

# NATIONAL Assessment Centre Services

Date In: 25/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTA1007025/13	SAS e-filing		
Veh No: SMS69196	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/06/21 1850	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: SMP6853C 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%; F: 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 hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) rT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac 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 (N-n INC) against INC \$20		
9) N12: Idac 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	25/06/2021 12:37 (SGT)
Date of Accident	24/06/2021 18:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI)AFT LOR 6 TOA PAYOH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS6919G

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN SELAMAT
NRIC No	SXXXX030D
Email Address	ZOOMAUTOWERKS@GMAIL.COM
Mobile Phone No	(Phone) +65-87510683
Alternative Phone No	+65-87510683

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00002092101
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD FIRDAUS BIN SELAMAT
NRIC No	SXXXX030D

Date Of Birth	21/03/1982
Occupation	Indoor
Date Of Driving Pass	09/10/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87510683
Alt. Phone Number	+65-87510683
Email Address	ZOOMAUTOWERKS@GMAIL.COM
Address	BLK 761 CHOA CHU KANG NORTH 5
Address complement	#02-171
Postcode	680761
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	Raining
Road Surface	Wet

#### 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 vehicle 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	RASHIDAH BINTE ABDUL RAHIM
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

PLS REFER TO THE POLICE REPORT: T/20210625/7011

#### 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	SMP6853C
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	MUHAMMAD FIRDAUS BIN SELAMAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMS6919G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	RASHIDAH BINTE ABDUL RAHIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMS6919G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**IMPORTANT NOTICE**

- I understand, acknowledge, agree and consent that:

(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 law yers/law firms), w hich 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

vehicle A: SMS 69196

Vehicle 2: 3MP6853C

$$\frac{\triangle A}{\triangle B}$$

Pre (chang),  
after vor b try.

Refer to Police Report  
7/20210625/2011

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNO9246P0003 Vehicle Registration No: SM569194  
Name (as shown in NRIC): MUHAMMAD FIRDAUS NRIC/FIN/Passport No: SXXXX030D  
BIN SEHAMAT  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 761 CHUA CHUKANG NORTH S #02-171 Singapore ( 680761 )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 87510683  
Email Address: \_\_\_\_\_  
Date of Accident: 24/06/21 Time of Accident: 18:50  
Place of Accident: ATE (CHANIGI) APT LOR 6 TOA PAYOH  
Insurance Company: CHINA FAIRING

### (B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

Shyue 25/06/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:





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

Report No. T/20210625/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2021 11:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN SELAMAT			Address: 761 CHO A CHU KANG NORTH 5 #02-171 SINGAPORE 680761		
ID Type / ID No.: NRIC NO / S8209030D			Contact No.: Home/Office: Mobile: 87510683		
Nationality: SINGAPORE CITIZEN			Email: FIRDAUS.SELAMAT@HOTMAIL.SG		
Sex: Male	Age: 39	Date of Birth: 21/03/1982	Type of Informant: Driver		
Race: Indonesian			Language: English		Institution / School Name:
Occupation: Safety Coordinator			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2021 18:50	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SMP6853C	Car				Seriously Damaged	0
SMS6919G	Car	HONDA	VEZEL 1.5X A	Black	Seriously Damaged	1





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

Report No. T/20210625/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS6919G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000020 92101	10/03/2021	09/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	RASHIDAH BINTE ABDUL RAHIM	ID No.	S7915280C	
Related Vehicle	SMS6919G (Car)	Contact No.	88921303	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	24/06/2021	Date	24/06/2021	
No. of Days granted Medical Leave	04	Degree of	Serious	
Driver				
Name	MUHAMMAD FIRDAUS BIN SELAMAT	ID No.	S8209030D	
Related Vehicle	SMS6919G (Car)	Contact No.	87510683	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	24/06/2021	Date	24/06/2021	
No. of Days granted Medical Leave	07	Degree of	Serious	

Brief Details.

ON 24/06/2021 AT ABOUT 18:50HR, I WAS DRIVING MY VEHICLE - SMS6919G, ALONG PIE IN THHE DIRECTION OF CHANGI, WITH MY WIFE IN MY CAR. AFTER THE EXIT TO LORONG 6 TOA PAYOH, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE HIGHWAY. IT WAS RAINING AND TRAFFIC WAS CONGESTED. FRONT VEHICLE SLOWED DOWN AND I GRADUALLY SLOW DOWN AND CAME TO A COMPLETE STOP. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMP6853C, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY WIFE AND I SEEK MEDICAL ATTENTION AT CHANGI GENERAL HOSPITAL AND WERE GIVEN 4 & 7DAYS MC RESPECTIVELY.



**SINGAPORE  
POLICE FORCE**



T/20210625/7011

3 of 3

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

Report No. T/20210625/7011

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
25/06/2021 11:05

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/06/2021 (DD/MM/YYYY), TIME: 18:50 (HH:MM)

LOCATION: PIE (Changi), after Lor 6 Toa Payoh

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS69199  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMHCSNW 00002092101  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Vezel  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: Muhammad Firdaus Bin A (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8209030D CONTACT: 87510683  
 c) ADDRESS: 701 Choa Chu Kang North 5,  
#02-171 S(680761).

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: 21/03/1982 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP6853C MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 84998782

## THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(02)

female pax

\* No of passenger  
 (including driver)  
01 male

\* No of passenger  
 (including driver)  
( )

email = zoomautowerks@gmail.com

fax =

Motor Hire Car

MZ406L/B

R SN

AN0394A

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. DMHCSNW00002092101

Engine No.: L15B5573726

Cha. No.:RU11323689

1. Index Mark and Registration  
Number of Vehicle

SMS6919G

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

MUHAMMAD FIRDAUS BIN SELAMAT

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

10/03/2021  
(00:00:00)

Excess Sect I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

09/03/2022

Excess Sect.II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN. S\$100.00

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

As per Named Driver(s) stated below.

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.

MUHAMMAD FIRDAUS BIN SELAMAT

6. Limitations as to use.\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.


HIRE PURCHASE CO. : TECK WEI 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:   
DENSO INSURANCE AGENCY PTE LTD  
Authorised Officer

  
Authorised Signatory