

NATIONAL Assessment Centre Services: (ver 1 Jan 08) **SM0822500003**

Date In: 30/05/2022 12:44	Job description	Date & Time Completed	Done by
Ref No: 1/BA/C1220090574	SAS e-filing		
Veh No: SGH 986E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/05/2022 11:20	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SMW 6028E** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. 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)

Remarks	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

NA229/462

Claimant's Particulars:	Invoice Preparation Checklist		Am (S)	Am (C)
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (ver 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON*			
	*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 (N11 INC) against INC \$20			
	9) N12: Idao Mobile \$0			
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:	Invoice dated	Fee Charged		
L 1:				
L 2 / 3:				

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	30/05/2022 12:44 (SGT)
Date of Accident	28/05/2022 11:20 (SGT)
Exact Location of Accident	Yishun Central, Singapore
Additional Location Information	TOWARDS YISHUN AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH986E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABU SHAH BIN SURATI
NRIC No	SXXXX455B
Email Address	tobytnngis@gmail.com
Mobile Phone No	(Phone) +65-90049064
Alternative Phone No	+65-81862285

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	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00073152100
Cover Note Number	-

DRIVER

Name of Driver	KHAIRUL ANWAR BIN SHARIFUDDEEN
NRIC No	SXXXX036D

Date Of Birth	06/03/1993
Occupation	Indoor
Date Of Driving Pass	11/02/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81862285
Alt. Phone Number	-
Email Address	tobytnngis@gmail.com
Address	BLK 787B WOODLANDS CRESCENT #04-70
Address complement	-
Postcode	732787
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220529/7071

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	SMW6128B
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
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	KHAIRUL ANWAR BIN SHARIFUDDEEN
Gender	Male
Phone No	(Phone) +65-81862285
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGH986E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

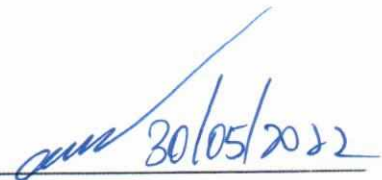
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

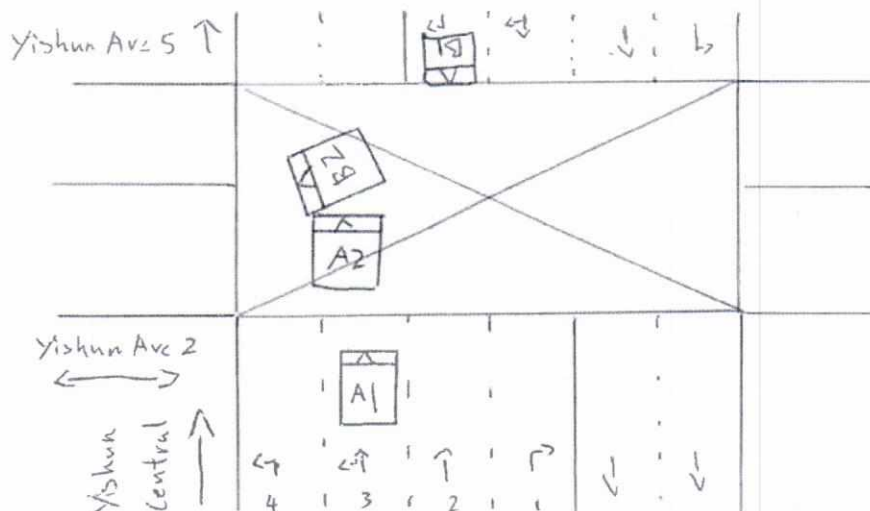


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SGH 186E
Veh B: SMW 6128B

Describe Circumstances of the Accident

Refer to police report

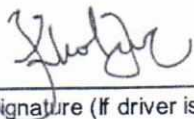
4/20220529/7071

Declaration

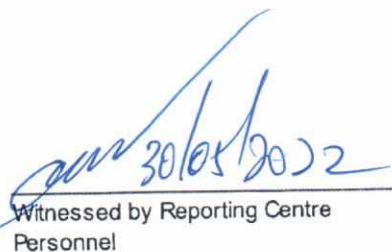
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



30/05/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20220529/7071

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POLICE REPORT (NP299)

Report No. L/20220529/7071

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 29/05/2022 19:19	Vide Report No.	Station Diary No.		
Name Of Informant KHAIRUL ANWAR BIN SHARIFUDDEEN	Address 787B WOODLANDS CRESCENT #04-70 SINGAPORE 732787			
ID Type / ID No. NRIC NO / S9307036D	Contact No. Home/Office:	Mobile: 81862285		
Nationality SINGAPORE CITIZEN	Email Address KHAIRULANWARBINSHARIFUDDEEN@GMAIL.COM			
Occupation software engineer	Sex Male	Age 29	Date of Birth 06/03/1993	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 28/05/2022 11:20	Location Of Incident YISHUN CENTRAL			

Brief details.

On the stated date and time i vehicle SGH986E was travelling along Yishun Central towards Yishun Ave 5.

I was stationary before the X-Junction of Yishun Central as the traffic light was red.

As the lights turn green, i proceeded to move ahead.

Suddenly vehicle SMW6128B who was at my opposite direction on Ave 5 made a discretionary right turn without checking clear for traffic.

The said vehicle came too suddenly and i immediately pressed on my brakes but to no avail i still collided

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
29/05/2022 19:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220529/7071

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220529/7071

onto the said vehicle's left front portion.

The impact was great and it causes my left knee to hit the dashboard.

After a while i start to feel pain on my neck, lower back and waist areas.

I thought nothing of it and went back.

The next day, the pain worsen and i quickly proceeded to my family doctor Norwood Medical Clinic to seek treatment and i was given 5 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
29/05/2022 19:19

Classification Of Case:

1

Date of Accident : 28/05/2022 Accident Time: 1120 (24-HR-Format)
Accident Place : Yishun Central twds Yishun Ave 5
Vehicle No. (Car Plate No.) : SGH 986E Make/Model: Hyundai Avante
Insurance Company : China Taiping Policy No: _____
Owner or Company Name /IC No. : ABU SHAH BIN SURATI S2175455B
Owner or Company Contact No. : 9004 9064 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : KHAIRUL ANWAR BIN SHARIFUDDIN S9307036D
DRIVER'S Date Of Birth : 06/03/1993 DRIVER'S License Pass Date 11 Feb 2015
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 787B Woodlands Crescent #04-70 S732787
DRIVER'S Contact No./ Alt No. : (1) 8186 2285 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Toby Tung is @ gmail . com (TOBYTUNGIS @ GMAIL . COM)
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): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): None

Other Party Driver's Particular (if any)

Vehicle. No: <u>SMW 6128 B</u>	Vehicle. No: _____
Vehicle Make \Model: <u>HYUNDAI/ELANTRA 1.6</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

Motor Private Car

MX1F

N SN

AN0014A

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.

DMPGCSNW00073152100

Engine No.: G4FGLU100847

Chassis No.: KMHD641CMLU094958

1. Index Mark and Registration
Number of Vehicle

SGH985E

AUTOSAFE

2. Name of Policy Holder

ABU SHAH BIN SURATI

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

09/06/2021
(00.00.00)

Named Drivers Ex Sect. 1
Additional Ex Other than Named Drivers:

S\$500.00

Ex Sect. 1 - Age <= 25

S\$3,000.00

Ex Sect. 1 - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN.

S\$100.00

4. Date of Expiry of Insurance

08/06/2022

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.

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.: MAYBANK SINGAPORE LIMITED

* 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

[Signature]



Issued By:

ASOKA INVESTMENT PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory