

NATIONAL Assessment Centre Services (1011 12345) *2104/2023*

Date In: <i>2104/2023 12:48</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA280/217</i>	SAS e-Billing		
Veh No: <i>SJC 41678</i>	E-mail (with email, AIC 2ins)		
D.O.A: <i>2104/2023 18:20</i>	1-Motor Claim Form		
QC: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (with: OD 2ins, TP 1ins)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Yeh No: *6861265K* INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Inc Status (WO): 1: 0-30%, 2: 21-70%, 3: 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 Billing: 01/88/0014)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Incident: ()

Location: ()

Police Report: ()

Witness: ()

<i>NA230/216 / NA280/217</i>	Invoice/Preparation Charge/Dis		
1) All Accident Passages (\$20)			
2) DA: Damage Assessment (\$1000)	INC (\$50)		
3) TP Towing Fee	\$10/\$15		
4) PE: Follow-Through Survey	\$120		
5) PE: Follow-Through Survey (Basic Fee)	\$30		
6) TR: Assessment	\$75		
7) NI: New DA + SMRT Survey	\$140		
8) NTEC Additional Services			
9) QM			
*NB: Courtesy Car / Tel Allowance	\$5		
*NE: Repair Coordination	\$15		
*NR: Post Repair Inspection	\$20		
*NS: DV / Collect Excess Coordination	\$1		
*NT: (11) TP (Non-INC) Invoice INC	\$20		
TP NTEC Invoice	10		
Invoice total		TP Charge	

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	27/04/2023 12:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/04/2023 18:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4167S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KAMRUZZAMAN BIN MOHD YUSOF
NRIC No	SXXXX654J
Email Address	jtrisyia@gmail.com
Mobile Phone No	(Phone) +65-81254506
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00020122302

DRIVER

Name of Driver	KAMRUZZAMAN BIN MOHD YUSOF
NRIC No	SXXXX654J
Date Of Birth	03/05/1962
Occupation	Indoor

Date Of Driving Pass	14/06/1985
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81254506
Alt. Phone Number	-
Email Address	jtrisyia@gmail.com
Address	BLK 615 ANG MO KIO AVENUE 4 #10-1013
Address complement	-
Postcode	650615
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 - Major/Minor Rd
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	JAMIYAH BINTE KARTUBI
Gender	Female

PASSENGER 2

Name	AFIQAH FIRZANAH
Gender	Female

PASSENGER 3

Name	BATRISYIA FARZANA
Gender	Female

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/20230426/7052

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 GBG1265K
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person KAMRUZZAMAN BIN MOHD YUSOF
 Gender Male
 Phone No (Phone) +65-81254506
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SJC4167S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person JAMIYAH BINTE KARTUBI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SJC4167S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person AFIQAH FIRZANAH
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SJC4167S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person	BATRISYIA FARZANA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SJC4167S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 :

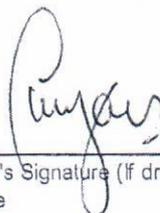
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

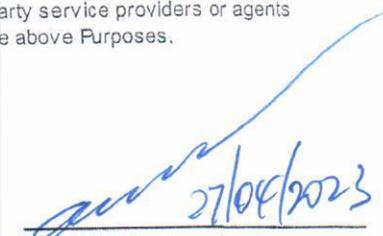
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

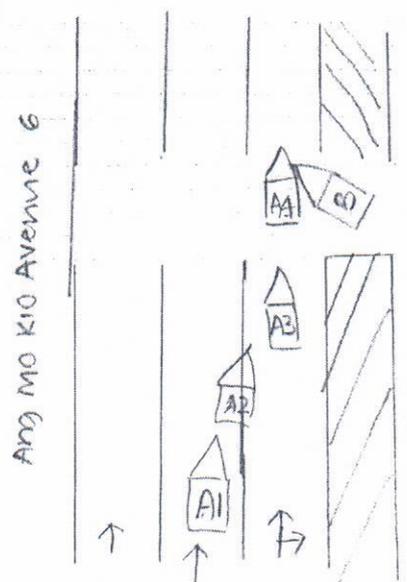


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A: SJC4107S
B: GBG1265K

Describe Circumstances of the Accident

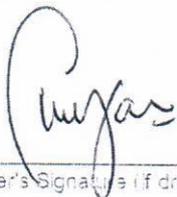
Refer to Police Report NO. T/20230426/7052

