

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 08/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123005857/d4	SAS e-filing		
Veh No: SLF 69 684	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 07/06/2023 12:50	i-Motor Claim Form		
OD / <input checked="" type="radio"/> TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SL 4297D	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: ()	[Note-Est. Status (WO): N: 0-20%; P: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA2301681

Invoice Preparation Checklist

Ant (\$)
1st Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee 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	08/06/2023 17:27 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THE BRIDGE AFTER WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6968U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUARIAH BTE ANWARI
NRIC No	SXXXX742H
Email Address	zaini3475@yahoo.com.sg
Mobile Phone No	(Phone) +65-96703900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004332301

DRIVER

Name of Driver	MOHD ZAINI BIN SUKRI
NRIC No	SXXXX118E
Date Of Birth	08/11/1966
Occupation	Outdoor

Date Of Driving Pass	24/10/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82996748
Alt. Phone Number	-
Email Address	zaini3475@yahoo.com.sg
Address	APT BLK 216 PETIR ROAD
Address complement	# 07-409
Postcode	670216
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	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)	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	JUARIAH BTE ANWARI
Gender	Female

PASSENGER 2

Name	COUSIN
Gender	Male

PASSENGER 3

Name	COUSIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL4297D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MIREN SEVARAJAH
NRIC No	SXXXX636H
Contact Number	(Phone) +65-90853866
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	MOHD ZAINI BIN SUKRI
Gender	Male
Phone No	(Phone) +65-82996748
Address	APT BLK 216 PETIR ROAD
Address Complement	# 07-409
Post Code	670216
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN & GIDDINESS
Injured person in which vehicle?	SLF6968U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

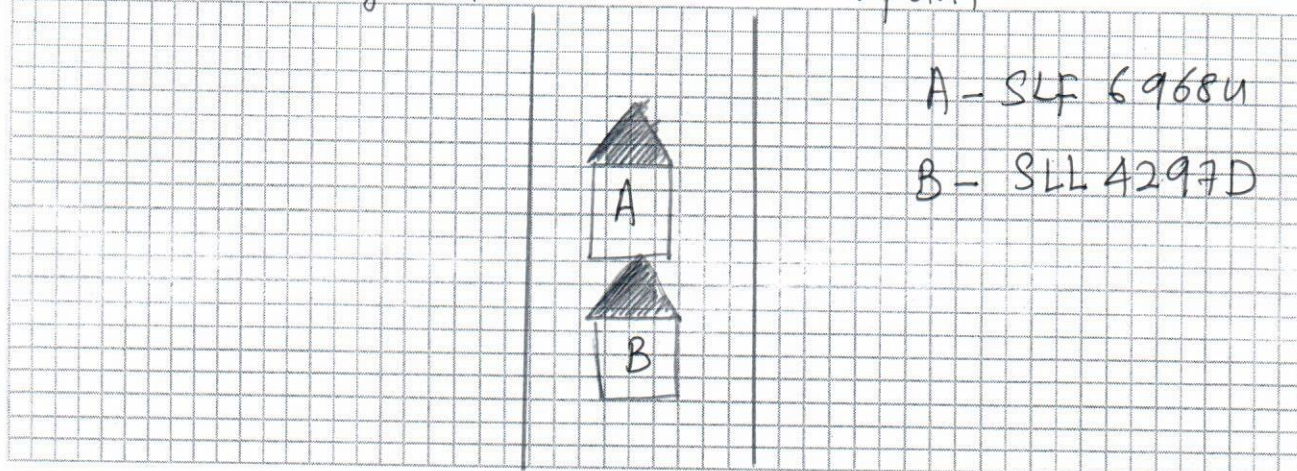
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

The Bridge After woodlands checkpoint.



Describe Circumstance of the Accident

On the above stated date and time, I was driving along the bridge after woodlands checkpoint. As I was moving according to the lane, suddenly vehicle B hit the rear portion of my vehicle and he stopped. Due to the impact, my car slightly moved in front but there was no vehicle in front of me. I stopped and came out of my vehicle and we exchanged particulars. There were 3 passengers in my car and no injuries to my passengers, only myself is not well due to this collision.

Declaration

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

pr 8/6/23
Policyholder's Signature / Date & Time

Fani 8/6/23
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

8/6/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Mohd Zaini Bin Sukri (HP: 82996748)

NRIC/FIN S1770118E, residing at Apt Blk 216 Petir Road #07-409 S(670216) has reported to police a non-injury traffic accident which occurred at the bridge after Woodlands checkpoint.

on 07/06/2023 at 1250 hrs am/pm involving the following vehicles:

- I SLF6968U
II SLL4297D
III _____
IV _____

2. If the accident was reported to Police within 24 hours of its accident occurrence, he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : SC/SGT Yap Li Ting YAP (SPF)
Date : 07/06/2023
Time : 2129 hrs
S/D Ref : 65
Police Post/Unit : Bukit Panjang NPC

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999

Original – To be issued to informant
Duplicate – To be retained at NPC or Police Post



MEDICAL CERTIFICATE

Certificate No : MC/80772

Date Of Visit : 07 June 2023

Patient Reg No : 17054

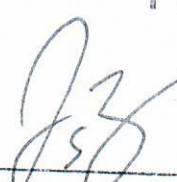
This is to certify that :

MOHD ZAINI BIN SUKRI

NRIC : XXXXX118E

is unfit for work for 2 days
from 8/6/2023 to 9/6/2023.

 NuHEALTH MEDICAL CENTRE
1 Woodlands Road #01-23
Junction 10
Singapore 677899
Tel No.: 6219 9298


DR TAY JUN SHENG

Note : This certificate is not valid for absence from court.
Date Printed : 7/6/2023 8:47:56 PM

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 07/06/2023	TIME OF ACCIDENT: 12:50
VEHICLE NO: SLF 6968U	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL:	LOCATION: the bridge after woodlands checkpoint
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE (PH)	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICY NO: DMHC SNA 0000 4332301
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: JUARIAH BTE ANWAR	NRIC: S7103742H
ADDRESS: Apt B1K 216 Petir Road # 07-409, S670216	CONTACT NO: 96703900
EMAIL ADDRESS: zaini3475@yahoo.com.sg	VIDEO RECORDING: YES / NO with weep.
NAME OF DRIVER: AS ABOVE / IF NO: Mohd zaini Bin Suen	NRIC: S1770118E CONTACT NO: 82996748
DRIVER OWNER RELATIONSHIP: spouse	PASSENGER: 4(3) MALE(1) FEMALE(2)
DATE OF BIRTH: 08 / 11 / 1966	DRIVING PASSING DATE: 24 / 10 / 1998
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: Apt B1K 216 Petir Road # 07-409, S670216
ANY INJURIES: NO, IF YES: Backpain & Giddiness	POLICE REPORT: NO / IF YES WHERE? Bukit Panjang
WEATHER CONDITION: CLEAR / RAINING / OTHERS Dizzling	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: SLL4297D	VEHICLE C REG NO:
DRIVER NAME: Miren Sevarajah	DRIVER NAME:
NRIC: S7789636H	NRIC:
CONTACT: 90853866	CONTACT:
VEHICLE D REG NO:	ANY WITNESS? NO, IF YES:
DRIVER NAME:	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN? YES / NO
	WERE INJURY CONVEYED BY AMBULANCE: YES / NO



Motor Hire Car

MZ406L/B

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)

R SN

AN0695A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004332301

Engine No.: 2NR8656758

Cha. No.: NRE1610020362

1. Index Mark and Registration
Number of Vehicle

SLF6968U

AUTOSAFE

=====

2. Name of Policy Holder

JUARIAH BTE ANWARI

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

06/03/2023

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

05/03/2024

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.

MOHD ZAINI BIN SUKRI

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 Chui Ai

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