

NATIONAL Assessment Centre Services (only for use by SML 2800)			
Date In: 15/08/2023 12:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: KIA2800475	E-mail (with In, AIC In)		
Veh No: 86X 705A	1-Motor Claim Form		
D.O.A: 13/01/2023 23:10	1-Motor W/O (with In, AIC In)		
OD (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SML 529A	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (	Date:	Time:	
Insured/Driver Liability: (	95) (Note: Hst Status (W/O): N: 0-20%, F: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC Ref No: 0788-0014)	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: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

KIA2800475 TP Particulars: Owner/Owner: Contact No: Damaged Portion: Front Checked by (Engn-In-Charge): TP Insurer: C.I. L2/3	Invoice Preparation Charge:		
	1) AR: Accident Reporting (\$300)		
	2) DA: Damage Assessment (\$1000)	INC (\$50)	
	3) TP: Towing Fee	\$10/\$40	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Emergency)	\$50	
	Emergency Response (1200-0000) (15 Jan 2023)		
	6) TR: Reproduction	\$75	
	7) NI: New DA & Survey	\$140	
	8) NTUC Additional Fee:		
GR:			
*NI: Courtesy Car / Tel Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$10		
*NI: DV / Collect Excess Coordination	\$1		
*2 (NTUC) TP (Non-INC) against INC	\$20		
PEN (1200-0000)	\$0		
Invoice Total			
TP 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	15/02/2023 12:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/02/2023 23:10 (SGT)
Exact Location of Accident	T2 Arrival Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7051A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD NASIR BIN S ZAILANI
NRIC No	SXXXX826G
Email Address	nasir.zailani@gmail.com
Mobile Phone No	(Phone) +65-91681808
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00022392201

#### DRIVER

Name of Driver	MOHAMMAD NASIR BIN S ZAILANI
NRIC No	SXXXX826G
Date Of Birth	18/08/1987
Occupation	Outdoor

Date Of Driving Pass .....	28/12/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91681808
Alt. Phone Number .....	-
Email Address .....	nasir.zailani@gmail.com
Address .....	BLK 475D UPPER SERANGOON CRESCENT #10-573
Address complement .....	-
Postcode .....	537475
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 .....	Side Swipe
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
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 POLICE REPORT T/20230214/7048

#### 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 .....	SML529A
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMMAD NASIR BIN S ZAILANI
Gender .....	Male
Phone No .....	(Phone) +65-91681808
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKX7051A
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 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

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

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

### Sketch Plan

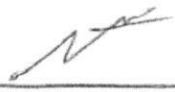


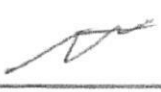
Describe Circumstance of the Accident

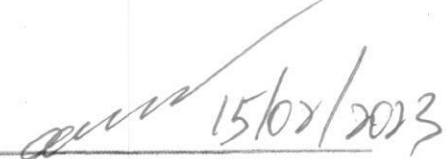
PLEASE REFER TO POLICE REPORT NO. T/20230214/7048.

Declaration

I/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

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



**SINGAPORE  
POLICE FORCE**



T/20230214/7048

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

1 of 3

Report No. T/20230214/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2023 15:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD NASIR BIN S ZAILANI			Address: 475D UPPER SERANGOON CRESCENT #10-573 SINGAPORE 537475		
ID Type / ID No.: NRIC NO / S8724826G			Contact No.: Home/Office: Mobile: 91681808		
Nationality: SINGAPORE CITIZEN			Email: NASIR.ZAILANI@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 18/08/1987	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2023 23:10	Type of Location:
Location:  T2 ARRIVAL DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKX7051A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230214/7048

2 of 3

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

Report No. T/20230214/7048

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX7051A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000223 92201	24/12/2022	23/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD NASIR BIN S ZAILANI		ID No. S8724826G
Related Vehicle	SKX7051A (Car)		Contact No. 91681808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		03	Degree of Serious

**Brief Details.**

On the stated date and time, I was driving SKX7051A along the right of 2 lanes along T2 Arrival Drive heading towards T2 Arrival Hall when SML529A, which was travelling along the lane on my left, abruptly swerved into the front left portion of my vehicle.

The impact caught me by complete surprise as the driver of SML529A had not signaled her intentions.

The impact caused my vehicle to jerk to the right and my right shoulder knocked against the inside of my vehicle.

Fortunately, I managed to counter steer in time and prevented my vehicle from hitting against the pillar on my right.

Initially, I only felt abit of giddiness.

However, the following morning, I woke up with aches in my neck, right shoulder, lower back and right arm areas.

I sought treatment at my family doctor Eon Medical Clinic and was given 3 days MC.





**SINGAPORE  
POLICE FORCE**



T/20230214/7048

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

3 of 3

Report No. T/20230214/7048

**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 / TPB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

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

Date/Time:  
14/02/2023 15:55

Classification Of Case:

①

Date of Accident : 13/02/2023 Accident Time: 2310 HRS (24-HR-Format)  
Accident Place : 12 ARRIVAL DRIVE  
Vehicle No. (Car Plate No.) : SKX 7051A Make/Model: TOYOTA ALTIS  
Insurance Company : CHINA TAIPING Policy No: DMHCSNW000223A2201  
Owner or Company Name /IC No. : MOHAMMAD NASIR BIN S ZAILANI / S87248266  
Owner or Company Contact No. : 91681808 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : MOHAMMAD NASIR BIN S ZAILANI / S87248266  
DRIVER'S Date Of Birth : 18/08/1987 DRIVER'S License Pass Date 28/12/2012  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : APT BLK 475D UPPER SERANGOON CRESCENT #10-573  
DRIVER'S Contact No./ Alt No. : 1) 91681808 2) — S(537475)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : NASIR.ZAILANI@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): YES, DRIVER

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>③ SML 529A</u>	Vehicle. No: <u>—</u>
Vehicle Make \Model: <u>—</u>	Vehicle Make \Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

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



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

### 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)

MZ406L/B

R SN

AN0478A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00022392201

Engine No.: 1ZRY220904

Cha. No.:MR053REH104540574

1. Index Mark and Registration  
Number of Vehicle

SKX7051A

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

MOHAMMAD NASIR BIN S ZAILANI

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

24/12/2022

(00:00:00)

Excess Sect. I . \$S1,250.00

Excess Sect. I (Outside Singapore) \$S2,500.00

Excess Sect. II \$S1,250.00

Excess Sect.II (Outside Singapore). \$S2,500.00

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

23/12/2023

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.

MOHAMMAD NASIR BIN S ZAILANI

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.

\* 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

Agent Assistance (IH)  
Hotline: 6287 7077

Issued By: INSURE HUB PTE LTD

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