

NATIONAL Assessment Centre Services.

[part 1 Jan'09]

540921230009

Date In: 03/02/2021 11:35	Job description	Date & Time Completed	Done by
Ref No NA/CTE21001618/h4	SAS e-filing		
Veh No SJH 80572	E-mail (within 3hrs, AIC 2hrs)		
IPFA 01/02/2021 11:20	I-Motor Claim Form		
OT: (TP) 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		

Professed Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SMN 1217H	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 repolter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Ref No: 07084060)	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:	

NA2161380	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idao Mobile		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NI: 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 Submission 03/02/2021 11:35 (SGT)
Date of Accident 01/02/2021 11:20 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE SLIP ROAD, TURNING INTO BUKIT TIMAH ROAD
TOWARDS NEWTON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH8057Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ASMAWI BIN SAID
NRIC No SXXXX536A
Email Address HANYMENDES07@LIVE.COM.SG
Mobile Phone No (Phone) +65-84467112
Alternative Phone No +65-84467112

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
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 - 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 DMPCSNW00054812000
Cover Note Number -

DRIVER

Name of Driver ASMAWI BIN SAID
NRIC No SXXXX536A
Date Of Birth 19/04/1954

Occupation	Indoor
Date Of Driving Pass	23/08/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84467112
Alt. Phone Number	+65-84467112
Email Address	HANYMENDES07@LIVE.COM.SG
Address	BLK 531 BEDOK NORTH STREET 3 #03-704
Address complement	-
Postcode	460531
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT E/20210202/7038

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	SMN1217H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	ASMAWI BIN SAID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJH8057Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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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:

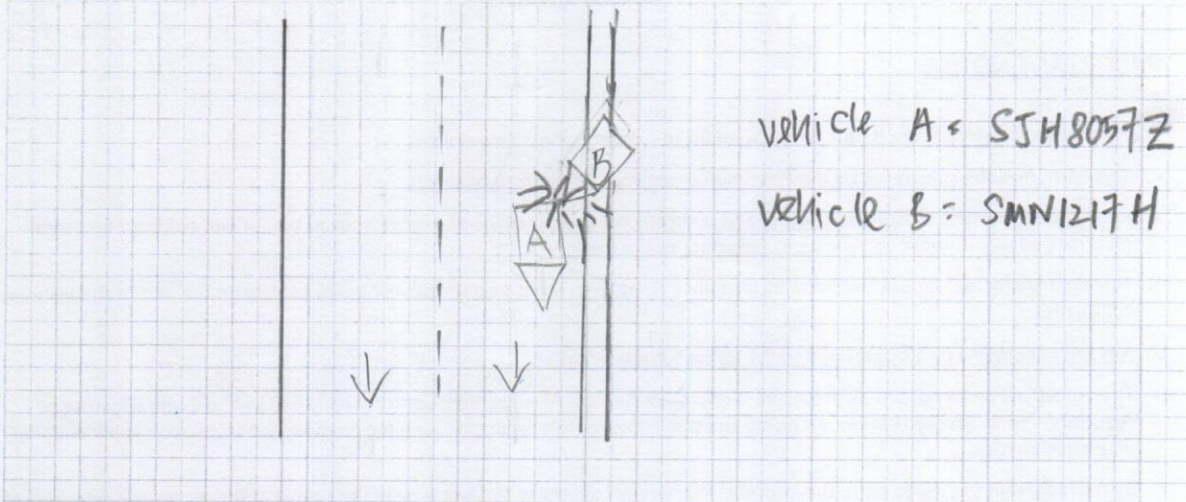
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Vehicle A) was Driving on my lane and suddenly (Vehicle B) cut through the double white line and bang to my rear left portion.

I have PHOTOS Attached.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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**



E/20210202/7038

1 of 2

POLICE REPORT (NP299)

Report No. E/20210202/7038

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/02/2021 19:28	Vide Report No.	Station Diary No.
Name Of Informant NUR'FARHANI BINTE ASMAWI	Address 71 FLORA DRIVE #05-06 SINGAPORE 506881	
ID Type / ID No. NRIC NO / S8201016E	Contact No. Home/Office:	Mobile: 91705382
Nationality SINGAPORE CITIZEN	Email Address hanymendes07@live.com.sg	
Occupation Human resource consultant (excluding executive search consultant)	Sex Female	Age 39
Institution/School Name	Date of Birth 01/01/1982	Race Malay
Date/Time Of Incident 01/02/2021 11:20	Location Of Incident 135 BUKIT TIMAH ROAD DBS NEWTON BRANCH SINGAPORE 229837	

Brief details.

I am reporting on behalf of my father, Asmawi bin Said, IC number S0121536A.

Vehicle A was driving on my lane and suddenly Vehicle B cut through the double white line and bang to my rear left portion.

There are photos attached.

Subjects Involved

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:

02/02/2021 19:28

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210202/7038

Suspect			
Person Name	Unknown		
Gender	Male		
Victim			
Person Name	NUR'FARHANI BINTE ASMAWI		
ID Type	NRIC NO	ID No	S8201016E
Gender	Female	Age	39
Race	Malay	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address	71 FLORA DRIVE #05-06 SINGAPORE 506881
Mobile No	91705382	Is Informant A Victim?	Yes
Person Name			
Asmawi bin said			
ID Type	NRIC NO	ID No	S0121536A
Gender	Male	Age	66
Race	Malay	Language	English
Occupation	Retired	Address	531 Bedok north st 3 #03-704 SINGAPORE 460531
Home/Office No	91705382	Mobile No	91705382
Relation To Informant	Father		
Person Name			
NUR'FARHANI BINTE ASMAWI (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

02/02/2021 19:28

Classification Of Case:

Motor Private Car

MX1F

N SN

AN0420A

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.

DMPCSNW00054812000

Engine No. 1N2D109776

Cha. No. NZE1416088096

 1. Index Mark and Registration
 Number of Vehicle

SJH8057Z

AUTOSAFE

2. Name of Policy Holder

ASMAWI BIN SAID

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

 20/05/2020
 (16:30-32)

Named Drivers Ex Sect. I

S\$500.00

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

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. : SWEE SENG CREDIT 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: INXPRESS INSURANCE AGENCY PTE LTD
 Authorised Officer


 Authorised Signatory

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 2 Feb 2021
 ☆ Date Of Accident 1 Feb 2021 @ 11:20 AM
 ☆ Exact Location Of Accident CTE Slip road, turning into Bukit timah road towards
 ☆ Country/State of Loss Singapore Newton.

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SJH8057Z
Insured/Policyholder
 Name Of Registered Owner / Company Asmawi Bin Said
 RIC No / Work Permit No / ROC No S0121536A
 Email Address Hanymendes07@live.com.sg
 Mobile Phone No (LOCAL) 8446-7112
 Alternative Phone No _____
 Others- _____

☆ Manufacturer Toyota
 ☆ Model Axi
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle? Yes / No / Third Party
 If No, Please state action to be taken _____
 ☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

Insurance Company
 Name of Insurance Company China Taiping Insurance (Singapore) Pte Ltd
 ☆ Type Of Coverage Type C
 Fleet Policy _____
 ☆ Policy Number DMPCSNW00054812000
 Cover Note Number _____

Driver
 ☆ Name of Driver Asmawi Bin Said
 ☆ NRIC No S0121536A
 ☆ Date Of Birth 19 Apr 1954
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 23 Aug 1976
 Driving Experience _____
 ☆ Gender Male
 ☆ Mobile Number (Local) 8446-7112
 Fax Number _____
 Contact Number _____
 EMail Address Hanymendes07@live.com.sg

- ☆ Address
 ☆ Postcode
 ☆ Was driver an employee of the Insured's Company
 ☆ If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle
 Insurance Company of Driver's Own Vehicle

Apt blk 531 Bedok North Street 3 #03-704
 Singapore 460531

Yes ☒ No

☒ Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

General Information of the Accident

- ☆ Type Of Accident
 ☆ Weather Conditions
 ☆ Road Surface
 Other Information

Collision : Head to Rear

Rainning / Clear / Other :

Wet / Dry / Other :

- ☆ Was any foreign vehicle involved in this accident?
 ☆ Foreign Vehicle Registration Number
 ☆ Was any body injured in the Accident?
 Was any other material or property damaged?
 Have been approached by unknown person(s)
 Soliciting/offering accident claims assistance.
 ☆ Number of Passengers (Including Driver)

Yes / No ☒

Yes / No ☒

Yes / No ☒

Yes / No ☒

(2) Female

Name: Asmawi Bin Said

Details of Police Action

- ☆ Was the accident reported to the police?
 If Yes, Please state which Police Station
 Police Station Name
 Police Station Address
 Police Station Contact
 Was notice of intended Prosecution given?
 If Yes, against whom?
 Circumstances of Accident

Yes / No ☒

Police station of Origin (Tanglin Division HQ)

ROAD: 21 kampong Java Road

TEL NO: 1800-3910000

FAX NO: 2288 92

COUNTRY:

Singapore

Yes / No

Attachment(s)

- Are accident photos available for attachment?
 ☆ Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes / No ☒

Yes / No ☒

Yes / No ☒

DETAILS OF OTHER VEHICLE PROPERTY 1

- ☆ Vehicle Registration Number
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SMN 1217H

Honda Vezel / Red

Details of Witness

- Name
 Phone Number