

NATIONAL Assessment Centre Services. SN0821910002

Date In: 01/09/2021 16:18	Job description: SAS e-tilting	Date & Time Completed:	Done by:
Ref No: NPA/C/22009200/Y	E-mail (by who's letter, A/C letter)		
Veh No: SMH 858PY	I-Motor Claim Form		
U.O.A: 21/08/2021/14:22	I-Motor W/O (Within 60 days, TP 4hrs)		
Q1) TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by Email/Hand to Owner/Vehicle		

Preferred Wreck / INC Assign Wreck / QW:	Tel:	Fax:
TP Indemnity:	Veh No: VM 1692G	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 Referral of reputation.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In ()	Invoice: VNS () / NO ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo [Repair Cost > \$3,000] ()	

Injury:	

NA2103728	1) All Accident Reporting (50%)	INC (H)
Driver/Owner:	2) OA / Damage Assessment (\$100)	\$100
Contract No:	3) TP / Towing Fee	\$120
Damaged Portion:	4) PT / Follow-through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT / Follow-through Survey (Recovery)	\$30
	6) PT / Follow-through Survey (Recovery)	\$30
	7) PT / Follow-through Survey (Recovery)	\$30
	8) PT / Follow-through Survey (Recovery)	\$30
	9) PT / Follow-through Survey (Recovery)	\$30
	10) PT / Follow-through Survey (Recovery)	\$30
	11) PT / Follow-through Survey (Recovery)	\$30
	12) PT / Follow-through Survey (Recovery)	\$30
	13) PT / Follow-through Survey (Recovery)	\$30
	14) PT / Follow-through Survey (Recovery)	\$30
	15) PT / Follow-through Survey (Recovery)	\$30
	16) PT / Follow-through Survey (Recovery)	\$30
	17) PT / Follow-through Survey (Recovery)	\$30
	18) PT / Follow-through Survey (Recovery)	\$30
	19) PT / Follow-through Survey (Recovery)	\$30
	20) PT / Follow-through Survey (Recovery)	\$30

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	01/09/2021 16:18 (SGT)
Date of Accident	31/08/2021 14:55 (SGT)
Exact Location of Accident	Upper Changi Rd N, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8588Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAJAN SINGH S/O PARITAM SINGH
NRIC No	SXXXX492J
Email Address	bhajansingh67@gmail.com
Mobile Phone No	(Phone) +65-94527857
Alternative Phone No	+65-94527857

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007672000
Cover Note Number	-

DRIVER

Name of Driver	SHAJAN SINGH S/O PARITAM SINGH
NRIC No	SXXXX492J

Date Of Birth	12/06/1967
Occupation	Outdoor
Date Of Driving Pass	28/09/1987
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94527857
Alt. Phone Number	+65-94527857
Email Address	bhajansingh67@gmail.com
Address	BLK 741 PASIR RIS STREET 71 #15-41
Address complement	-
Postcode	510741
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	Hit by fallen tree / Other objects
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 vehicle 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	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/20210901/7010

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	YM1692G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle



Name of Driver	ZULKIFLI LATIF
NRIC No	SXXXX236H
Contact Number	(Phone) +65-98068791
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	SHAJAN SINGH S/O PARITAM SINGH
Gender	Male
Phone No	(Phone) +65-98527857
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMH8588Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : alphacarservices@hotmail.com

IMPORTANT NOTICE

Signature: _____ X

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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

[Signature]

Policyholder's Signature / Date & Time

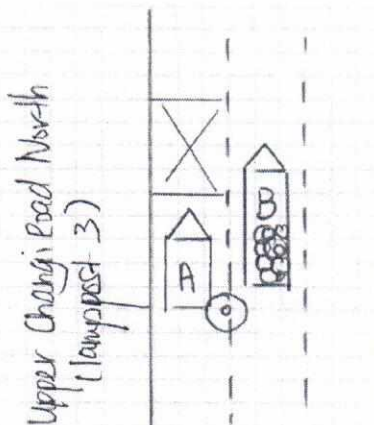
Sketch Plan

X

[Signature]

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer to the police report.

Report No : T/20210901/2010.

