

NATIONAL Assessment Center Services

SW85340004

Date In: 10/04/2023 11:54	Job description	Date & Time Completed	Done by
Ref No: N188/C1928003671/4	SAS e-tiling		
Veh No: SMAX 9351 Y	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 08/04/2023 22:44	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (White: OD 2hrs, TP 10hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'n Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: FBQ 620X INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-30%, F: 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 repair.

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

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

Rentals: () (INC Hold: 10788, 0618)	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	Action

NA2301036

Invoice Preparation Charge	
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee \$10/\$15	
4) PT: Follow Through Survey \$120	
5) PE: Follow Through Survey (Estimate) \$300	
6) TR: Reinspection \$25	
7) NE: 1st DA & SMRT Survey \$140	
8) NTUC Additional Services	
OD:	
*NB: Courtesy Car / Tel Allowance \$5	
*NC: Repair Coordination \$15	
*ND: Post Repair Inspection \$25	
*NE: DV / Collect Excess Coordination \$1	
*NF: TP (1) / TP (2) (Non-INC) against INC \$10	
*NG: Other Items	
Invoice Total	
Fees 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	10/04/2023 17:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/04/2023 22:44 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) BEFORE WHITLEY ROAD ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9351Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NUR FAEEZAH BINTE ABDUL HAMID
NRIC No	SXXXX701Z
Email Address	smurfeeza@gmail.com
Mobile Phone No	(Phone) +65-85181095
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00193622200

DRIVER

Name of Driver	MOHAMAD SYAWAL BIN ABDUL LATIFF
NRIC No	SXXXX085B
Date Of Birth	30/05/1987
Occupation	Indoor

Date Of Driving Pass	21/09/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94509063
Alt. Phone Number	-
Email Address	smurfeeza@gmail.com
Address	BLK 650B JURONG WEST STREET 61 #03-250
Address complement	-
Postcode	642650
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	NUR FAEEZAH BINTE ABDUL HAMID
Gender	Female

PASSENGER 2

Name	MOHAMAD EHSAN RAYYAN
Gender	Male

PASSENGER 3

Name	MOHAMAD IZZ DANİYAL
Gender	Male

PASSENGER 4

Name	MOHAMAD ARYAN RIZQI
Gender	Male

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/20230410/7032

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 FBQ6206X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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 MOHAMAD SYAWAL BIN ABDUL LATIFF
 Gender Male
 Phone No (Phone) +65-94509063
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMX9351Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NUR FAEEZAH BINTE ABDUL HAMID
 Gender Female
 Phone No (Phone) +65-85181095
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMX9351Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MOHAMAD EHSAN RAYYAN
 Gender Male
 Phone No (Phone) +65-94509063
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained SERIOUS INJURY
Injured person in which vehicle? SMX9351Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person MOHAMAD IZZ DANİYAL
Gender Male
Phone No (Phone) +65-94509063
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURY
Injured person in which vehicle? SMX9351Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person MOHAMAD ARYAN RIZQI
Gender Male
Phone No (Phone) +65-9450963
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURY
Injured person in which vehicle? SMX9351Y
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.
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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.

6. 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.

[Signature]

Policyholder's Signature / Date & Time

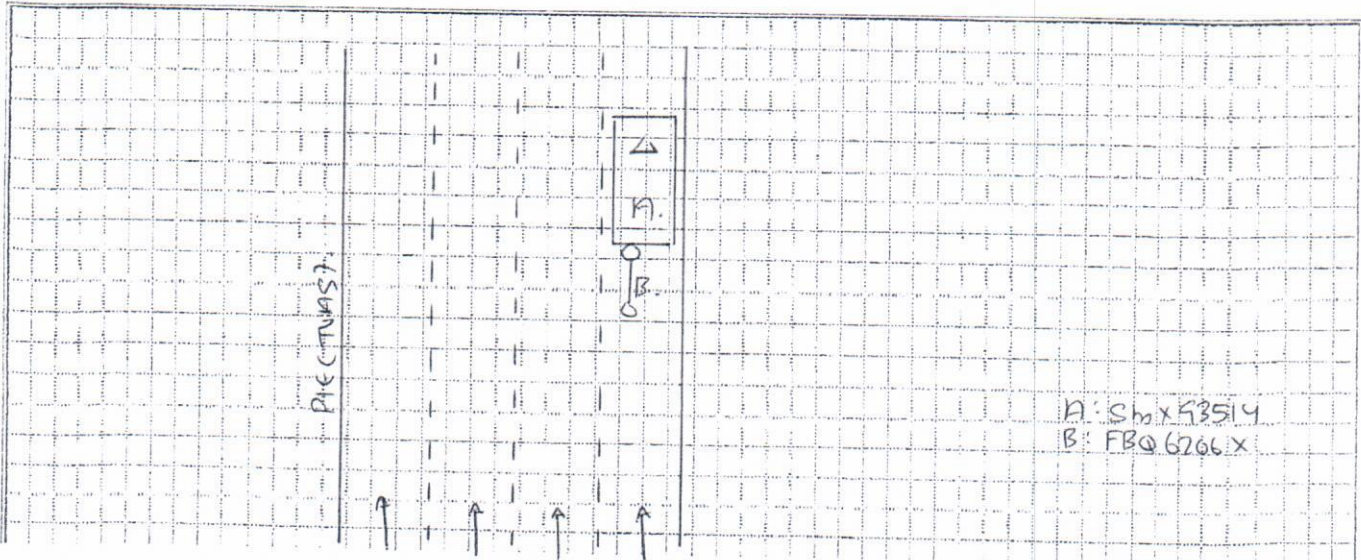
[Signature]

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

[Signature]
10/04/2023

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

Sketch Plan



Describe Circumstance of the Accident

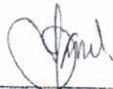
PLEASE REFER TO THE POLICE REPORT.

Declaration

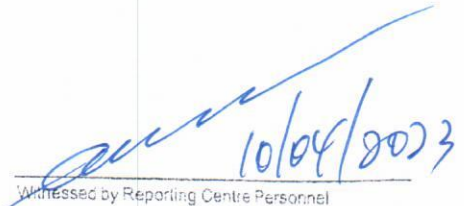
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



10/04/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230410/7032

1 of 4

Report No. T/20230410/7032

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2023 14:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMAD SYAWAL BIN ABDUL LATIFF		Address: 650B JURONG WEST STREET 61 #03-250 SINGAPORE 642650	
ID Type / ID No.: NRIC NO / S8715085B		Contact No.: Home/Office: Mobile: 94509063	
Nationality: SINGAPORE CITIZEN		Email: SMURFEEZA@GMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 30/05/1987	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: TRAFFIC CONTROLLER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2023 22:40	Type of Location: Straight Road
Location: PIE(TUAS) BEF WHITLEY RD ENTRANCE				
Weather: Clear		Road Surface: Dry		
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
FBQ6206X	Motorcycle				Seriously Damaged	0
SMX9351Y	Car				Seriously Damaged	6



**SINGAPORE
POLICE FORCE**



T/20230410/7032

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

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Report No. T/20230410/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD SYAWAL BIN ABDUL LATIFF	ID No.	S8715085B
Related Vehicle	SMX9351Y (Car)	Contact No.	94509063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	MOHAMAD ESHAN RAYYAN	ID No.	T1225259A
Related Vehicle	SMX9351Y (Car)	Contact No.	94509063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	NUR FAEEZAH BINTE ABDUL HAMID	ID No.	S9028701Z
Related Vehicle	SMX9351Y (Car)	Contact No.	85181095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230410/7032

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

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Report No. T/20230410/7032

CONTINUATION OF REPORT

Passenger			
Name	MOHAMAD IZZ DANIYAL	ID No.	T1525061A
Related Vehicle	SMX9351Y (Car)	Contact No.	94509063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	MOHAMAD ARYAN RIZQI	ID No.	T1339527B
Related Vehicle	SMX9351Y (Car)	Contact No.	94509063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was coming to a stop due to the congestion. Out of nowhere, I felt a huge impact from the rear and realised that FBQ6206X hit onto the rear portion of my vehicle.

After the accident, my wife(passenger), 3 sons(passengers) and myself(driver) felt pain and went to seek for professional medical help from a doctor and were given 5 days of medical leave each.



**SINGAPORE
POLICE FORCE**



T/20230410/7032

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

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Report No. T/20230410/7032

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65472077

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 10/04/2023 14:17
Classification Of Case:

3

VEHICLE NO: Smx 9351Y

MAKE & MODEL: HONDA STREAM

AUTO / MANUAL

DATE OF ACCIDENT	<u>08 / 04 / 23</u>	C.C 1.8.
TIME OF ACCIDENT	<u>1041</u> AM <u>PM</u>	
LOCATION OF ACCIDENT	<u>PICTUAS) BEF WHL WHITLEY RD ENTRANCE</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>NUR FAEZAH BINTE ABDUL HAMID</u>	
EMAIL	<u>SMURFEEZA@gmail.com</u>	OFFICE: MOBILE: <u>85121095</u>
NRIC	<u>S90297012</u>	
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / NO?</u>	
INCURENCE CO.	<u>CN TAMPING</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE / (F) NO: <u>MUHAMMAD SYAKWAL BIN ABDUL LATIFF</u></u>	
NRIC	<u>S8715085B</u>	
DATE OF BIRTH	<u>30 / 05 / 87</u>	
ANY PASSENGER	<u>YES / NO: <u>6 PASSENGERS</u></u>	
NAME OF PASSENGER	<u>(F) OLIVER, (M) MUHAMMAD ESHAN RHYAN, (M) MUHAMMAD</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE (M) MUHAMMAD IZZ DANIAL, ARYAN RIZQI</u>	
OCCUPATION	<u>Outdoor (Indoor) (M) HAMID, (F) ZICA</u>	
DATE OF DRIVING PASS	<u>21 / 05 / 15</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	<u>Mobile: <u>94509063</u> Office: Home:</u>	
EMAIL	<u>SMURFEEZA@gmail.com</u>	
ADDRESS	<u>650B JURONG WEST ST 61 #03-250 SC642650</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No: INSURE: -</u>	
RELATIONSHIP	<u>Employee / If No: <u>SPOUSE</u></u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>No / If yes, Who? <u>DRIVER, OWNER, ESHAN, IZZ, ARYAN</u></u>	
CONTACT NO.	<u>VEH A - SERIOUS</u>	
POLICE REPORT	<u>No / If yes, Where? <u>TP 110</u></u>	
NOTICE OF INTENDED PROSECUTION?	<u>NO / If yes, Who?</u>	
VEHICLE B NO.	<u>FBQ6206X</u>	Any Passenger: <u>RIDER ONLY</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Private Car

MX1/NDF

N SN

AN0757A

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)

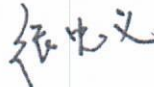
CERTIFICATE No.	DMPCSNW00193622200	Engine No.: R18A1759880	
		Cha. No.: RN61053667	
1. Index Mark and Registration Number of Vehicle	SMX9351Y	AUTOSAFE	=====
2. Name of Policy Holder	NUR FAEZAH BINTE ABDUL HAMID (NON-DRIVER)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/08/2022 (00:00:00)	Named Drivers Ex Sect. I	SS750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4. Date of Expiry of Insurance	15/08/2023	* Age as at date of accident	
		EX ON WINDSCREEN	SS100.00
5. Persons or Classes of Persons entitled to drive*	Any 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 SS500 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.: GOLDEN CHARTER 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: GOLDEN CHARTER AGENCY PTE. LTD.
Authorised Officer



Authorised Signatory