

# NATIONAL Assessment Centre Services. [part 1 Jan'08] MNA 120050581

Date In: 9/16/20 16:59	Job description	Date & Time Completed	Done by
Ref No: MA1 CT2 20006396164	SAS e-filing		
Veh No: SKJ 34702	E-mail (petroleum files, AIC 2hrs)		
In Cl A: 4/16/20 19:40	I-Motor Claim Form		
TP Insurer: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: GBH 7141P	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	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

Client's Particulars: MA 2003225	Invoice/Repairation Checklist	Am't (\$)	Adj'd (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming 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 \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: 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	09/06/2020 16:59
Date Of Accident	04/06/2020 19:40
Exact Location Of Accident	PIE (CORPORATION RD EXIT)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3470Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL SALAM HAJA NAJIMUDEEN
NRIC No	SXXXX399C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90379747
Alternative Phone No	OFFICE-90379747

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 8
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000651900
Cover Note Number	

#### Driver

Name of Driver	ABDUL SALAM HAJA NAJIMUDEEN
NRIC No	SXXXX399C
Date Of Birth	30/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90379747
Fax Number	
Contact Number	OFFICE-90379747
E-Mail Address	NOEMAIL

Address	BLK 113 LORONG 3 GEYLANG #11-77
Postcode	381113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

#### 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

REFER TO POLICE REPORT T/20200609/2044

#### 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	GBH7141P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KRISHNAN JAGANKUMAR
NRIC/Passport Number	GXXXX679X
Contact Number	81097444
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ABDUL SALAM HAJA NAJIMUDEEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ3470Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



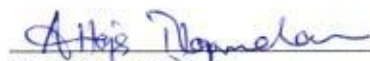
## SKETCH PLAN

### 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Corporation Rd

PIE

A = SKJ 3470 Z  
B = GCH 7141 P

B = GBH 7141P

PIE

Refer to Police Report T/ 20200609/2044

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:

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





**SINGAPORE  
POLICE FORCE**



T/20200609/2044

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

1 of 3

Report No. T/20200609/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
09/06/2020 16:17

Vide Report No.:

Station Diary No.:  
21

**Informant's Particulars**

Name of Informant: ABDUL SALAM HAJA NAJIMUDEEN		Address: APT BLK 113 LORONG 3 GEYLANG #11-77 SINGAPORE 381113	
ID Type / ID No.: NRIC NO / S7277399C		Contact No.: Home/Office: Mobile: 90379747	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 30/06/1972	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: FOOD DELIVERY		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2020 19:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY exit to corporation road				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBH7141P	Lorry				Slightly Damaged	0
SKJ3470Z	Car	MAZDA	MAZDA8 2.3L AT ABS D/AB 2WD 5DR GAS/O	Brown	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effect	Exp	Date
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**SINGAPORE  
POLICE FORCE**



T/20200609/2044

2 of 3

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

Report No: T/20200609/2044

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKJ3470Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00000651900	26/12/2019	25/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KRISHNAN JAGANKUMAR		ID No.	G2547678X
Related Vehicle	GBH7141P (Lorry)		Contact No.	81097444
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
Driver				
Name	ABDUL SALAM HAJA NAJIMUDEEN		ID No.	S7277399C
Related Vehicle	SKJ3470Z (Car)		Contact No.	90379747
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On 04/06/2020 at about 7.30pm, I was driving my vehicle bearing registration number SKJ3470Z along PIE toward Corporation road. I was on the most left lane waiting to turn in to Corporation Road suddenly I felt an impact at the rear of my vehicle. I went out of my vehicle to make a check and saw the lorry bearing registration number GBH7141P had collided at the rear of my vehicle. No traffic police or ambulance needed. We then exchange particular and left. After that accident, I felt that my neck area was pain. On 09/06/2020, I went to Bok Family Clinic Pte Ltd and was given 3 days Medical Certificate.





SINGAPORE  
POLICE FORCE



T/20200609/2044

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

3 of 3

Report No: T/20200609/2044

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 /  
Sr Staff Sgt TIONG YEE SENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No: 65476219

Authentication Stamp:  
NP156

Signature Of Informant:

Date/Time:  
09/06/2020 16:17

Classification Of Case:

Motor Hire Car

MZ406L/B

E SN

AN0621A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00000651900

Engine No.: L310546972

Cha. No.: JM6LY1033D0300426

 1. Index Mark and Registration  
 Number of Vehicle

SKJ3470Z

AUTOSAFE

=====

2. Name of Policy Holder

ABDUL SALAM HAJA NAJIMUDEEN

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

 26/12/2019  
 (15:23HRS)

Excess Sect. I .	SS\$1,250.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,500.00
Excess Sect. II (Outside Singapore).	SS\$3,000.00
EX ON WINDSCREEN .	SS\$100.00

4. Date of Expiry of Insurance

25/12/2020

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

 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.

ABDUL SALAM HAJA NAJIMUDEEN

ANY AUTHORISED DRIVER

6. Limitations as to use:\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : CREATIVE AUTO AS HP OWNER

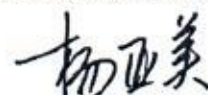
 \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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.

 Issued By: \_\_\_\_\_  
 Lim Lee Choo  
 Authorised Officer



Authorised Signatory



# ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 06 / 2020 (DD/MM/YYYY), TIME: 19 : 40 (HH:MM)

LOCATION: P.I.E (CORPORATION ROAD EXIT)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 3470Z  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: ABDUL SALAM HAJA NAJIMUDEEN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7277397C CONTACT: 90379747  
c) ADDRESS: BLK 113, LOR 3, GEYLANG, #11-77  
S (38 1113)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 30 / 06 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Raining)  
b) ROAD SURFACE: (DRY / WET / OTHERS wet)

6. WAS ANYBODY INJURED (YES / ~~NO~~)

7. a) REPORTED TO POLICE (YES / ~~NO~~)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 7141P MODEL: TOTOTA VAN  
b) DRIVER'S NAME: KRISHNAN JAGANKUMAR  
c) NRIC/FIN/PASSPORT: G 2547679X CONTACT: 81097444

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* police report

email = Singaporehaja@yahoo.com

fax =

video = NO