

NATIONAL Assessment Centre Services. (part 1 Jan 09) MNA 120067719

Date In: 11/8/20 15:52	Job description	Date & Time Completed	Done by
Ref No: NAI C72 20008266/h4	SAS e-filing		
Veh No: SME 1327X	E-mail (within 2hrs, A/C 2hrs)		
TPA: 10/8/20 10:55	I-Motor Claim Form		
OD - TP 2 Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	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:	Veh No: SKR 9136H	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolier.

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

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

Remarks: (INC 2000067719610)	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	Location	Notes

NA2004106		Invoice/Transaction Check/Details	Amount (\$)	Refund (\$)
Claimant's Particulars:		1) AIR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damaged Portion:		4) PT: Follow-Through Survey	\$120	
QC Checked by (Bugs-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30	
Assessor's Comments:		For claimant assist INC Only (w/c 10 Jan 2020)		
		6) TR: Re-inspection	\$75	
		7) NI: Idas DA + EMRT Survey	\$160	
		8) NFUC Additional Services:		
		OD:		
		• NS: Courtesy Car / Tpt Allowance	\$5	
		• NG: Repair Coordination	\$10	
		• NT: Post Repair Inspection	\$25	
		• NN: DV / Collect Excess Coordination	\$5	
		TP (N11): TP (Non INC) against INC	\$20	
		9) N12: Idas 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	11/08/2020 15:52
Date Of Accident	10/08/2020 10:55
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1327X
Insured/Policyholder	
Name Of Registered Owner	SYED ABDULLAH ALHADAD
NRIC No	SXXXX573J
Email Address	SYED.ABDULLAH.ALHADAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85333966
Alternative Phone No	OFFICE-85333966

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSN18300719011
Cover Note Number	

Driver

Name of Driver	SYED ABDULLAH ALHADAD
NRIC No	SXXXX573J
Date Of Birth	25/01/1982
Occupation	INDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85333966
Fax Number	
Contact Number	OFFICE-85333966
EMail Address	SYED.ABDULLAH.ALHADAD@GMAIL.COM

Address	BLK 321 TAMPINES ST 33 #02-122
Postcode	520321
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	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?	YES
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)	7
Passenger 1	NAME: : MUHAMMAD ABDULLAH ALHADAD GENDER: : MALE
Passenger 2	NAME: : SULASTRI BINTE MOHD ALWI GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 6	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200810/7010

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	SKR9136H
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)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ABDULLAH ALHADAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME1327X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SULASTRI BINTE MOHD ALWI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME1327X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.:

PIE tracks Juring

A = SME 1327X
B = SKR 9136H

Refer to Police Report T/20200810/7010

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/20200810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20200810/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2020 18:38		Vide Report No.: G/20200810/0127		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYED ABDULLAH ALHADAD			Address: 321 TAMPINES STREET 33 #02-122 SINGAPORE 520321		
ID Type / ID No.: NRIC NO / S8200573J			Contact No.: Home/Office: Mobile: 85333966		
Nationality: SINGAPORE CITIZEN			Email: syed.abdullah.alhadad@gmail.com		
Sex: Male	Age: 38	Date of Birth: 25/01/1982	Type of Informant: Driver		
Race: Arab			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2020 10:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR9136H	Car	MAZDA	MAZDA 3	White		0
SME1327X	Car	TOYOTA	WISH 1.8 A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200810/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME1327X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18300719 011	24/09/2019	07/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	YEOH NAN HUEI		ID No.	S8084572C
Related Vehicle	SKR9136H (Car)		Contact No.	96808968
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	MUHAMMAD ABDULLAH ALHADAD		ID No.	T1833166C
Related Vehicle	SME1327X (Car)		Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/08/2020		Date	10/08/2020
No. of Days granted Medical Leave		NIL	Degree of	Slight
Passenger				
Name	SULASTRI BINTE MOHD ALWI		ID No.	S8204906A
Related Vehicle	SME1327X (Car)		Contact No.	91280655
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/08/2020		Date	10/08/2020
No. of Days granted Medical Leave		NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20200810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200810/7010

CONTINUATION OF REPORT

Driver			
Name	SYED ABDULLAH ALHADAD	ID No.	S8200573J
Related Vehicle	SME1327X (Car)	Contact No.	85333966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

WHILE TRAVELLING ALONG PIE TOWARDS JURONG, BETWEEN BEDOK NORTH EXIT AND JALAN EUNOS EXIT, LANE 1 WAS CLOSED FOR TREE PRUNING.

I WAS TRAVELLING ALONG LANE 2, WHEN THE TREE-PRUNING CRANE BOOM FROM A LORRY PARKED IN LANE 1 SWUNG OUT ABOVE LANE 2. THIS MOTION CAUGHT MY ATTENTION AND I SLOWED DOWN TO LOOK UPWARDS TO THE CRANE BOOM AND TO BE WARY OF ANY FALLING OBJECTS FROM ABOVE.

AS I LOOKED BACK TO THE ROAD, I SAW THAT THE CAR IN FRONT HAD BRAKED HARD, SO I ALSO BRAKED BUT COULD NOT STOP IN TIME.

MY CAR (SME1327X) HIT THE CAR IN FRONT OF ME (SKR9136H, DRIVER: YEOH NAN HUEI, S8084572C, 96808968).

I DO NOT KNOW THE REASON WHY THE CAR IN FRONT HAD BRAKED SO SUDDENLY, AS TRAFFIC WAS SMOOTH IN THE LANES 2 AND 3.

MY WIFE AND SON WHO WERE IN THE MIDDLE ROW HAD SOME BRUISING ON THE HEAD, SO I CALLED 995 FOR ASSISTANCE. THEY WERE CONVEYED TO CGH AND GIVEN OUTPATIENT TREATMENT, NO MEDICAL CERTIFICATE.



**SINGAPORE
POLICE FORCE**



T/20200810/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200810/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

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

Date/Time:
10/08/2020 18:38

Classification Of Case:



中国太平
CHINA TAIPING

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

Motor Private Car

MX1WF

E SN

AN0014A

Cov. Type:C

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.	DMPCSN18300719011	Engine No.: 1Z22470230	
		Chs. No.: ZNE100286238	
1. Index Mark and Registration Number of Vehicle	SME1327X	AUTOSAFE	
2. Name of Policy Holder	SYED ABDULLAH ALHADAD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/09/2019	Named Drivers Ex Sect. I	\$5750.00
		Additional Ex Other than Named Drivers:	
4. Date of Expiry of Insurance	07/02/2021	Ex Sect. I - Age <= 25	\$3,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
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 \$55,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$5500 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.: MAYBANK 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

Ho Li Hwa Irene

Issued By: Ho Li Hwa Irene
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 8 / 20) (DD/MM/YYYY), TIME: (10 : 55) (HH:MM)

LOCATION: PIE + was Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 1327 X
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Wsb
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Syed Abdullah Alhaddad (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85333966
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKR 9136H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Veh coming later.

Email =

Fax =

VIDEO = No.