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X



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

Witnessed by Reporting Centre Personnel



Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 31/08/2021 (dd/mm/yy) Time of Accident: 14:55 (24-HR-FORMAT)
Vehicle No.: SMH8588Y Vehicle Make & Model / Engine (cc): TOYOTA PRIUS HYBRID 1.8 Private Hire: (Y)N
Exact location of Accident: Upp Changi Road North (Lampost 3)
Policyholder's Name / IC No.: Bhajan Singh S/o Pantam Singh RC/UEN (Company) S 1797492J
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 94507857 Company Contact No / Owner Contact No: _____
Driver's Address: Unit 741 Pasir Ris Street 71 # 15-41 (S) 510741
Owner Email address: bhajansingh67@gmail.com Insurance Company: China Taiping
Driver Email address: As above - mentioned

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x ()
*Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver

Injuries Sustain: Neck & lower back pain Injured Person in Which Vehicle: SMH8588Y

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: 10 Ubi Ave 3

The Other Party(s) Details:

1. Driver's Name / IC No: Zulkifli Latif Vehicle No: YM 1692G

Driver's Contact No: 98068791 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



SINGAPORE POLICE FORCE



T/20210901/7010

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

1 of 4

Report No. T/20210901/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2021 12:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BHAJAN SINGH S/O PARITAM SINGH			Address: 741 PASIR RIS STREET 71 #15-41 SINGAPORE 510741		
ID Type / ID No.: NRIC NO / S1797492J			Contact No.: Home/Office: Mobile: 94527857		
Nationality: SINGAPORE CITIZEN			Email: bhajansingh67@gmail.com		
Sex: Male	Age: 54	Date of Birth: 12/06/1967	Type of Informant: Driver		
Race: Sikh			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2021 14:55	Type of Location: Straight Road
Location: UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: STATIONERY & VEHICLE DAMAGED BY FLYING TYRES				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMH8588Y	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Blue	Seriously Damaged	0
YM1692G	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20210901/7010

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

2 of 4

Report No. T/20210901/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH8588Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00007672000	06/11/2020	11/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BHAJAN SINGH S/O PARITAM SINGH		ID No.	S1797492J
Related Vehicle	SMH8588Y (Car)		Contact No.	94527857
Hospital/Clinic	BEDOK MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	01/09/2021		Date	01/09/2021
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	ZULKIFLI LATIF		ID No.	S6801236H
Related Vehicle	YM1692G (Lorry)		Contact No.	98068791
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

ON 31/08/2021 AT AROUND 14.55HOURS, I WAS TRAVELLING ALONG UPPER CHANGI ROAD. UPON REACHING THE TRAFFIC LIGHT [NEAR LAMPPOST NO:3], I WAS STATIONERY INFRONT OF THE YELLOW BOX WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. VEHICLE B BEARING NO: YM 1692G WHICH WAS CARRING LOAD OF HUGE AEROPLANE TYRES WAS MOVING BESIDES ME. OUT OF SUDDEN, ONE OF THE TYRE FROM YM 1692G ROLLED FROM THE LORRY AND HIT ONTO MY REAR PORTION OF VEHICLE. I ALIGHT FROM MY VEHICLE AND COMFRONTED THE DRIVER - MR. ZULKIFLI LATIF AND QUESTIONED HIM WHY ARE THE TYRES DID NOT PROPERLY LOADED ON THE VEHICLE AND HE SUPPOSED TO TIE THE TYRES AND MAKE SAFETY PRECAUTIONS WHILE CARRYING THE LOAD. DUE TO THE IMPACT, I FELT DIZZY AND PAIN IN MY NECK AND LOWER BACK AREA. THUS I GO AND SEEK MEDICAL TREATMENT AT LIFEPLUS MEDICAL GROUP [BEDOK]. PLEASE DONT HESITATE TO CONTACT ME TO GET THE PHOTOS.



**SINGAPORE
POLICE FORCE**



T/20210901/7010

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

3 of 4

Report No. T/20210901/7010

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210901/7010

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

4 of 4

Report No. T/20210901/7010

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

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

Date/Time:
01/09/2021 12:33

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 Hire Car

MZ406L/B

N SN

AN0621A

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.

DMHCSNW00007672000

Engine No.: 2ZR2B92249

Cha. No.: ZVW506151162

1. Index Mark and Registration
Number of Vehicle

SMH9598Y

AUTOSAFE

2. Name of Policy Holder

BHAJAN SINGH S/O PARITAM SINGH

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

06/11/2020
(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

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

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

05/11/2021

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.

BHAJAN SINGH S/O PARITAM SINGH

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.: CREATIVE AUTO 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: IMOTOR INSURE
Authorised Officer

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