

NATIONAL Assessment Centre Services

Date In: 01/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21010159/13	SAs e-filing		
Veh No: SLK87925	E-mail (within 8hrs, AP: 2hrs)		
D.O.A: 30/09/21 1920	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within 02 hrs, TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **FBK401U** 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)	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

NA2104059	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice dated	Fee Charged	
		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 willful 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	01/10/2021 11:50 (SGT)
Date of Accident	30/09/2021 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF PASIR RIS ST 72 & PASIR RIS DR 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8793S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BAK YONG
NRIC No	SXXXX477A
Email Address	tdanny039@gmail.com
Mobile Phone No	(Phone) +65-96398363
Alternative Phone No	+65-96398363

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00123152103
Cover Note Number	-

DRIVER

Name of Driver	TAN BAK YONG
NRIC No	SXXXX477A

Date Of Birth	14/09/1958
Occupation	Indoor
Date Of Driving Pass	29/06/1979
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96398363
Alt. Phone Number	+65-96398363
Email Address	tdanny039@gmail.com
Address	29 FLORA ROAD
Address complement	#07-02
Postcode	509742
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	Side Swipe
Weather Conditions	DRIZZLING
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?	Yes
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210930/2122

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	FBK401U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	ZULKIFLI YAHYA
NRIC No	SXXXX701D
Contact Number	(Phone) +65-88087388
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZULKIFLI YAHYA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBK401U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' 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



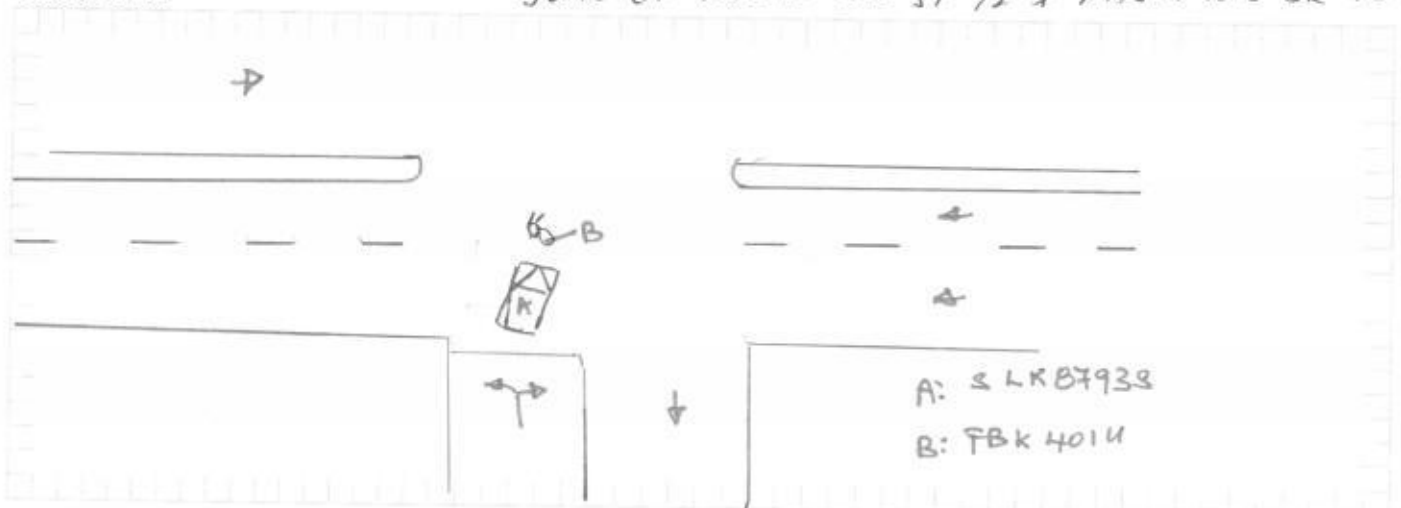
Driver's Signature (If driver is not the policyholder) / Date
& Time

 01/10/21

Witnessed by Reporting Centre
Personnel

Sketch Plan

JUNC OF PASIR RIS ST 72 & PASIR RIS DR 10





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULKIFLI YAHYA	ID No.	S7328701D
Related Vehicle	FBK401U (Motorcycle)	Contact No.	88087388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN BAK YONG	iD No.	S1292477A
Related Vehicle	SLK8793S (Car)	Contact No.	96398363
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/09/2021 at about 1920hrs, I was driving along Pasir Ris St 72 and about to make a right turn to Pasir Ris Dr 10 when I encountered a collision with FBK401U.

