

NATIONAL Assessment Centre Services

SMZ 22/E0002

Date In: 14/01/2022 13:58	Job description	Date & Time Completed	Done by
Ref No: NPA/C122000527/4	SAS e-illing		
Veh No: STA 90957	E-mail (within Mtd. Al. 2hrs)		
DOA: 13/01/2022 10:12	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within 10: 2hrs. 10: 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: SMZ 97842	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI2: Blue Mobile		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) NI2: Blue Mobile \$10		
	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	14/01/2022 13:58 (SGT)
Date of Accident	13/01/2022 10:12 (SGT)
Exact Location of Accident	Choa Chu Kang North 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA9095T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHANG PRIAUTO
Company Reg No	5XXXX420M
Email Address	claims@lap.com.sg
Mobile Phone No	(Phone) +65-82821703
Alternative Phone No	+65-98395990

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00015682101
Cover Note Number	-

DRIVER

Name of Driver	YAHYA BIN KAMSEER
NRIC No	SXXXX981Z

Date Of Birth	08/03/1962
Occupation	Outdoor
Date Of Driving Pass	04/10/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98395990
Alt. Phone Number	-
Email Address	yahyakanseer@yahoo.com
Address	BLK 437 JURONG WEST AVENUE 1 #03-434
Address complement	-
Postcode	640437
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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 SKETCH AND POLICE REPORT T/20210113/7030

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	SMZ9784X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

INJURED PERSONS DETAILS

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.

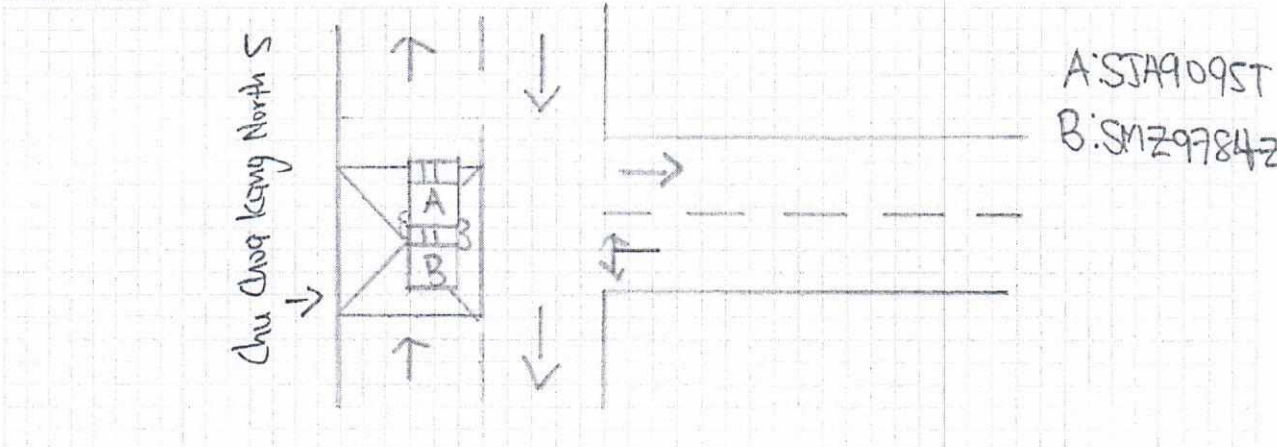


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Chu Chua Lang North S as I was turning right ^{to carpark} with right signal on, look out for traffic to be clear. Suddenly I felt a huge impact from my rear of my vehicle. I got down of my vehicle and realise vehicle B collided onto my vehicle.

POLICE REPORT 1/20210113/7030

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

yjf

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

14/01/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 13/1/2022 Accident Time: 1012 (24-HR-FORMAT)
 Accident Place : Along CHOA CHU KANG NORTH 5
 Vehicle Reg. No (Car plate No.) : SJA909ST Vehicle Make/Model: Toyota wish
 Insurance Company : China Taiping Policy No. DMHCSN0005682101
 Name of Registered Owner : Company / Individual Chang Private
 ID of Registered Owner : Co Reg No: 53366420 M Owner's NRIC No: 1
 : Co Contact No: 1 Owner's Contact No: 82821703
 DRIVER'S Name : Yahya Bin Kamseer DRIVER'S NRIC No: S15319812
 DRIVER'S Date of Birth : 8/3/1962 DRIVER'S License Pass Date 04/10/1993
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 437 Jurong West Ave 1 #03-434
 DRIVER'S Contact No./ Alt No. : 1) 9839 5990 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : claims@iap.com.sg
 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): 1 Name & Gender: _____
 Was the accident reported to the police? YES \ NO
 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 \ World Purpose
 Any injuries, if yes (name of the injured person) Yahya Bin kamseer CM

