

NATIONAL Assessment Centre Services (with branch) SNA0823600005

Date In: 12/06/2023 12:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/CTD28059267	E-mail (attach this, N/C 2013)		
Val No: SMF 4821L	1-Motor Claim Form		
D.O.A: 10/06/2023 12:39	1-Motor W/O (Vehicle: OD Inc, 77 1111)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / NO Assign Wksp / OW: ()

TP Particulars: Val No: **SMF 4821L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, F: 21-79%, P: 80-110%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer / Customer's information strictly Confidential & Strictly NO info of repair.

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Notes: ()

N/A 280707

Invoice: Preparation Charge	
1) All Accidents Reporting (\$30)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP Towing Fee	\$120
4) TP: Follow-Up Survey (\$100)	\$100
5) TP: Full-on-Trip Survey (Basic Fee)	\$30
6) TP: Additional Fee	\$10
7) TP: Additional Fee	\$10
8) TP: Additional Fee	\$10
9) TP: Additional Fee	\$10
10) TP: Additional Fee	\$10
11) TP: Additional Fee	\$10
12) TP: Additional Fee	\$10
13) TP: Additional Fee	\$10
14) TP: Additional Fee	\$10
15) TP: Additional Fee	\$10
16) TP: Additional Fee	\$10
17) TP: Additional Fee	\$10
18) TP: Additional Fee	\$10
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24) TP: Additional Fee	\$10
25) TP: Additional Fee	\$10
26) TP: Additional Fee	\$10
27) TP: Additional Fee	\$10
28) TP: Additional Fee	\$10
29) TP: Additional Fee	\$10
30) TP: Additional Fee	\$10

Checked by (Engr-In-Charge):

Signature: _____

Date: _____

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	12/06/2023 12:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/06/2023 22:39 (SGT)
Exact Location of Accident	Paya Lebar Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5874Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OTHMAN BIN YUSOP
NRIC No	SXXXX624D
Email Address	ninja@carcity.com.sg
Mobile Phone No	(Phone) +65-93839809
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00177642202

DRIVER

Name of Driver	OTHMAN BIN YUSOP
NRIC No	SXXXX624D
Date Of Birth	20/10/1958
Occupation	Indoor

Date Of Driving Pass	25/05/1984
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93839809
Alt. Phone Number	-
Email Address	ninja@carcity.com.sg
Address	BLK 122 BEDOK RESERVOIR ROAD #07-1029
Address complement	-
Postcode	470122
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	4
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/20230612/7022

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	SMF4321L
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	SJU9606P
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	SJM9776Z
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	OTHMAN BIN YUSOP
Gender	Male
Phone No	(Phone) +65-93839809
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU5874Y
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

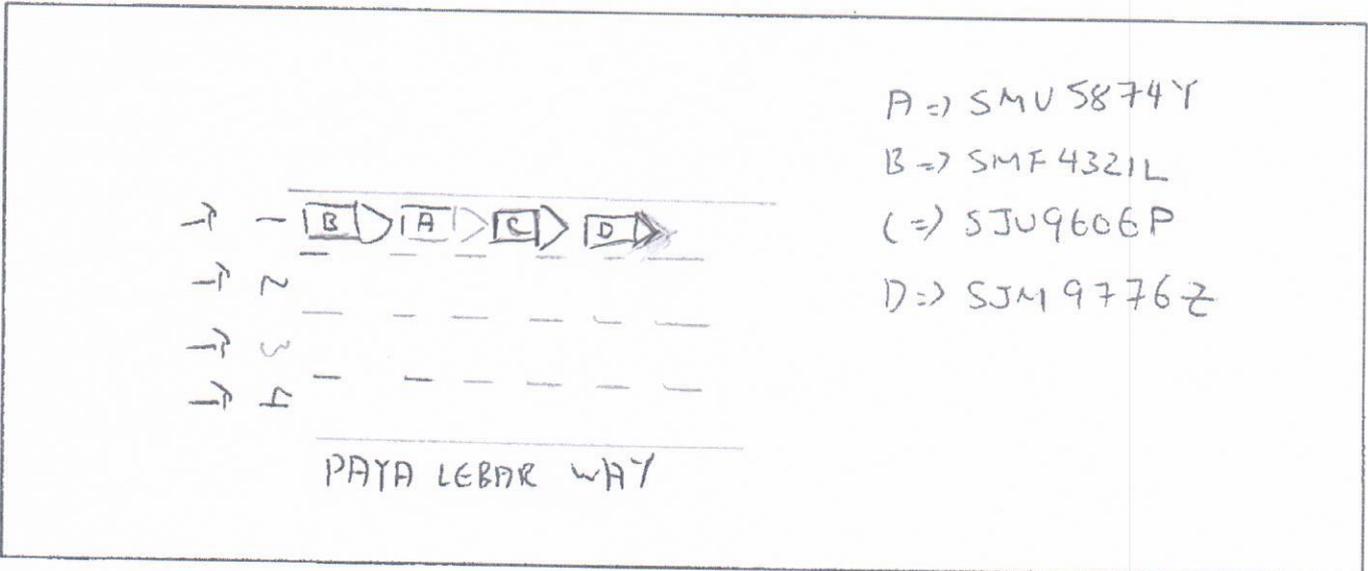
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

