

NATIONAL Assessment Centre Services

SN0821350001

Date In: 19/11/2021 11:04
 Ref No: NBA/CU2101179914
 Val No: 57812R
 P.O.A: 10/11/2021 17:46

Job description	Date & Time Completed	Done by
SAS e-thing		
E-mail (by email, not by hand)		
Motor Claim Form		
Motor W/O (within 30 days of loss)		
Photos Uploaded		
Assessment Survey Report		
Accident Report by Tax/Hand to Owner/Agent		

(1) TP Reporting Only

TP Insurer

Preferred Wksp/INO Avail/IN Wksp/ QW/

TP Handled by: Val No: **SNB 4302A** INO:) / Non-INO ()
 Owner/Driver () Tel:)
 Policy No () Period () Cover Type ()
 Contained by () Date:) Title:)
 Insured/Driver List/Qty () % (New-Use Status (WO) NI 0-20% PI 21-79% PI 80-100%)
 Year of Registration () Wornout? YES () / NO ()
 Excess (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer | Customer's information clearly confidential & strictly NO refer of reputation
 () Total Loss Case | to e-mail Insurer URGENTLY,
 Drive-In () / Towed-In () | Involves VRS () / NO () | Towing Cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check/Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$3000) ()

Injury:

NA 2104465

Driver/Owner	1) All additional work (300)	
Contract No	2) PA Dumper (11/11/2021) (3100)	WO (10)
Duration of Portion	3) PA Towing (11)	\$100 (1)
QC Checked by (Driver/In-Client/Agent)	4) PA Follow-up/Repair (11/11/2021)	110 (1)
	5) PA Follow-up/Repair (11/11/2021) (11/11/2021)	110 (1)
	6) PA Follow-up/Repair (11/11/2021)	110 (1)
	7) PA Follow-up/Repair (11/11/2021)	110 (1)
	8) PA Follow-up/Repair (11/11/2021)	110 (1)
	9) PA Follow-up/Repair (11/11/2021)	110 (1)
	10) PA Follow-up/Repair (11/11/2021)	110 (1)
	11) PA Follow-up/Repair (11/11/2021)	110 (1)
	12) PA Follow-up/Repair (11/11/2021)	110 (1)
	13) PA Follow-up/Repair (11/11/2021)	110 (1)
	14) PA Follow-up/Repair (11/11/2021)	110 (1)
	15) PA Follow-up/Repair (11/11/2021)	110 (1)
	16) PA Follow-up/Repair (11/11/2021)	110 (1)
	17) PA Follow-up/Repair (11/11/2021)	110 (1)
	18) PA Follow-up/Repair (11/11/2021)	110 (1)
	19) PA Follow-up/Repair (11/11/2021)	110 (1)
	20) PA Follow-up/Repair (11/11/2021)	110 (1)
	21) PA Follow-up/Repair (11/11/2021)	110 (1)
	22) PA Follow-up/Repair (11/11/2021)	110 (1)
	23) PA Follow-up/Repair (11/11/2021)	110 (1)
	24) PA Follow-up/Repair (11/11/2021)	110 (1)
	25) PA Follow-up/Repair (11/11/2021)	110 (1)
	26) PA Follow-up/Repair (11/11/2021)	110 (1)
	27) PA Follow-up/Repair (11/11/2021)	110 (1)
	28) PA Follow-up/Repair (11/11/2021)	110 (1)
	29) PA Follow-up/Repair (11/11/2021)	110 (1)
	30) PA Follow-up/Repair (11/11/2021)	110 (1)

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	19/11/2021 11:04 (SGT)
Date of Accident	10/11/2021 17:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) AFTER TOA PAYOH ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ812R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ITI FINISHING PTE LTD
Company Reg No	1XXXXX195N
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-90265579
Alternative Phone No	(Office) +65-68822006

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Commercial vehicle
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNA00130062100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD KHAIRUDDIN BIN ABDULLAH
NRIC No	SXXXX844B

Date Of Birth	09/05/1995
Occupation	Indoor
Date Of Driving Pass	14/06/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90265579
Alt. Phone Number	-
Email Address	citizenpower555@gmail.com
Address	BLK 645 ANG MO KIO AVENUE 6 #12-4979
Address complement	-
Postcode	560645
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	KHAHILA
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/20211111/7014

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	SHB4203A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMW9014B
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 KHAIRUDDIN BIN ABDULLAH
Gender	Male
Phone No	(Phone) +65-90265579
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ812R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KHAHILA
Gender	Female
Phone No	(Phone) +65-82683354
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ812R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.



