

VAJIT Assessment Centre Services

Date In 13/02/2023

Ref NO NA1C1123001553/d4

Veh NO SJN 9584E

DOA 12/02/2023 08:45

OD/ (TP) Reporting Only

TP Insurer:

referred Wksp / INC Assign Wksp / QW: (

P Particulars:

Veh No:

SJS 5296R

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Tel:

Confirmed by: (

Period: (

Cover Type: (

Insured/Driver Liability: (

Date:

Time:

Year of Registration: (

%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Excess: (\$

Warranty: YES () / NO ()

General Remarks:

Loading: \$1,000 () / \$2,000 ()

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

Total Loss Case : to e-mail Insurer URGENTLY.

ive-In () * Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

anks: (INC Hotline: 6788-6616)

Apply for Transport Allowance () / Courtesy Car ()

Date & Time Completed:

Done by

Check / Post Repair Inspection ()

Upload Resurvey Photo [Repair Cost > \$3000] ()

ury:

Time: Actions:

NA2300441

Particulars:

Owner:

No:

Portion:

ked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NL: Use Dr. + SMRT Survey \$160

8) NTC Additional Services

OT*

* NS: Courtesy Car / Tpt Allowance \$5

* NS: Repair Time Extension \$10

* NY: Post Repair Inspection \$25

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	13/02/2023 19:36 (SGT)
Reported by	Driver
Date of Accident	12/02/2023 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF BUKIT BATOK ROAD TOWARDS PIE (CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9584E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALINA BINTE AMAN
NRIC No	SXXXXX579I
Email Address	alina.kms@gmail.com
Mobile Phone No	(Phone) +65-83335451
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00050102200

DRIVER

Name of Driver	KAMIL BIN ABU SAMAH
NRIC No	SXXXXX798D
Date Of Birth	27/06/1973
Occupation	Indoor

Date Of Driving Pass	10/02/1999
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-96884163
Alt. Phone Number	-
Email Address	alina.kms@gmail.com
Address	APT BLK 318 TAMPINES STREET 33
Address complement	# 05-78
Postcode	520318
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	DRIZZLING
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE ATTACHED POLICE REPORT- T/20230213/7049

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5296R
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)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK5048Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KAMIL BIN ABU SAMAH
Gender	Male
Phone No	(Phone) +65-96884163
Address	APT BLK 318 TAMPINES STREET 33
Address Complement	# 05-78
Post Code	520318
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SJN9584E
Were seat belts worn?	-
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.

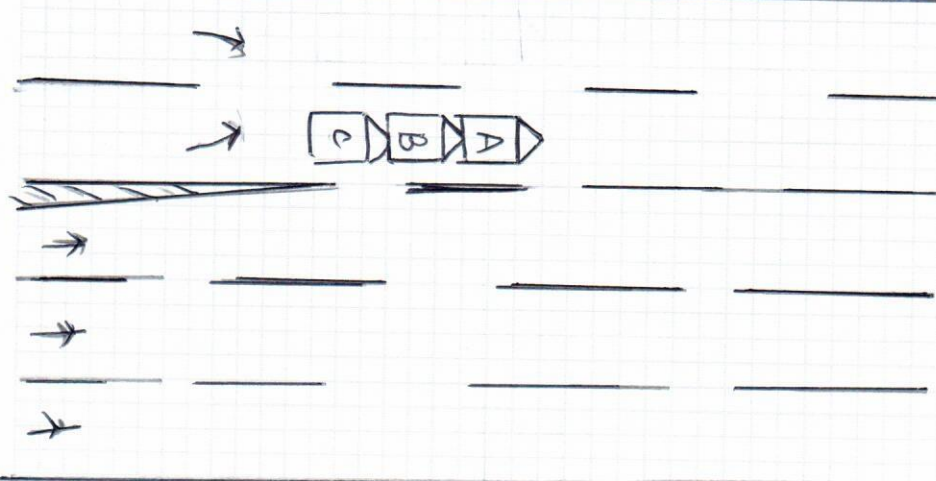
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Slip Road at Bukit Batok Road towards PIE (Changi)