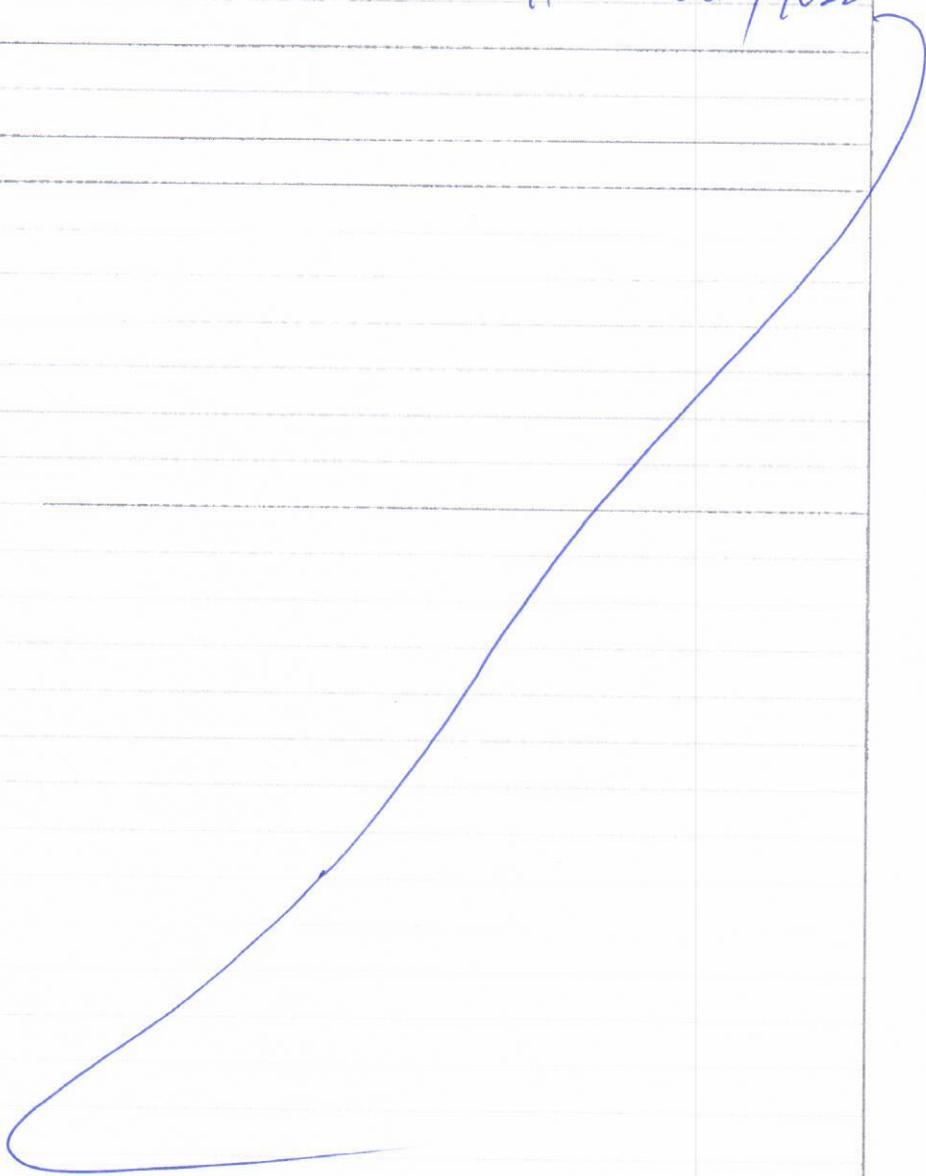
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