[Handwritten signature]

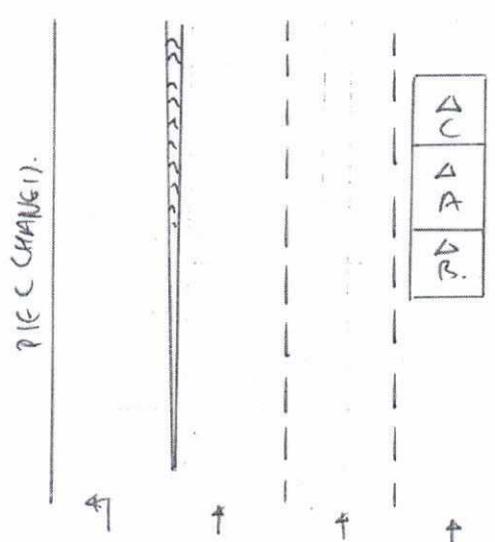
Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 19/11/2021
 Witnessed by Reporting Centre Personnel

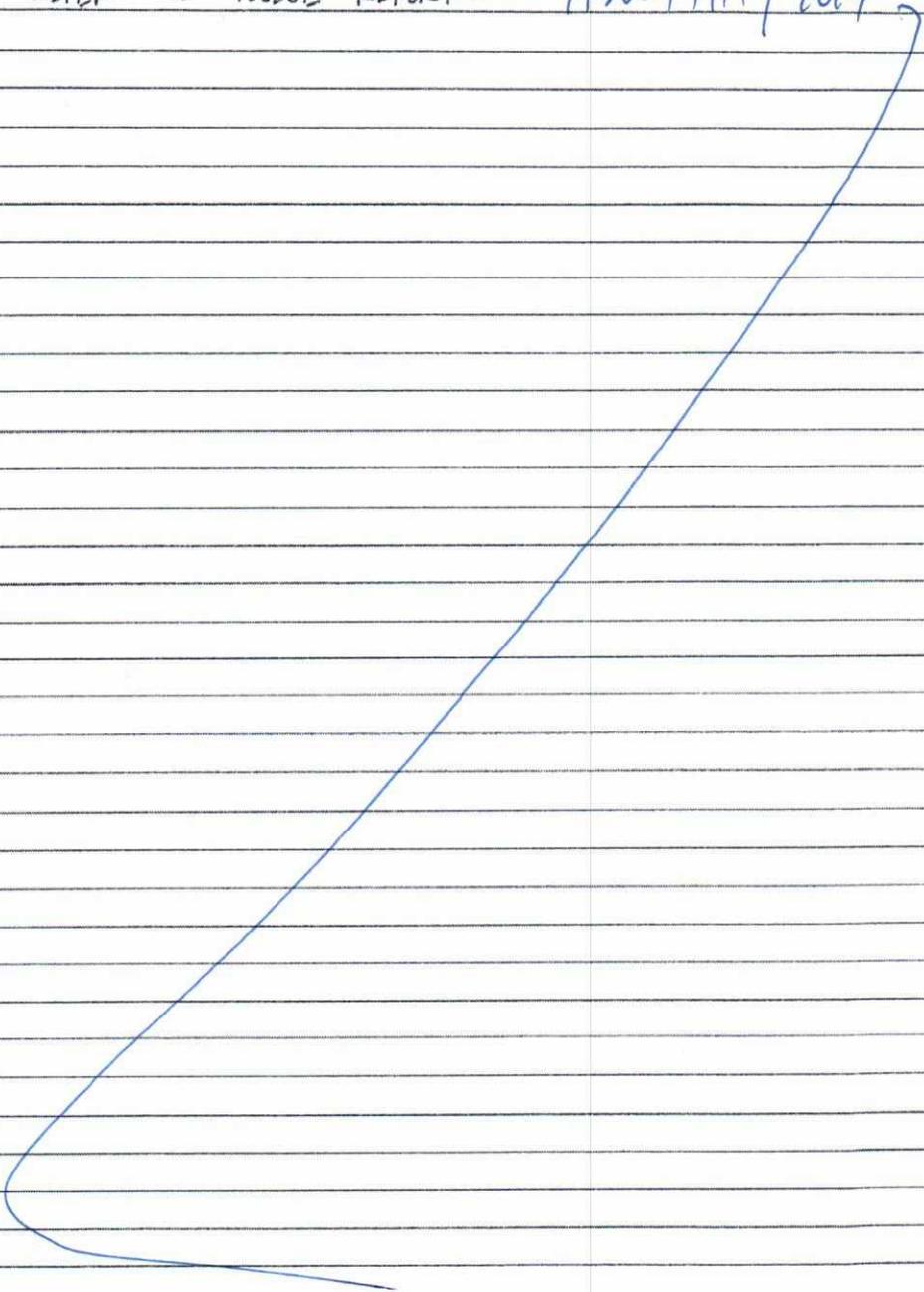
Sketch Plan



A: SJQ 812R
 B: SHB 4237A
 C: Smw 9614B.

Describe Circumstances of the Accident

- REFER TO POLICE REPORT - 7/2021/1111/2014



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

 19/11/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO: S5Q 812 R

MAKE & MODEL: HYUNDAI AVANTE

REG. NO. 1.6

DATE OF ACCIDENT	10 / 11 / 2021	REG. NO.	1.6
TIME OF ACCIDENT	540 AM / <u>PM</u>		
LOCATION OF ACCIDENT	PIE (CHANGI) AFTER TOA PAVOH ENTRANCE		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	ITI METAL FINISHING PTE LTD		
EMAIL	CITIZENPOWER SSS @Gmail.com	Office	MOBILE: 68822006
NRIC	199806195 N		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u>		
INSURANCE CO.	China Taiping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMPCSN W60130062100		
NAME OF DRIVER	AS ABOVE / IF NO: MUHAMMAD KHAIRUDDIN BIN ABDULLAH.		
NRIC	S9516844R.		
DATE OF BIRTH	09 / 05 / 95.		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER	KHAHILA		
GENDER OF PASSENGER	MALE / <u>FEMALE</u>		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	14 / 06 / 17.		
GENDER	Male / Female		
CONTACT NO.	Mobile: 90265579. Office		Home:
EMAIL	"		
ADDRESS	645 ANG MO KIU AVE 6 #12-479 S(560645).		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.		NUMBER -
RELATIONSHIP	<u>employee</u> / If No.		
WEATHER CONDITION	Clear / <u>Raining</u> / Other.		
ROAD SURFACE	Dry / <u>Wet</u> / Other.		
ANY INJURIES	No / <u>Yes</u> . Who? DRIVER & PASSENGER.		
CONTACT NO.			
POLICE REPORT	No / If <u>Yes</u> , Where? TP HQ.		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B NO.	SHB 423A.		Any Passenger:
NAME			
CONTACT NO.			
VEHICLE C NO.	SMW 9014B.		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>		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		



**SINGAPORE
POLICE FORCE**



T/20211111/7014

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

1 of 3

Report No. T/20211111/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMAD KHAIRUDDIN BIN ABDULLAH			Address: 645 ANG MO KIO AVENUE 6 #12-4979 SINGAPORE 560645		
ID Type / ID No.: NRIC NO / S9516844B			Contact No.: Home/Office:		Mobile: 90265579
Nationality: SINGAPORE CITIZEN			Email: KHAI7YP@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 09/05/1995	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2021 17:30	Type of Location: Highway	
Location: PAN ISLAND EXPRESSWAY					
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SHB4203A	Car				Slightly Damaged	0
SJQ812R	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211111/7014

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

2 of 3

Report No. T/20211111/7014

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMW9014B	Car				Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KHAHILA	ID No.	S9226442D
Related Vehicle	SJQ812R (Car)	Contact No.	82683354
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/11/2021	Date	10/11/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MUHAMAD KHAIRUDDIN BIN ABDULLAH	ID No.	S9516844B
Related Vehicle	SJQ812R (Car)	Contact No.	90265579
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/11/2021	Date	10/11/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above stated date,time and location, I was driving vehicle SJQ812R with my girlfriend. I slowed down to a completely stop due to traffic and suddenly I felt a huge impact from the rear caused my vehicle surge forward colliding onto front vehicle. My girlfriend alighted to check and total me we were involved in a 3 vehicle chain collision. The vehicle in front plate no.smw9014b and the rear vehicle no.shb4203b

I and my girlfriend sustained injury from the accident and went to seek medical attention shortly after. i was given 5day mc.



**SINGAPORE
POLICE FORCE**



T/20211111/7014

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

3 of 3

Report No. T/20211111/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2021 13:28

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:



Motor Private Car

MX1

N SN

AN0586A

Cov. Type:T

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. DMPCSNW00130062100

Engine No.: G4FC9U647087
Cha. No.:KMHDU41BR9U749912

1. Index Mark and Registration Number of Vehicle SJQ812R

2. Name of Policy Holder ITI METAL FINISHING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 26/06/2021 (15:33:31)

4. Date of Expiry of Insurance 25/06/2022

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.

* 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: GENERAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory