

# NATIONAL Assessment Centre Services

Date In: 29/05/2023 16:44	Job Description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: N/A/C12280054824	E-mail (with full name):		
Veh No: SCX 1886H	1-Motor Claim Form		
D.O.A: 27/05/2023 11:55	1-Motor W/O (with: OD Ins, or 1000)		
QC (TP) Repairing Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Vch No: SMT 9326S	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Consented by: ( ) Date: ( ) Time: ( )		
Insured/Driver Liability: ( ) (Note: Bst Status (WO): 10-0-30%, 11-21-72%, 12-30-100%)		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )		
General Remarks: ( ) Walk-In Customer / Customer's Information strictly Confidential & Strictly NO 1st of repair.		
( ) Total Loss Cost: to e-mail Insurer URGENTLY.		
Drive-In ( ) Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )		

RAMAPRO: KUNG LORING 07886015	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 of Injury:	
Location:	
Witness:	
Police Report:	
Insurance:	
Other:	

N/A2801586	Invoice Preparation Charge:	
Insurance Particulars:	1) A/R: Accident Report (1300)	
Owner/Owner:	2) D/A: Damage Assessment (1600) INC (150)	
Driver No:	3) T/P: Towing Fee \$100	
Assigned Portion: 100%	4) P/E: Follow-Up & Survey (1100)	
	5) T/P: Towing Fee Survey (1100) (1100)	
	6) T/P: Towing Fee (1100)	
	7) T/P: Towing Fee (1100)	
	8) T/P: Towing Fee (1100)	
Checked by (Engr-In-Charge):	9) T/P: Towing Fee (1100)	
	10) T/P: Towing Fee (1100)	
	11) T/P: Towing Fee (1100)	
	12) T/P: Towing Fee (1100)	
	13) T/P: Towing Fee (1100)	
	14) T/P: Towing Fee (1100)	
	15) T/P: Towing Fee (1100)	
	16) T/P: Towing Fee (1100)	
	17) T/P: Towing Fee (1100)	
	18) T/P: Towing Fee (1100)	
	19) T/P: Towing Fee (1100)	
	20) T/P: Towing Fee (1100)	



## 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	29/05/2023 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 11:55 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	TOWARDS ORCHARD LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1836H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZULKARNAIN BIN JUNAIDI
NRIC No	SXXXX076G
Email Address	zulkarnainjunaidi71@gmail.com
Mobile Phone No	(Phone) +65-85887099
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	1798

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008942301

#### DRIVER

Name of Driver	ZULKARNAIN BIN JUNAIDI
NRIC No	SXXXX076G
Date Of Birth	03/04/1971
Occupation	Outdoor

Date Of Driving Pass .....	08/03/1993
Driving experience .....	30 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85887099
Alt. Phone Number .....	-
Email Address .....	zulkarnainjunaidi71@gmail.com
Address .....	BLK 486A TAMPINES AVENUE 9 #03-110
Address complement .....	-
Postcode .....	520486
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SMT9326S
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCZ928B
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBS3389K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLT2286E
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)	-



## 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

Orange Road towards Orchard Link

Veh A - SLN 1836H  
Veh B - SMT 9326S  
Veh C - SCZ 923 B  
Veh D - SBS 3339K  
Veh E - SLT 2236G



Describe Circumstance of the Accident

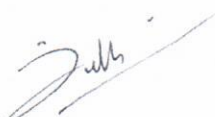
On the stated time & date I veh A (SLN1836H) was stationary at the stated venue. Suddenly I felt an impact from my rear causing me to propell and hit onto the front vehicle (SLT2286) when I Alight from my vehicle I realise that I'm involve in a 5 vehicle chain accident

Declaration

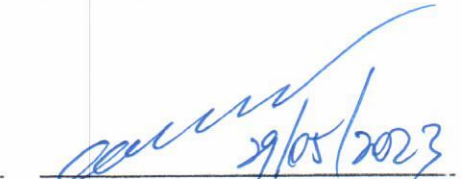
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



29/05/2023

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

## ACCIDENT REPORTING

Accident Date: 27/05/23 (DD/MM/YYYY)

Time: 11:55 (HH:MM)

Location: Grange Road towards Orchard Link

### 1. Accident Details

- a) Type Of Accident: Chain Accident
- b) Weather Condition: Clear / Raining / Others: \_\_\_\_\_ )
- c) Road Surface: Dry / Wet / Others: \_\_\_\_\_ )
- d) Are You Claiming Under Your Own Insurance? (Yes / No)  
If No, Please State: Third Party Claim / Reporting Only
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)  
If Yes, Please State Vehicle No: \_\_\_\_\_
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)  
If Yes, Police Station Name: \_\_\_\_\_
- h) Was Notice Of Prosecution Given? No  
If Yes, Against Whom?: \_\_\_\_\_

### 2. Details Of Own Vehicle

- a) Vehicle Registration No: SLN 1836H
- b) Vehicle Category: Private Car
- c) Vehicle Manufacturer: Toyota Vehicle Model: Wish
- d) Transmission: Manual / Auto CC: 1.8
- e) No. Of Passengers (Including Driver) 01
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)
- Passenger Name: \_\_\_\_\_ (Female / Male)

### 3. Own Vehicle Policy

- a) Handling Insurer: China Taiping
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: Zulkarnain Bin Junaidi (Female / Male)
- e) ID Type: S7112076G (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: zulkarnainjunaidi71@gmail.com Mobile: 85887099
- f) Alt No. Type: (Home / Office / Not In List) : \_\_\_\_\_

### 4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: Zulkarnain Bin Junaidi (Female / Male)
- c) ID Type: S7112076G (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 03/04/71
- e) Driving Pass Date: 03/03/93
- f) Email: Zulkarnainjunaidi71@gmail.com Mobile: 85887099
- g) Address: Blk 436A Tampines Ave 9 #03-110
- h) Postal Code: 520436
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: Owner Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: \_\_\_\_\_ Handling Insurer: \_\_\_\_\_



## ACCIDENT REPORTING

### 5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SMT 9326S

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: SC2 928B

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: SBS 3389K

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: SLT 2286E

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

### 6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / ~~No~~)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / ~~No~~)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: SMT 9326S

Name: \_\_\_\_\_ (Female / ~~Male~~)

Vehicle Registration No: SMT 9326S

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

### 7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Witness Contact: \_\_\_\_\_

### 8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)





Motor Hire Car

MZ406L/B

R SN

AN0695A

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.

DMHCSNA00008942301

Engine No.: ZZR1767145

Cha. No.: ZGE206031963

1. Index Mark and Registration  
Number of Vehicle

SLN1836H

AUTOSAFE  
=====

2. Name of Policy Holder

ZULKARNAIN BIN JUNAIDI

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
(00:00:00) Ordinance or Enactment

25/04/2023

Excess Sect. I . S\$1,250.00

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

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

24/04/2024

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

EX ON WINDSCREEN . S\$100.00

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.

ZULKARNAIN BIN JUNAIDI

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.: TECK WEI 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: Chai Huilin Lynn  
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

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