* KINDLY REFER TO POLICE REPORT # 20230612/7022



Declaration

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

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature]
12/06/2023

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



**SINGAPORE
POLICE FORCE**



T/20230612/7022

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

1 of 3

Report No. T/20230612/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 11:40		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: OTHMAN BIN YUSOP		Address: 122 BEDOK RESERVOIR ROAD #07-1029 SINGAPORE 470122		
ID Type / ID No.: NRIC NO / S1309624D		Contact No.: Home/Office: Mobile: 93839809		
Nationality: SINGAPORE CITIZEN		Email: othmanyusop@outlook.com		
Sex: Male	Age: 64	Date of Birth: 20/10/1958	Type of Informant: Driver	
Race: Javanese		Language: English		
Occupation: Other assistant engineers		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2023 22:30	Type of Location: Straight Road
Location: PAYA LEBAR WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJM9776Z	Car					0
SJU9606P	Car					0
SMF4321L	Car					0



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMU5874Y	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU5874Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0017764 2202	20/08/2022	19/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OTHMAN BIN YUSOP	ID No.	S1309624D
Related Vehicle	SMU5874Y (Car)	Contact No.	93839809
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

On the stated date and time, I am driving along Paya Lebar Way. Vehicle C suddenly jammed his brake in front of me and I also jammed my brakes and managed to stop on time. Then I felt an hard impact from the rear of my vehicle.

As i got down the vehicle, I noticed that vehicle B rear ended me. The impact is so great that it pushes my vehicle to the front and hit onto vehicle C.

On the following day, I felt very painful on my neck, lower back and forearm. I went to Intemedical Tampines clinic and I was issued a 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20230612/7022

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

3 of 3

Report No. T/20230612/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:

12/06/2023 11:40

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 10/06 2023 (dd/mm/yy) Time of Accident: 22 : 34 (24-HR-FORMAT)

Vehicle No.: SMU5874Y Vehicle Make & Model / Engine (cc): TOYOTA CHR Private Hire: (Y / N)

Exact location of Accident: PIE PAYA LEBAR WAY.

Policyholder's Name / IC No.: OTHMAN BIN YUSOP ROC/UEN (Company): _____

Driver's Name / IC No.: OTHMAN BIN YUSOP 51309624D (As Above)

Driver's Contact No.: 93839809 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 122 BEDOK RESERVOIR ROAD #07-1029 S(470122)

Owner Email address: ninja@cravity.com.sg Insurance Company: CHINA TAIPIING

Driver Email address: ninja@cravity.com.sg

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: OTHMAN BIN YUSOP

Injuries Sustain: NECK, Lower Back, Fore arm Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

Vehicle B
1. Driver's Name / IC No: _____ Vehicle No: SMF4321L

Driver's Contact No: _____ Insurance Company: _____

Vehicle C
2. Driver's Name / IC No (If Any): _____ Vehicle No: SJU9606P

Driver's Contact No: _____ Insurance Company: _____

Vehicle BD
*Independent Witness (If Any): _____ Contact No: SJM9776E

Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

MX1F

R SN

AN0472A

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)

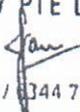
CERTIFICATE No	DMPCSNA0017764220Z	Engine No : 2ZR2B77209	
		Cha. No. ZYX102147716	
1 Index Mark and Registration Number of Vehicle	SMU5874Y	AUTOSAFE	*****
2 Name of Policy Holder	OTHMAN BIN YUSOP		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/08/2022 (00:00:00)	Named Drivers Ex Sect. I	\$3750.00
4 Date of Expiry of Insurance	19/08/2023	Additional Ex Other than Named Drivers	
		Ex Sect. I - Age <= 25	\$13,000.00
		Ex Sect. I - Age >= 26	\$1500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$1100.00
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.			
<p>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.</p>			
6 Limitations as to use*	<p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>		
<p>HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER * 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.</p>			

95214 666
24 Hours / 7 Days

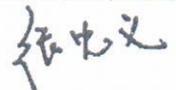
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse
CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST. 93
#01-198 SINGAPORE 528840

Issued By  TEL: 6342 9088 / 6344 7554
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory