

NATIONAL Assessment Centre Services

Date In: 17/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/CF822010256/13	SAS e-filing		
Veh No: SLH399SA	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/22 0910	i-Motor Claim Form		
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SLA 9189G

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%; P: 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

NA2202902	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	OD*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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 Actual 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	17/10/2022 12:50 (SGT)
Reported by	Both
Date of Accident	15/10/2022 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH3995A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAHABAR MOHAMED ASIQ
NRIC No	SXXXX477C
Email Address	mohamedas iq2@gmail.com
Mobile Phone No	(Phone) +65-93437583
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008912100

DRIVER

Name of Driver	JAHABAR MOHAMED ASIQ
NRIC No	SXXXX477C
Date Of Birth	09/04/1984
Occupation	Outdoor

Date Of Driving Pass	09/11/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93437583
Alt. Phone Number	-
Email Address	mohamedasig2@gmail.com
Address	BLK 932A HOUGANG AVE 9
Address complement	#07-84
Postcode	531932
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFE TO THE POLICE REPORTT/20221015/2082

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLA9189G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THEON TAY RUEY JYH
NRIC No	SXXXX794C
Contact Number	(Phone) +65-81335195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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;

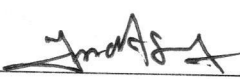
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

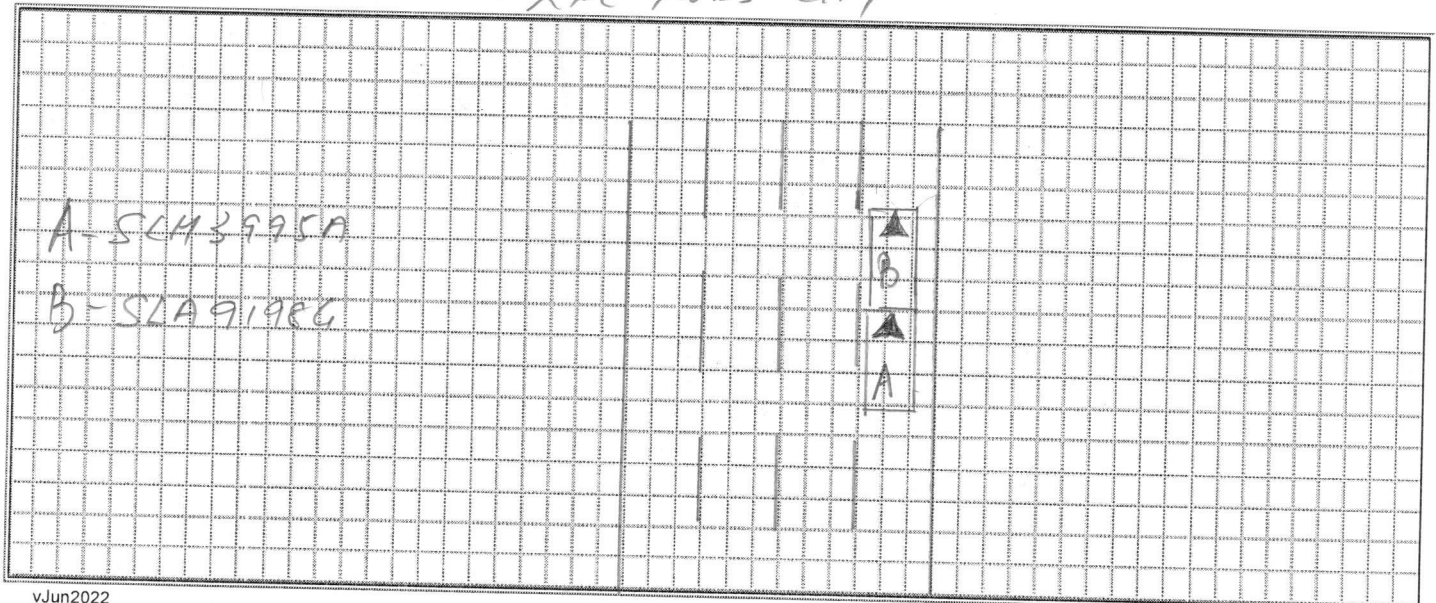

Policyholder's Signature / Date & Time

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

 17/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KPE TWA5 CITY



A-SCH3995A
B-SIA9198C

A
B
C

Describe Circumstance of the Accident

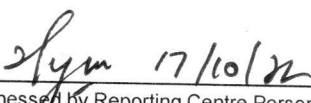
P/s refer to the police report: T/20221015/2082

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

 17/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221015/2082

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221015/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2022 23:41		Vide Report No.:		Station Diary No.: 113	
Informant's Particulars					
Name of Informant: JAHABAR MOHAMED ASIQ			Address: APT BLK 932A HOUGANG AVENUE 9 #07-84 SINGAPORE 531932		
ID Type / ID No.: NRIC NO / S8486477C			Contact No.: Home/Office: Mobile: 93437583		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 09/04/1984	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Promoter			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2022 09:10	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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	Condition	No of Passenger
SLA9198G	Car				Slightly Damaged	1
SLH3995A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221015/2082

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20221015/2082

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH3995A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000089 12100	24/08/2021	31/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JAHABAR MOHAMED ASIQ		ID No.	S8486477C
Related Vehicle	NIL		Contact No.	93437583
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Theon Tay Ruey Jyh		ID No.	S9529794C
Related Vehicle	NIL		Contact No.	81335195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 15/10/2022 at about 0910hrs, I had an traffic accident along KPE. My vehicle's (SLH3995A) head collided with vehicle's (SLA9198G) rear.

Both my vehicle's head and the other vehicle's rear has slight dents. I exchange particulars with the other driver and LTA was at scene.

No one was conveyed by ambulance and there was no injury.

I am lodging this report for my car insurance (CHINA TAIPING). That's all.



**SINGAPORE
POLICE FORCE**



T/20221015/2082

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20221015/2082

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:

F /
SGT 2 LIM IK KI, LINUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:

15/10/2022 23:41

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 10 / 22) (DD/MM/YYYY), TIME: (09:10) (HH:MM)

LOCATION: KPE TWAS CITY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH3995A
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: DMHCSN0000008912100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA ALTIS (A) 1.6
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: JAHABAR MOHAMED ASIQ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8486477C CONTACT: 93437583
 c) ADDRESS: BLK 932A HOULANG AVE 9
#07-84 (531932)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (09 / 04 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 09/11/2011

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) HOULANG NPC

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA91989 MODEL: _____
 b) DRIVER'S NAME: THEON TAY RUEY JYH
 c) NRIC/FIN/PASSPORT: S9529794C CONTACT: 81335195

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(2)

(f)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = mohamedasq2@gmail.com

fax =

VIDEO = yes, haven't retrieve

CERTIFICATE No.

DMHCSNW00008912100

Engine No.: 1ZRY344510

Cha. No.: MR053REH104561778

1. Index Mark and Registration
Number of Vehicle

SLH3995A

AUTOSAFE

2. Name of Policy Holder

JAHABAR MOHAMED ASIQ

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

24/08/2021
(00:00:00)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

31/10/2022

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below

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.

JAHABAR MOHAMED ASIQ

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 and business purposes of any person to whom the vehicle is hired.

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.

HIRE PURCHASE CO. : GV CREDIT PTE LTD

* 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: Chua Suat Lay Sally
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