

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 120098861

Date In: 9/11/20 14:27	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 20012244/h4	SAS e-filing		
Veh No: SLT 5711B	E-mail (within 2hrs, AIC 2hrs)		
IP: 8/11/20 01:30	I-Motor Claim Form		
IP: (IP) 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/Wksp		

Professed Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SGY 1087D.	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/Non-INC: 6789/0016)	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

NA2005919

Claimants Particulars:	Invoice Declaration Checklist	Am (S) R; Add (S) Add (B)
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	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (wef 19 Jan 2005)	
	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 (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged
Auditors Comments:		

## 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	09/11/2020 14:27
Date Of Accident	08/11/2020 01:30
Exact Location Of Accident	ALJUNIED RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5711B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORISHAM BIN HARON
NRIC No	SXXXX159B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90672747
Alternative Phone No	OFFICE-90672747

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSNW00003761900
Cover Note Number	

### Driver

Name of Driver	NORISHAM BIN HARON
NRIC No	SXXXX159B
Date Of Birth	12/03/1973
Occupation	INDOOR
Date Of Driving Pass	05/06/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90672747
Fax Number	
Contact Number	OFFICE-90672747
Email Address	NOEMAIL

Address	BLK 715 TAMPINES ST 71 #03-182
Postcode	520715
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : NAFIELAH BINTE HANAFI
	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 PLICE REPORT T/20201108/7003

#### 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	SGY1087D
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 NORISHAM BIN HARON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT5711B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name NAFIELAH BINTE HANAFI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT5711B

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)**

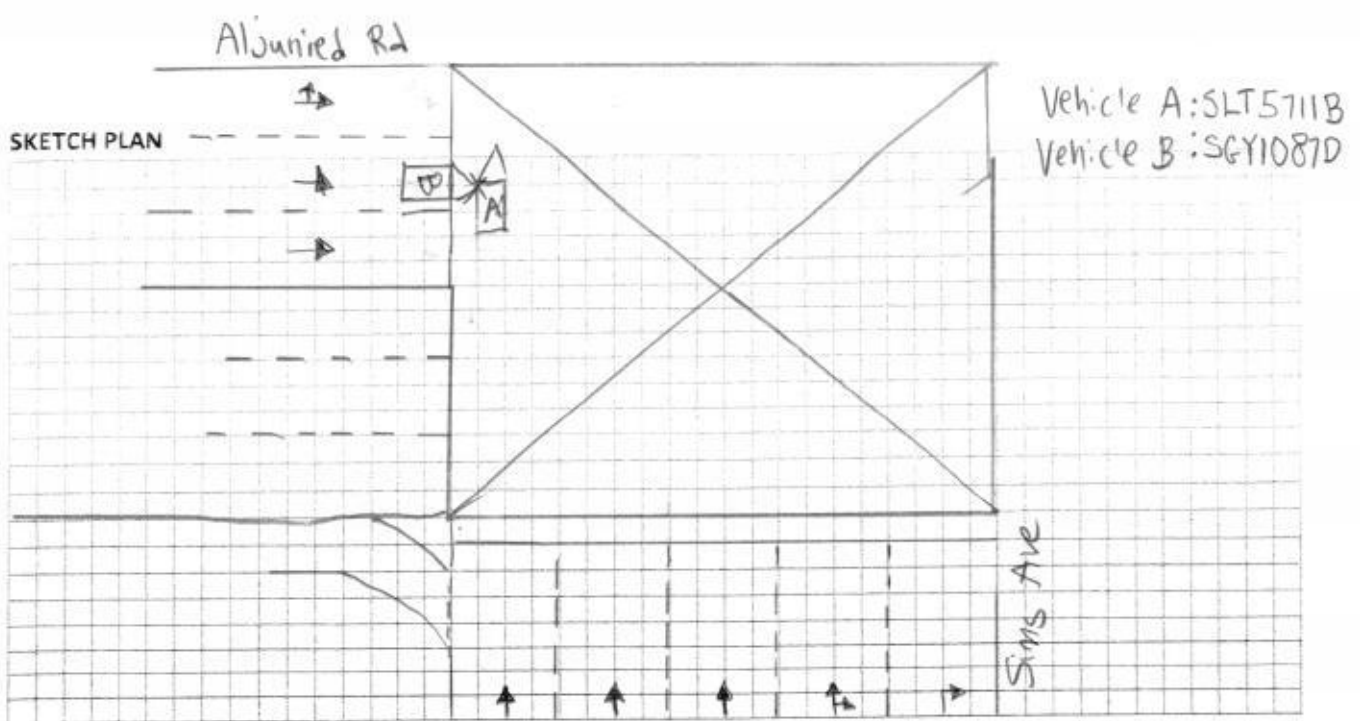
I understand, acknowledge, agree and consent that:

- (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.:



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

— Refer to police report —

**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:

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





# SINGAPORE POLICE FORCE



T/20201108/7003

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

1 of 4

Report No. T/20201108/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2020 04:53		Vide Report No.: G/20201108/0056		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NORISHAM BIN HARON			Address: 715 TAMPINES STREET 71 #03-182 SINGAPORE 520715		
ID Type / ID No.: NRIC NO / S7349159B			Contact No.: Home/Office: Mobile: 90672747		
Nationality: SINGAPORE CITIZEN			Email: eszk28@hotmail.com		
Sex: Male	Age: 47	Date of Birth: 12/03/1973	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Management executive		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: 08/11/2020 01:30	Type of Location: X-Junction
Location:  ALJUNIED ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGY1087D	Car	MAZDA		Red	Seriously Damaged	0
SLT5711B	Car	HONDA	AIRWAVE+1 .5M+A	Black	Seriously Damaged	1



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

Report No. T/20201108/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT5711B	EQ INSURANCE COMPANY LTD.	DMPCSNW000037 61900	01/01/2020	31/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NAFIELAH BINTE HANAFI		ID No.	S8501181B
Related Vehicle	SLT5711B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/11/2020		Date	08/11/2020
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	NORISHAM BIN HARON		ID No.	S7349159B
Related Vehicle	SLT5711B (Car)		Contact No.	90672747
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/11/2020		Date	08/11/2020
No. of Days granted Medical Leave		03	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE A BEARING (SLT5711B) WAS TRAVELING STRAIGHT ALONG SIMS AVE X ALJUNIED RD JUNCTION WITH THE TRAFFIC LIGHT AT MY FAVOUR. SUDDENLY, I FELT A STRONG IMPACT FROM MY LEFT PASSENGER SIDE OF MY VEHICLE. I THEN ALIGHTED FROM MY VEHICLE AND REALIZED VEHICLE B BEARING (SGY1087D) HIT ONTO ME. AFTER THAT HE ADMITTED THAT IT'S HIS FAULT FOR BEATING THE RED LIGHT AND HIT ONTO ME. WE THEN EXCHANGED PARTICULAR AND THE TRAFFIC POLICE CAME. THE CASE NUMBER IS G/20201108/0056

AFTER THE ACCIDENT, I WENT TO CONSULT DOCTOR AT INTEMEDICAL 24 HOUR CLINIC AS I FELT PAIN ON MY NECK AND LOWER BACK. I THEN RECEIVED 3 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20201108/7003

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

3 of 4

Report No. T/20201108/7003

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20201108/7003

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

4 of 4

Report No. T/20201108/7003

**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 /  
YEO CHUN JIAN  
Contact No.: 65476213

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:  
08/11/2020 04:53

Classification Of Case:

Motor Private Car

MX1

N SN

AN0679A

Cov. Type: F

### 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.

DMPCSNW00003761900

Engine No.: L15A5207291

Cha. No.: GJ11305978

1. Index Mark and Registration  
Number of Vehicle

SLT5711B

2. Name of Policy Holder

NORISHAM BIN HARON

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

01/01/2020

4. Date of Expiry of Insurance

31/12/2020

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.

HIRE PURCHASE CO.: ABWIN 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.

Issued By: ABWIN PTE LTD  
Authorised Officer

  
Authorised Signatory

Date of Accident : 08/12/2020 Accident Time: 0130 (24-HR-Format)  
 Accident Place : Aljunied Rd  
 Vehicle No. (Car Plate No.) : SLT5711B Make/Model: Honda Airwave  
 Insurance Company : EQ Policy No: DMPCSNW00003761900  
 Owner or Company Name / IC No. : Norisham Bin Haron / S7349159B  
 Owner or Company Contact No. : 90672747 Owner's Hp - Company Tel -  
 DRIVER'S Name / IC No. : - Same as above -  
 DRIVER'S Date Of Birth : 12-03-1973 DRIVER'S License Pass Date 05-06-2007  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : Block 715 Tampines street 71 #03-182 520715  
 DRIVER'S Contact No. / Alt No. : 1) 90672747 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : -  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state):

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SGY1087D</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

① Nafielah Binte Hanafi (F)