

Date In: <b>29/01/2021 15:12</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CT/2100140774</b>	SAS e-illing		
Veh No: <b>SM11981M</b>	E-mail (by date time, AIG time)		
D.O.A: <b>28/01/2021 17:30</b>	I-Motor Claim Form		
OID: <b>0</b> Reporting Only	I-Motor W/O (With: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Witness		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Ref: ( ) Vch No: **YM6967G** 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 repair.

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

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: \_\_\_\_\_

<b>NA2100956</b>			
Driver/Owner:	1) All Accident Reporting (30)	INC (10)	
Contact No:	3) DA: Denial Assessment (300)	\$10/45	
Damaged Portion:	3) TP: Towing Fee	\$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30	
	5) PF: Follow-Through Survey (Resurvey)	\$30	
	For all other items INC Only (with 10 Jan 2001)	\$75	
	6) TI: Re-inspection	\$160	
	7) NI: Idea DA + EMRT Survey		
	8) NIUC Additional Services		
	ON:		
	* NS: Courtesy Car / Tpl Allowance	\$3	
	* NS: Repair Coordination	\$10	
	* NI: Post Repair Inspection	\$25	
	* NI: DV / Collision Assess Coordination	\$3	
	TP (NI) / TP (Non-INC) (with 10 Jan 2001)	\$20	
	9) NI: Idea 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 Submission .....	29/01/2021 15:12 (SGT)
Date of Accident .....	28/01/2021 17:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWRDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT7981M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMAD YADZID BIN MOHAMED
NRIC No .....	SXXXX456I
Email Address .....	aansyazani@gmail.com
Mobile Phone No .....	(Phone) +65-92229749
Alternative Phone No .....	+65-86110255

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	RAIZE 1.0X CVT 2WD
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW0008817200
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NOORAN SYAZANI BIN MOHAMAD YADZID
NRIC No .....	SXXXX174E

Date Of Driving Pass .....	16/04/2019
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Móbile Number .....	(Phone) +65-92229749
Alt. Phone Number .....	-
Email Address .....	aansyazani@gmail.com
Address .....	BLK 249 CHOA CHU KANG AVENUE 2 #09-478
Address complement .....	-
Postcode .....	680249
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	ARAVIN PRASAD NICHOLAS S/O THA
Gender .....	Male

PASSENGER 2

Name .....	QAYYUM AGMAR BIN YUSPAWIRA
Gender .....	Male

PASSENGER 3

Name .....	SYED NURUDDIN BIN NASER ALKAFF
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YM6967G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	NOORAN SYAZANI BIN MOHAMAD YADZID
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY, NECK AND SHOULDER PAIN
Injured person in which vehicle? .....	SMT7981M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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 willful 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 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

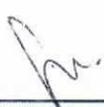
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

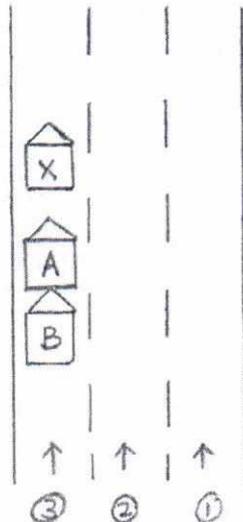
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



A = SMT 7981M  
B = YM 6967G  
PIE towards Tuas (before  
Jurong Town Hall Road  
Exit 31)

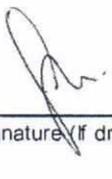
**Describe Circumstances of the Accident**

Refer to attached

**Declaration**

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

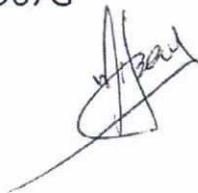
On 28.01.2021 at about 17:30 hours along PIE towards Tuas (before Jurong Town Hall Road Exit 31). I was travelling straight slowly on lane 3 at the above mentioned location and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): SMT 7981M

Vehicle (B): YM 6967G



SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/01/21	Time: 17:30	(hh:mm) 24 hr format
Location PIE towards Tucs (before Jurong Town Hall Road Exit 31)		
Vehicle Number JM17981M		
Insured Name Mohamed Jadzid Bin Mohamed		
NRIC / FIN 517084561	Contact Number 9222 9749	
Make Toyota	Model Raize	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company China Taiping		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number JMPC5NW000 88 172000		
Name of Driver Nooran Syazani Bin Mohamed ( ) Same as Insured		
Jadzid		
NRIC / FIN 59745174E	Contact Number 86110255	
Date of Birth 23/12/1997		
Driving Pass Date 16/04/2019		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address aansyazani@gmail.com ( ) NO EMAIL		
Address of Driver Blk 249 Choa Chu Kang Avenue 2		
# 09-478 Singapore 680249		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail Nooran Syazani Bin Mohamed Jadzid (Back, neck, shoulder pain)		
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B	YM6967G	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger 1 = Aravin Prasad Nicholas 5/0 Tha (M)

Passenger 2 = Qanyum Agmar Bin Juspanwira (M)

Passenger 3 = Syed Nuruddin Bin Naser Alkaff (M)



Motor Private Car

MX1F

N SN

AN0644A

Cov. Type C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules (1987)  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules (1991) (Malaysia)

CERTIFICATE No	DMPCSNW00088172000	Engine No. 1KR2571008	
		Cha. No. A200A0014122	
1 Index Mark and Registration Number of Vehicle	SMT7981M	AUTOSAFE	*****
2 Name of Policy Holder	MOHAMAD YADZID BIN MOHAMED		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17/07/2020	Named Drivers Ex Sect. I	SS500.00
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4 Date of Expiry of Insurance	16/07/2021	Additional Ex Other than Named Drivers:	
		EX ON WINDSCREEN .	SS100.00
		* 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 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. : MAYBANK SINGAPORE LIMITED 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By Irene Hor  
Authorised Officer

Authorised Signatory