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMZ9784X</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



SINGAPORE POLICE FORCE



T/20220113/7030

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

1 of 3

Report No. T/20220113/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2022 13:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YAHYA BIN KAMSEER			Address: 437 JURONG WEST AVENUE 1 #03-434 SINGAPORE 640437		
ID Type / ID No.: NRIC NO / S1531981Z			Contact No.: Home/Office: Mobile: 98395990		
Nationality: SINGAPORE CITIZEN			Email: yahyakanseer@yahoo.com		
Sex: Male	Age: 59	Date of Birth: 08/03/1962	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2022 10:10	Type of Location: Straight Road
Location: CHOA CHU KANG NORTH 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJA9095T	Car					0
SMZ9784X	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220113/7030

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

2 of 3

Report No. T/20220113/7030

CONTINUATION OF REPORT

Driver				
Name	YAHYA BIN KAMSEER		ID No.	S1531981Z
Related Vehicle	SJA9095T (Car)		Contact No.	98395990
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

I was travelling along CCK North 5. I switch on my signal to indicate that i am turning right into the carpark. Out of sudden, i felt a great imagine from my vehicle rear portion. When i got down, i saw SMZ9784X collided onto me. I felt unwell after the accident hence i went to consult a doctor.



**SINGAPORE
POLICE FORCE**



T/20220113/7030

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

3 of 3

Report No. T/20220113/7030

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:
13/01/2022 13:48

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168

CHANG PRIVAUTO
526 Hougang Ave 6 #06-147, Singapore 530526

VEHICLE LEASE AGREEMENT

This agreement is made on the (Date) 3/12/19

BETWEEN

CHANG PRIVAUTO, 526 Hougang Ave 6 #06-147, Singapore 530526, Tel: 82821703 (Jian Shun)

[Hereinafter referred to as the "Lessor" which article shall wherever the context so admits include its assigns and successor in title] of the one part;

AND

Name: Yahya Bin Kamseer NRIC/ID: S15319812
Address: 437 Jurong West Ave 1 #03-434 S640437
Date of Birth: 8/3/1962 Contact No.: 98395990

[hereinafter referred to as the "Lessee" which article shall wherever the context so admits include its assigns and successor in title] of the other part

RECITALS;

- Whereas the Lessor is the owner of a make and model of motor vehicle of the following description:
Registration number SJA9095T; Model Toyota Wish; Colour Silver
- Whereas the Lessee is desirous of leasing and the Lessee has agreed to lease the aforesaid motor vehicle on the terms and conditions herein contained

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. DURATION

The agreement shall endure for a period commencing from 3/12/19 to 2/1/20 and shall then continue indefinitely until renewal or termination with the mutual agreement of the Parties.

2. RENTAL

The motor vehicle is hereby leased at a rate of S\$ 350/week inclusive of GST with the following conditions:

- Unlimited mileage
- Servicing and maintenance
- Road tax
- Vehicle insurance (NOT INCLUDING applicable excess payable incurred by Lessee)
- 24 hours breakdown and emergency service (SINGAPORE ONLY)
- Lessee will be liable to a late payment administrative fee of SGD \$50.00 plus 2% late payment (computed on a monthly basis) if the Rental or other applicable payment remain unpaid after becoming due.
- In the event, the Rental remains unpaid for more than THREE (03) calendar days, the Lessor may lodge a police report as a loss of vehicle and activate the vehicle repossession team to retrieve the vehicle. The incidental cost of the repossession process will be charged to the Lessee.
- All payments due hereunder shall be made to the Lessor at its address stated herein. Any payment sent by post shall be sent at the risk of the Lessee. Payment mode can be in CASH, CHEQUE or BANK TRANSFER to the following account:
CHANG JIAN SHUN (POSB SAVINGS)
Account Number: 186-11772-7
- Additional named drivers can be included to drive the vehicle with prior approval from the Lessor. Any additional driver will be charged at SGD \$25.00 weekly. This amount will be valid throughout the rental period.

DEPOSIT

- The Lessee shall upon signing this Agreement pay to the Lessor a deposit (the Deposit) of S\$ 300 as security.





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

MZ407

R 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

DMHCSNA00015682101

Engine No.: 1ZZ2921156

Cha. No.: ZNE100368656

1. Index Mark and Registration
Number of Vehicle

SJA9095T

2. Name of Policy Holder

CHANG PRIVAUTO

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

28/12/2021
(00:00:00)

Excess Sect. II

S\$1,500.00

Excess Sect. II (Outside Singapore).

S\$3,000.00

4. Date of Expiry of Insurance

27/12/2022

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes.

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.

* 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:

Tan Xin Yi Josephine
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