

NATIONAL Assessment Centre Services

Date In: 08/02/2022 14:33	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001185/M4	SAS e-filing		
Veh No: PA3630S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/02/2022 05:50	i-Motor Claim Form		
<input checked="" type="checkbox"/> 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: Pedestrian	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

NA 2200339

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: 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:-			
	OP*			
	*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-on INC) against INC \$20			
	9) N12: Idac Mobile 30			
at 1:	Invoice dated	Fee Charged		
at 2 / 3:	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	08/02/2022 14:33 (SGT)
Date of Accident	08/02/2022 05:50 (SGT)
Exact Location of Accident	Tampines Street 72, Singapore
Additional Location Information	TOWARDS TAMPINES AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA3630S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JMR TRAVEL LIMITED LIABILITY PARTNERSHIP
Company Reg No	TXXXXXX265K
Email Address	jmtravel@p@gmail.com
Mobile Phone No	(Phone) +65-81383143
Alternative Phone No	+65-81383143

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00002812100
Cover Note Number	-

DRIVER

Name of Driver	MANISAH BINTE ARIFIN
NRIC No	SXXXX508E

Date Of Birth	04/07/1968
Occupation	Outdoor
Date Of Driving Pass	11/01/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81985474
Alt. Phone Number	-
Email Address	jmrtravellp@gmail.com
Address	BLK 879 TAMPINES AVENUE 8
Address complement	#02-254
Postcode	520879
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	Collided into Pedestrian
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER TO THE POLICE REPORT : T/20220208/2014

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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. 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

[Signature]

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

[Signature] 08/07/22

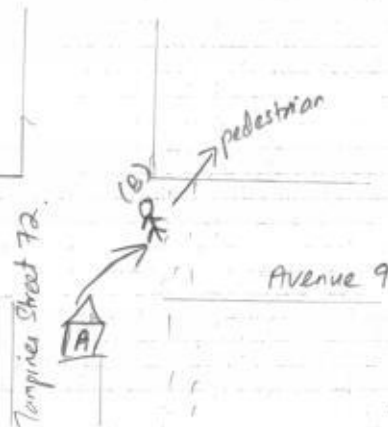
Witnessed by Reporting Centre Personnel

Sketch Plan

A = PA3630S

B = Pedestrian

Tampines Street 72
towards Tampines Ave 9.



Describe Circumstances of the Accident

— Refer to the Police Report: T/20220208/2014. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

R 08/2/2022

Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2022 08:25		Vide Report No.: G/20220208/0055		Station Diary No.:	
Informant's Particulars					
Name of Informant: MANISAH BINTE ARIFIN			Address: 879 TAMPINES AVENUE 8 #02-254 TAMPINES SPRING SINGAPORE 520879		
ID Type / ID No.: NRIC NO / S6820508E			Contact No.: Home/Office: Mobile: 81985474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 04/07/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/02/2022 05:50	Type of Location:
Location: TAMPINES STREET 72				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3630S	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



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

Report No. T/20220208/2014

CONTINUATION OF REPORT

Driver			
Name	MANISAH BINTE ARIFIN	ID No.	S6820508E
Related Vehicle	PA3630S (Bus/Coach/Minibus)	Contact No.	81985474
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS AT THE TRAFFIC JUNCTION AT THE STATED LOCATION WANTING TO MAKE A RIGHT TURN TO TAMPINES AVENUE 9. AS THE TRAFFIC LIGHT TURNS GREEN, I CHECKED THE PEDESTRIAN WALKWAY AND THERE WERE NO SIGHT OF ANY PEDESTRIAN HENCE I PROCEED TO MAKE A RIGHT TURN. SHORTLY AFTER, THERE WAS A PEDESTRIAN RIGHT INFRONT OF ME. I DID NOT MANAGED TO BRAKE ON TIME AND COLLIDED WITH THE PEDESTRIAN INFRONT OF ME. THE PEDESTRIAN GET UP AND SIT BY THE ROAD. I STOP MY VEHICLE RIGHT AWAY AND ASSIST HIM. I CALLED THE AMBULANCE AS HIS WAS INJURED AND CONVEYED HIM TO THE HOSPITAL. DAMAGES WAS FOUND ON MY WINDSCREEN (CRACK) AND THE FRONT REAR OF MY VEHICLE. I WAS NOT INJURED. THAT IS ALL.



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

Report No. T/20220208/2014

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

TP /

Other SAIFUL ILHAM BIN
ZAHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

08/02/2022 08:25

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 02 / 2022 (DD/MM/YYYY), TIME: 05 : 50 (HH:MM)

LOCATION: Tampines Street 72 towards Tampines Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 3630 S
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMB1SNW00002812100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace Auto (2982cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) (bus)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (own damage)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: JMR TRAVEL LIMITED LIABILITY PARTNERSHIP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T21LL0265K CONTACT: 8138 3143
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MANISAH BINTI ARIEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6820508E CONTACT: 8198 5474
 c) ADDRESS: BLK 879 Tampines Avenue 8 #02-254 (S) 520879

* d) DATE OF BIRTH: 04 / 07 / 1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 11/01/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzle)
 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: Unknown (Pedestrian) MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = jmrtravellp@gmail.com

fax = _____

VIDEO = NO

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Motor Bus

MZ601

N SN

AN0580A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00002812100

Engine No.: 1KD2419763

Cha. No.: KDH2230020448

1. Index Mark and Registration
Number of Vehicle

PA3630S

AUTOSAFE

2. Name of Policy Holder

JMR TRAVEL LIMITED LIABILITY PARTNERSHIP

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment05/03/2021
(09:29:49)

Excess Sect. I . S\$2,000.00

Excess Sect. II S\$750.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

04/03/2022

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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 forward) 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).

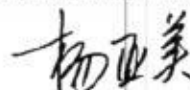
Please see reverse

Issued By:



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



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