

# NATIONAL Assessment Centre Services.

Print 1 Jan 2008

SA082160003

Date In: 08/06/2008 15:13	Job description	Date & Time Completed	Done by
Ref No: N88/CT121006501/Y	SAS e-illing		
Veh No: STR 97774	E-mail (to date 3hrs, AIC 2hrs)		
D.O.A: 07/06/2008 11:42	1-Motor Claim Form		
OD TP: Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: ( )	Veh No: SMX 6592R	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 repairer.

( ) 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 > \$3000] ( )		

Injury: ( )

Date/Time	Action	Completed by

Claimant: N/A21030A5	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	For claim against INC Only (w/ 10 Jan 2008)	
Ref: 1:	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NG: Repair Coordination	\$10
	* NT: Post Repair Inspection	\$25
	* ND: DV / Collect Excess Coordination	\$3
	TP (NI): TP (w/ INC) against INC	\$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	08/06/2021 15:13 (SGT)
Date of Accident	07/06/2021 11:47 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	JUNCTION OF YISHUN STREET 44
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9777U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUZANNA BINTE ABU TALIB
NRIC No	SXXXX488A
Email Address	afyqamani@gmail.com
Mobile Phone No	(Phone) +65-87848718
Alternative Phone No	+65-92302442

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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
Transmission	Auto
CC	1794

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00099392101
Cover Note Number	-

### DRIVER

Name of Driver	AFYQ AMANI BIN ABDUL HAZIM
NRIC No	SXXXX153I

Date Of Birth	27/03/1999
Occupation	Indoor
Date Of Driving Pass	08/11/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92302442
Alt. Phone Number	-
Email Address	afyqamani@gmail.com
Address	BLK 812A CHOA CHU KANG AVENUE 7 #05-673
Address complement	-
Postcode	681812
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NUR ELLY ZULAIKHA BINTI AHMADDOL
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210608/7011

#### 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	SMN6592R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN PENG HUA
NRIC No	SXXXX427A
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	AFYQ AMANI BIN ABDUL HAZIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR9777U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	NUR ELLY ZULAIKHA BINTI AHMADDOL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR9777U
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 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 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	Yishun Ave 6	(A) S2R9777U
B		(B) SMN 6592R

**Describe Circumstances of the Accident**

Refer To Police Report No: 7/2021 0608/Toll

**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



Date of Accident : 01/06/2021 Accident Time: 11:47pm (24-HR-Format)  
Accident Place : Junction of Fikshan Ave 8 & Yishan St 44  
Vehicle No. (Car Plate No.) : SJR9777U Make/Model: Toyota Wish 1.6XA  
Insurance Company : CHTira Policy No: DMPCSNW 00099392101  
Owner or Company Name / IC No. : Suzanna Binte Abu Talib - S7422488A  
Owner or Company Contact No. : 8784 8718 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AFYQ AMANI BIN ABUL HAZIM S99101531  
DRIVER'S Date Of Birth : 27.3.1999 DRIVER'S License Pass Date 06.11.2017  
Relationship of Owner & Driver : Spouse \ Parents ☒ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 812A Choa Chu Kang Ave 7 #05-673 S(661812)  
DRIVER'S Contact No./ Alt No. : 1) 92302442 2) \_\_\_\_\_  
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)  
Email Address : afyqamani@gmail.com  
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): 2 Pax Include driver  
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): Yes Both

Other Party Driver's Particular (if any)

Vehicle No: Smt 6592R

Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: Tan Peng Hua

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: S2108427A

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

① Nur Elly Zulāikha Binti Ahmaddol (F)



# SINGAPORE POLICE FORCE



T/20210608/7011

1 of 3

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

Report No. T/20210608/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2021 12:16	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: AFYQ AMANI BIN ABDUL HAZIM	Address: 812A CHOA CHU KANG AVENUE 7 #05-673 SINGAPORE 681812	
ID Type / ID No.: NRIC NO / S9910153I	Contact No.: Home/Office:	Mobile: 92302442
Nationality: SINGAPORE CITIZEN	Email: AFYQAMANI@GMAIL.COM	
Sex: Male	Age: 22	Date of Birth: 27/03/1999
Type of Informant: Driver		
Race: Malay	Language: English	Institution / School Name:
Occupation: PROCESS TECHNICIAN	Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2021 23:50	Type of Location: T-Junction
Location:  YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR9777U	Car	TOYOTA	TOYOTA WISH 1.8X A	Grey		2
SMN6592R	Car					0





**SINGAPORE  
POLICE FORCE**



T/20210608/7011

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

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Report No. T/20210608/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR9777U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000993 92101	03/06/2021	03/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	NUR ELLY ZULAIKHA BINTI AHMADDOL		ID No.	S9817068E
Related Vehicle	SJR9777U (Car)		Contact No.	88176177
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	02		Degree of	Slight
Driver				
Name	AFYQ AMANI BIN ABDUL HAZIM		ID No.	S9910153I
Related Vehicle	SJR9777U (Car)		Contact No.	92302442
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

**Brief Details.**

ON 07.06.2021 AT ABOUT 23:47HRS, I WAS TRAVELLING ALONG T-JUNCTION OF YISHUN AVE 8 & YISHUN STREET 44. UPON REACHING THE TRAFFIC JUNCTION, I SLOW DOWN AND STOP. ONCE THE TRAFFIC TURN GREEN, I WAS ABOUT TO MOVE, ALL OF A SUDDEN I FELT AN IMPACT FROM THE REAR. THEN I REALISED A VEHICLE SMN6592R HAD COLLIDED ONTO MY REAR. DUE TO THE IMPACT, MY FRIEND AND I CONSULT DOCTOR. I WAS GIVEN 3 DAYS OF MC AND PASSENGER WAS GIVEN 2 DAYS OF MC . THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20210608/7011

3 of 3

Report No. T/20210608/7011

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

**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 / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404  
Authentication Stamp

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

Date/Time:  
08/06/2021 12:16

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

MX1/NDWF

R SN

AN0472A

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.

DMPCSNW00099392101

Engine No.: 2ZR0419707

Cha. No. ZGE200004121

1. Index Mark and Registration  
Number of Vehicle

SJR9777U

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SUZANNA BINTE ABU TALIB

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

04/06/2021  
(00:00:00)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 28 \$S500.00

\* Age as at date of accident

EX ON WINDSCREEN, \$S100.00

4. Date of Expiry of Insurance

03/06/2022

5. Persons or Classes of Persons entitled to drive\*

Any 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.

Accident

Hotline: 96214 666

24 Hours / 7 Days

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 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 loss occurring outside Singapore (Constructive Total Loss) will be doubled. A Flat \$S5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$S500 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.: EFIZZIG 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

CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST. 93

#01-193 SINGAPORE 528840

TEL: 6344 8880 FAX: 6342 9088 / 6344 7554

Issued By: CCL INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	488A
<b>Vehicle Details</b>	
Vehicle No.:	SJR9777U
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	2ZR0419707
Chassis No.:	ZGE200004121
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$22,374.00
Original Registration Date:	04 Jun 2009
First Registration Date:	04 Jun 2009
Transfer Count:	3
Actual ARF Paid:	\$22,374.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Jan 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$23,762.00
<b>Total Rebate Amount:</b>	<b>\$23,762.00</b>

The information contained herein is correct as at 08 Jun 2021

OK