like to report an accident that I was involved in, occurred on 8th December 2019 around 12.30pm to 12.45pm. I was driving my father's silver Hyundai i45, SJZ3455X, alone on TPE to fetch my family.

The accident occurred on TPE Exit 2 (Loyang AVE and Pasir Ris Town) at the filter lane entering the main road. In the filter lane, on the stop line, there was a white Audi vehicle in front trying to enter the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2019 22:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20191209/7060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191209/7060

main road and was waiting for the traffic to clear on the main road.

When the Audi car moved towards the main road, exiting the stop line, I proceeded to check my blind spot on my right side to see incoming traffic. At the point when traffic was observed to be cleared, I slowly edged the car out towards the main road while observing the incoming traffic. Suddenly, I felt the car jerked and a strange sound was heard. It was at this abrupt moment that I assumed the vehicle had hit the back of the Audi car in-front of me.

Out of shock, I stopped the car and was preparing myself mentally to step out of the car to check out the scene. However, the Audi car was seen to move away from the scene, towards the outer right lane of the main road towards Old Tampines Road. The driver of the Audi car did not stop to check and proceeded with his/her journey.

Simultaneously, there were more vehicles piling up behind me which caused a road blockage, I acted upon the pressure to move the car. I drove the car along the route in which the Audi car was seen to take. I drove until my last recalled sight of the Audi car. Throughout my journey, I was unable to locate the Audi car.

Since the car could not be located and after driving a far distance, I changed my route to 'Compass Green' at Tanah Merah Besar Road to meet my family. Upon reaching my destination, I inspected the vehicle and found the car to attain minor damages on the front side.

Due to the sudden event and in light of being shocked, I am unable to recall the license plate of the audi

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

09/12/2019 22:18

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20191209/7060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191209/7060

car and did not have the chance to communicate with the driver.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2019 22:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

30 Dec 2019

Our ref 3012190501N001459680

EFFENDI BIN SALAMOON
APT BLK 222 HOUGANG STREET 21
#06-112
SINGAPORE 530222

Dear MR EFFENDI BIN SALAMOON

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJZ3455X

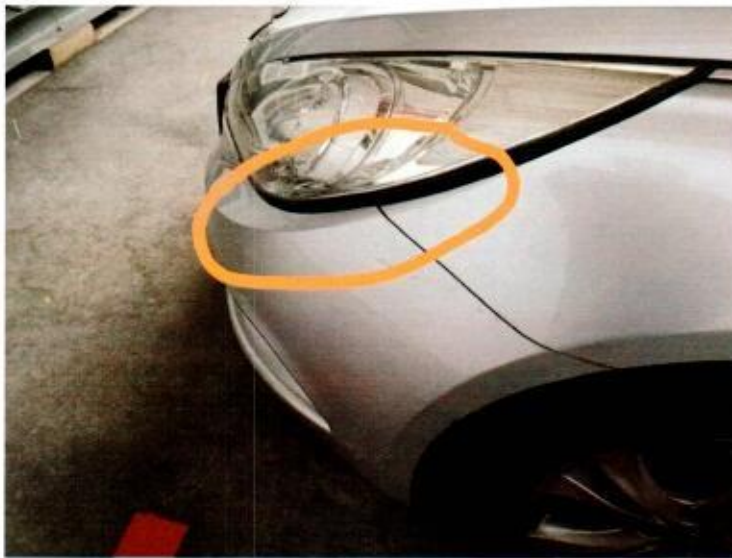
We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 30 Dec 2019. The details are as follows:

Vehicle No.	: SJZ3455X
Application Date	: 26 Dec 2019
Effective Transfer of Ownership Date	: 30 Dec 2019
Vehicle Make	: HYUNDAI
Vehicle Model	: I45 2.0 AT ABS AIRBAG 2WD 4DR
Chassis No./Trailer Chassis No.	: KMHEC41BMBA224348 / -
Engine No./Motor No.	: G4KDAA572176 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]





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.	DMPCSN1625701903	Engine No :G4KDAA572176 Chassis No:KMHEC41BMBA224348
1. Index Mark and Registration Number of Vehicle	SJZ3455X	
2. Name of Policy Holder	MR EFFENDI BIN SALAMOOON	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 MAY 2019	NAMED DRIVERS EX SECT. I .....S\$750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: 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	17 MAY 2020	
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\$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 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