I was about to make a right turn on Pasir Ris Dr 10 when I noticed FBK401U driving straight. As such, I did not proceed and waited for FBK401U to ride past first. However, FBK401U started to wobble and the motorbike together with the rider fell on the road. The motorbike then moved towards my vehicle and hit the front right bumper.

I then exited my vehicle to make a check on the rider. A passerby then called for an ambulance as the rider was injured. Traffic Police and SCDF were at scene. The rider was then conveyed to the hospital.

Due to the collision, my vehicle's front right bumper is damaged. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20210930/2122

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210930/2122

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 G / Sgt 2 S NANDHINI DEVI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	
Authentication Stamp NP168	

Signature Of Informant:
Date/Time: 30/09/2021 21:47
Classification Of Case:

VEHICLE NO: SLK 8793SMAKE & MODEL: TOYOTA CamryAUTO MANUAL

DATE OF ACCIDENT	<u>30 / 09 / 2021</u>	*C.C. <u>2500</u>
TIME OF ACCIDENT	<u>7-20</u> AM / PM	
LOCATION OF ACCIDENT	<u>PASIR RIS ST 72 x PASIR RIS DR 10</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT // PRIVATE USE // PRIVATE HIRE</u>	
NAME OF OWNER	<u>TAN BAK YONG</u> Email: <u>TDANNY039@GMAIL.COM</u>	
TELP NO	Mobile: <u>96398363</u> Office: Home:	
NRIC	<u>S1292477A</u>	
CLAIM TYPE	<u>OD / THIRD PARTY // REPORTING ONLY</u>	
FLEET POLICY:	YES // <u>NO</u> ?	
INSURANCE CO.	<u>CHINA TAIPING</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMPCSNW00123152103</u>	
NAME OF DRIVER	<u>AS ABOVE //</u> IF NO:	
NRIC		
DATE OF BIRTH	<u>14 / 09 / 1958</u>	
ANY PASSENGER	YES // <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>29 / 06 / 1979</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>96398363</u> Office: Home:	
EMAIL	<u>TDANNY039@GMAIL.COM</u>	
ADDRESS	<u>29 FLORA ROAD #07-02 S(509742)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO //</u> If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other: <u>AFTER RAIN</u>	
ROAD SURFACE	Dry // <u>Wet</u> / Other:	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If <u>yes</u> : Where? <u>PASIR RIS NPC</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>FBK 4014</u> Any Passenger, <u>NO</u>	
NAME	<u>ZULKIFLI YAMVA</u> <u>S7328701D</u>	
CONTACT NO.		
VEHICLE C NO.	Any Passenger,	
VEHICLE D NO.	Any Passenger,	
VEHICLE E NO.	Any Passenger,	
VEHICLE F NO.	Any Passenger,	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES // <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES // <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES // <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES // <u>NO</u>	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

Motor Private Car

MX1F

R SN

AN0643A

Cov. Type C

CERTIFICATE OF INSURANCE

Issued in accordance with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Issued in accordance with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

1. Certificate No.	DMPCSNW00123152103	Engine No. 2ARU354320 Cha. No. MR053AK5004011786
2. Index / Serial and Registration Number of Vehicle	SLK8793S	AUTOSAFE *****
3. Name of Policyholder	TAN BAK YONG	
4. Effective Date of the Commencement of Insurance for the purposes of the Regulators Ordinance or Enactment	03/08/2021 (00.00.00)	Named Drivers Ex Sect. I S\$1 500.00 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. Date of Expiry of Insurance	02/08/2022	

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.: DBS BANK 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: RADICAL TRADING PTE LTD
Authorised Officer


Authorised Signatory