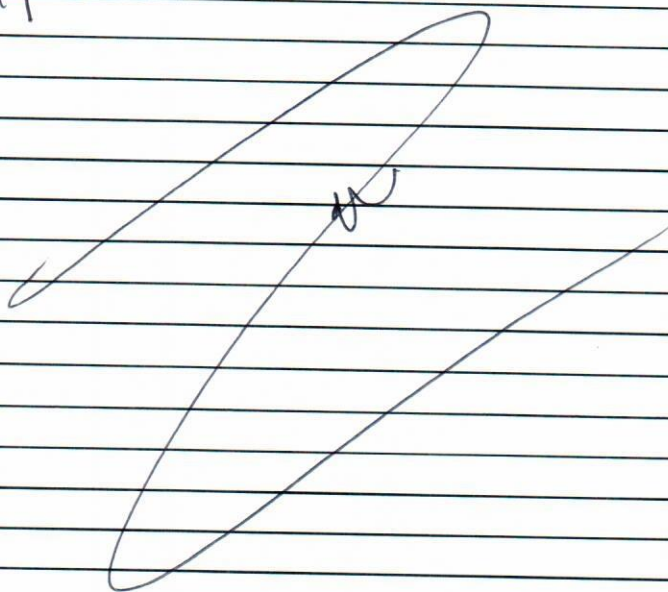
(A) SJN9584E

(B) SJD5296R

(C) GBK5048Z

Describe Circumstances of the Accident

attached TP report
7/2023 0213/7047



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

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

Ali

Policyholder's Signature / Date & Time

Kamil

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

gauri 13/2/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230213/7049

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

1 of 3

Report No. T/20230213/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 14:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAMIL BIN ABU SAMAH			Address: 318 TAMPINES STREET 33 #05-78 SINGAPORE 520318		
ID Type / ID No.: NRIC NO / S7322798D			Contact No.: Home/Office: Mobile: 96884163		
Nationality: SINGAPORE CITIZEN			Email: ALINA.KMS@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 27/06/1973	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2023 08:45	Type of Location: Straight Road
Location: slip road of Bukit Batok road towards PIE (Changi Airport)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GBK5048Z	Van					0
SJD5296R	Car					0
SJN9584E	Car					0



**SINGAPORE
POLICE FORCE**



T/20230213/7049

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

2 of 3

Report No. T/20230213/7049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMIL BIN ABU SAMAH	ID No.	S7322798D
Related Vehicle	SJN9584E (Car)	Contact No.	96884163
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On 12/02/2023 at about 0845hours at along slip road of Bukit Batok road towards PIE (Changi Airport). I was travelling at the extreme left lane on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved. I have 4 days MC for my injury at Manadar Clinic @ City Gate and Soh Well Clinic & Surgery.

Vehicle A: SJN9584E
Vehicle B: SJD5296R
Vehicle C: GBK5048Z



**SINGAPORE
POLICE FORCE**



T/20230213/7049

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

3 of 3

Report No. T/20230213/7049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
13/02/2023 14:10

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	12/2/2023	Time:	08:45 hrs	(hh:mm) 24 hr format
Location	Slip road of Bukit Batok Road towards PIE (Changi)			
Vehicle Number	SJN 9584Z			
Insured Name	ALINA BINTE AMAN			
NRIC / FIN	S7319579I	Contact Number	8333 5451	
Make	70707A	Model	WISH 1.8 Auto	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	CHINA TAIPING			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	DHPCSNW00050102200			
Name of Driver	KAMIL BIN ABU SAMAH () Same as Insured			
NRIC / FIN	S7322798D	Contact Number	9688 4163	
Date of Birth	27-06-1973			
Driving Pass Date	10-06-1999			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	tuam alina.kms@gmail.com () NO EMAIL			
Address of Driver	Blk 318 TAMPINES ST 33 #05-78 S (520318)			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
() Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions () Clear () Raining () Others drizzling				
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No				
If yes, injured detail Driver back & neck pain				
Was there any video captured by Car Camera? () Yes () No				
Was the Accident reported to the Police? () Yes () No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SJD 5296R		1 passenger (male)	
Veh C	93K 5048Z		1 passenger (female)	
Veh D				
Veh E				
Veh F				

~~Include~~ Driver only



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 Private Car

MX1WF

N SN

BR0138A

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.

DMPCSNW00050102200

Engine No.: 1ZZ3233954

Cha. No.: JTDER12W003002302

1. Index Mark and Registration
Number of Vehicle

SJN9584E

AUTOSAFE

2. Name of Policy Holder

ALINA BINTE AMAN

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

21/02/2022
(09:36:13)

Named Drivers Ex Sect. I SS\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 SS\$3,000.00

Ex Sect. I - Age >= 26 SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN SS\$100.00

4. Date of Expiry of Insurance

04/03/2023

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 will be doubled). A Flat SS\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first SS\$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.: RICARDO CARS 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: IVAN INSURANCE BROKERS PTE LTD
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