

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SM08215 P0001

Date In: 15/05/2021 10:33	Job description	Date & Time Completed	Done by:
Ref No: N68/17721006121/4	SAS e-filing		
Veh No: SJR 3367J	E-mail (w/Idia Shrs, AIC 2hrs)		
D.O.A : 15/05/2021 17:40	I-Motor Claim Form		
OD : TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMX 4255A	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: 90-100%]	
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 repaler.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	(INC Hotline: 6788 6616)	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

NA2102950	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:	9) N12: Idao Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2 / 3:	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	25/05/2021 10:33 (SGT)
Date of Accident	15/05/2021 17:40 (SGT)
Exact Location of Accident	530 Woodlands Drive 14, Block 530, Singapore 730530
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3367J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ZAMZAM BIN HAMZAH
NRIC No	SXXXX275J
Email Address	nurain2401@gmail.com
Mobile Phone No	(Phone) +65-91879917
Alternative Phone No	+65-91884574

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00018402100
Cover Note Number	-

#### DRIVER

Name of Driver	NUR AIN BINTE MOHAMED ZAMZAM
NRIC No	TXXXX716I

Date Of Birth	24/01/2021
Occupation	Indoor
Date Of Driving Pass	30/03/2021
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91884574
Alt. Phone Number	-
Email Address	nurain2401@gmail.com
Address	BLK 748 JURONG WEST STREET 73 #02-125
Address complement	-
Postcode	640748
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210524/2099

#### 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	SMX4255A
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)	.....	-



### SKETCH PLAN

### IMPORTANT NOTICE

1. Rease report correctly the details of the accident to speed up the claims process.
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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' law firms/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

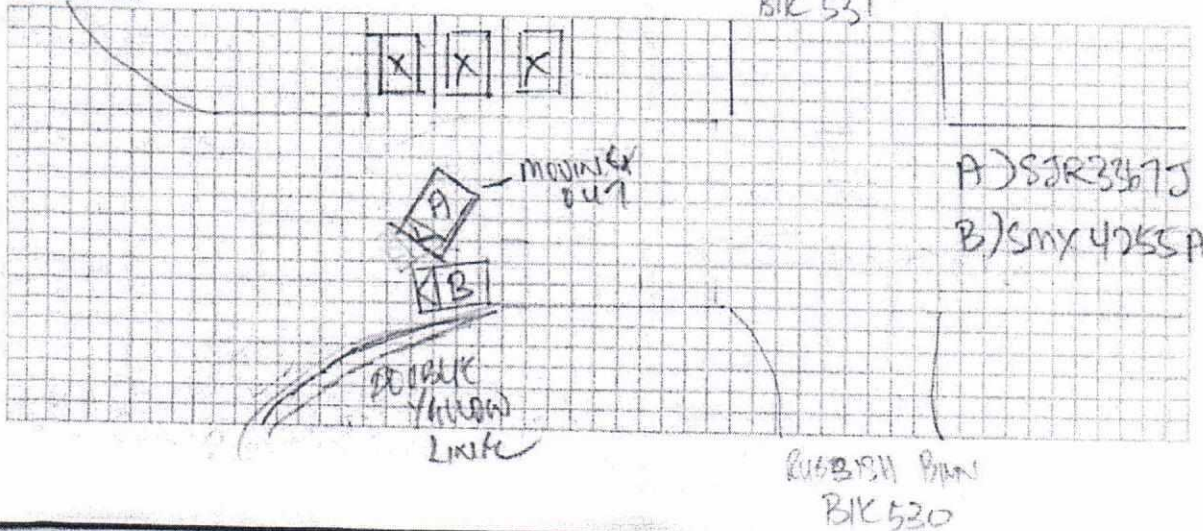
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

REFRIL To POLICE REPORT 7/20210524/2049

**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

25/5/2021 9:44AM



Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 05 / 2021) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: B1C 580 WOODLANDS DR IV OPEN CAR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 3367 J  
 b) INSURANCE COMPANY: CHINA AIRTEL  
 c) POLICY NUMBER: 001234567890123456  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KIA FORTE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL 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: NUR MOHAMMAD ZAMZAM BAW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 56382753 CONTACT: 91879917  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: NUR BIN BINIK MOHAMMAD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 100027167 CONTACT: 91884574  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (29 / 01 / 2002) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/03/2021

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

## 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: NOVA/PAUL

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMX4255A 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: \_\_\_\_\_

Email: NURAIN2401 @ GMAIL - Com

VIDEO



# SINGAPORE POLICE FORCE



T/20210524/2099

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20210524/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/05/2021 20:40		Vide Report No.:		Station Diary No.: 149	
<b>Informant's Particulars</b>					
Name of Informant: NUR AIN BINTE MOHAMED ZAMZAM			Address: APT BLK 748 JURONG WEST STREET 73 #02-125 SINGAPORE 640748		
ID Type / ID No.: NRIC NO / T0002716I			Contact No.: Home/Office: Mobile: 91884574		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 21	Date of Birth: 24/01/2000	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PATIENT SERVICE ASSOCIATE			Driving Licence Information: Class: 3A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2021 17:40	Type of Location: CARPARK
Location:  WOODLANDS DRIVE 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR3367J	Car				Slightly Damaged	0
SMX4255A	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210524/2099

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20210524/2099

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NUR AIN BINTE MOHAMED ZAMZAM	ID No.	T0002716I
Related Vehicle	SJR3367J (Car)	Contact No.	91884574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

In reference to TP letter: TP/IP/24197/2021 addressed to MOHAMED ZAMZAM BIN HAMZAH, BLK 419 BUKIT BATOK WEST AV E 2 #03-219, owner of vehicle bearing registration plate SJR3367J.

On 15/05/2021 at about 1740hrs, I was driving vehicle bearing registration plate SJR3367J in the carpark of BLK 530 WOODLANDS DRIVE 14. I was turning out of my carpark lot when I the front left bumper of my vehicle hit the driver side door of a vehicle parked in the parallel parking lot opposite to the vehicle lot I was in bearing registration plate SMX4255A. The collision left me in shock and I panicked. I drove off without leaving a note or ways for the driver to contact me. I wish to state that the carpark road was very narrow that it was hard for me to navigate out of the parking lot. The vehicle SJR3367J belongs to my father, MOHAMED ZAMZAM BIN HAMZAH (NRIC: S638275J, ADD: BLK 419 BUKIT BATOK WEST AVE 2 #03-219, HP: 91879917). I am lodging this report as my father received a letter from TP to lodge a report regarding the matter.



SINGAPORE  
POLICE FORCE



T/20210524/2099

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20210524/2099

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:

J /

SC2 MUHAMMAD AZSRAF SYAQEEM BIN  
AZMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

24/05/2021 20:40

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



Motor Private Car

**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)

 MX1F  
 N SN  
 AN0613A  
 Cov. Type:C

CERTIFICATE No.

DMPCSNW00018402100

Engine No.: G4FC9H259335

Cha. No.:KNAFH221395080757

 1. Index Mark and Registration  
 Number of Vehicle

SJR3367J

 AUTOSAFE  
 =====

2. Name of Policy Holder

MOHAMED ZAMZAM BIN HAMZAH

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

 19/01/2021  
 (11:29:55)

4. Date of Expiry of Insurance

18/01/2022

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. : MONEymax LEASING PTE LTD

\* 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: AUTO WORLD PTE LTD  
 Authorised Officer



Authorised Signatory

a Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com