Declaration

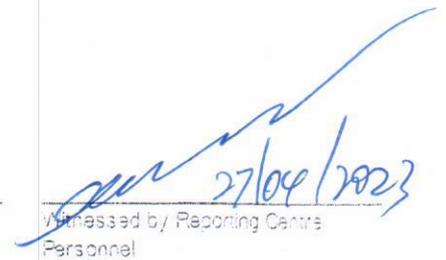
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230426/7052

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

1 of 3

Report No. T/20230426/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2023 15:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KAMRUZZAMAN BIN MOHD YUSOF		Address: 615 ANG MO KIO AVENUE 4 #10-1013 SINGAPORE 560615	
ID Type / ID No.: NRIC NO / S1536654J		Contact No.: Home/Office: Mobile: 81254506	
Nationality: SINGAPORE CITIZEN		Email: jtrisyia@gmail.com	
Sex: Male	Age: 60	Date of Birth: 03/05/1962	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Supply and distribution/Logistics/Warehousing manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2023 18:20	Type of Location:
Location: ANG MO KIO AVENUE 6				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC4167S	Car					3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230426/7052

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

2 of 3

Report No. T/20230426/7052

CONTINUATION OF REPORT

Driver			
Name	KAMRUZZAMAN BIN MOHD YUSOF	ID No.	S1536654J
Related Vehicle	SJC4167S (Car)	Contact No.	81254506
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	15	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my family on board vehicle SJC4167S.

1. AFIQAH FIRZANAH - daughter
2. Jamiyah binte kartubi - wife
3. Batrisyia farzana - daughter

I was stationary at the traffic light on AMK ave 6 before Street 31.

I was on lane 2.

As the lights turn green I checked on my right and when there was no vehicle, I gradually made my lane change to lane 1 on my right.

Suddenly vehicle GBG1265K who was initially stationary on AMK st 31 on my right dashed out into AMK ave 6 and hit onto my vehicle's right portion.

The impact causes my vehicle to fly upwards and landed with a loud bang.

I immediately felt pain on my neck, left knee shoulders and lower back areas.

I couldn't move at all due to the excruciating pain.

All my family members also suffered injuries.

Later TP and ambulance came and we were all conveyed TTSH A&E.

I was warded for 4 days and later given 15 days HL.

My wife and Afiqah were given 3 days MC.

Batrisyia was given 5 days MC.

While im in hospital, my family went to follow up at Sin Min Clinic for further treatment and they were all given another 7 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20230426/7052

3 of 3

Report No. T/20230426/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476423

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

Date/Time:
26/04/2023 15:33

Classification Of Case:

JWU

Date of Accident : 22/04/2023 Accident Time: 1820hr (24-HR-FORMAT)

Accident Place : Ang Mo Kio Avenue 6

Vehicle Reg. No (Car plate No.) : SJC4167S Vehicle Make/Model: TOYOTA VIOS

Insurance Company : CHINA Policy No. DMPCSNW00020122302

Name of Registered Owner : Company / Individual Kamruzzaman Bin Mohd Yusof

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S1536654J

DRIVER'S Name : AS ABOVE DRIVER'S NRIC No: AS ABOVE

DRIVER'S Date of Birth : 03/05/1962 DRIVER'S License Pass Date 14/06/1985

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : 615 Ang Mo Kio Avenue 4 #10-1013 S(560615)

DRIVER'S Contact No./ Alt No. : 1) 8125 4506 2) _____

DRIVER'S Occupation : INDOOR (eg. working inside or outside of an ofc)

Email Address : Jtrisyia@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Batrisyia / F

Number of Passengers (including Driver): 4 Passenger Name: Afiqah Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Jamiyah Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBG1265K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Private Car

MX1F

R SN

AN0083A

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.	DMPCSNW00020122302	Engine No.: 1NZX682303	
		Cha. No.:MR053HY9305045308	
1. Index Mark and Registration Number of Vehicle	SJC4167S	AUTOSAFE	=====
2. Name of Policy Holder	KAMRUZZAMAN BIN MOHD YUSOF		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/02/2023 (00:00:00)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	17/02/2024	* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
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 \$S500 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

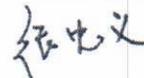
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
KCB AGENCY
Authorised Officer

_____  _____
Authorised Signatory