

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 27/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA1C1123006546/d4	SAS e-filing		
Yeh No: PC7972T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/2023 18:50	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SLS 9065L	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%; F: 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

NA2301924

Invoice Preparation Checklist

Amf (\$)

1st Bill

Claimant's Particulars:	1) AR : Accident Reporting (\$30);	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TF : Towing Fee \$40/\$45	
Damaged Portion:	4) FT : Follow-Through Survey \$120	
	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 \$0	
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	27/06/2023 15:32 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT ALONG MCE TOWARDS ECP BEFORE FORT ROAD / PIE
Country/State of Loss	CHANGI EXIT
	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7972T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALEQ TRANSPORTATION
Company Reg No	5XXXX974C
Email Address	ISYAH_HASLI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83384411
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007222300

DRIVER

Name of Driver	SITI AISYAH BINTE LATIFF
NRIC No	SXXXX962I
Date Of Birth	13/05/1984

Occupation	Indoor
Date Of Driving Pass	04/04/2014
Driving experience	9 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88148140
Alt. Phone Number	-
Email Address	ISYAH_HASLI@HOTMAIL.COM
Address	APT BLK 662 YISHUN AVENUE 4
Address complement	# 08-247
Postcode	760662
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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 THE ATTACHED POLICE REPORT - T/20230627/7012

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	SLS9065L
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)	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SITI AISYAH BINTE LATIFF
Gender	Female
Phone No	(Phone) +65-88148140
Address	APT BLK 662 YISHUN AVENUE 4
Address Complement	# 08-247
Post Code	760662
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN - GIVEN 7 DAYS OF MC
Injured person in which vehicle?	PC7972T
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 Authorised 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. 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

MCE towards ECP

→ CAT Along MCE towards Ecp Before Fort Road / PIE Changi Exit



Fort / PIE (Changi)

PIE (TPE)

(A) PC 79727

(B) SLS 9065L

Describe Circumstances of the Accident

Attached TP report
7/20230627/7012

LA

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 27/6/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230627/7012

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

1 of 3

Report No. T/20230627/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2023 11:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI AISYAH BINTE LATIFF			Address: 662 YISHUN AVENUE 4 #08-247 SINGAPORE 760662		
ID Type / ID No.: NRIC NO / S8413962I			Contact No.: Home/Office: Mobile: 88148140		
Nationality: SINGAPORE CITIZEN			Email: ISYAH_HASLI@HOTMAIL.COM		
Sex: Female	Age: 39	Date of Birth: 13/05/1984	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2023 18:50	Type of Location: Straight Road
Location: MCE TOWARDS ECP BEFORE PIE CHANGI/FORT ROAD EXIT				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC7972T	Van					0
SLS9065L	Car					1

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20230627/7012

2 of 3

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

Report No. T/20230627/7012

CONTINUATION OF REPORT

Driver			
Name	SITI AISYAH BINTE LATIFF	ID No.	S8413962I
Related Vehicle	PC7972T (Van)	Contact No.	88148140
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/06/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 26/06/2023 at about 1850 hours at along MCE towards ECP before fort road / PIE Changi Exit. I was travelling at the fourth lane on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 7 days MC for my injury.

Vehicles involving in the situation:

- (A) PC7972T
- (B) SLS9065L



**SINGAPORE
POLICE FORCE**



T/20230627/7012

3 of 3

Report No. T/20230627/7012

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

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:
27/06/2023 11:11

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	26/06/2023	Time:	1850HR	(hh:mm) 24 hr format
Location	at along MCE towards ECP before fort Road / PIE Changi Exit.			
Vehicle Number	PC 79727			
Insured Name	ALEX TRANSPORTATION			
NRIC / FIN	53466974C	Contact Number	8338 4411	
Make	TOYOTA	Model	HIACE COMMUTER 2.8 GL AUTO	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	CHINA TAIPING			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	DMBISNW00007222300			
Name of Driver	SITI AISYAH BINTI LATIFF () Same as Insured			
NRIC / FIN	58413962I	Contact Number	8814 8140	
Date of Birth	13-05-1984			
Driving Pass Date	04-APR-2014			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor				
Gender () Male (<input checked="" type="checkbox"/>) Female				
Email Address	ISYAH_HASLI@HOTMAIL.COM () NO EMAIL			
Address of Driver	BLK 662 YISHUN AVENUE 4 #01-247 S (760662)			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured Employer				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No				
If yes, injured detail Driver back & neck pain				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SLS 9065L	Female x 1	(passenger)	
Veh C				
Veh D				
Veh E				
Veh F				

Include Driver 1 person only



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

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)

MZ601

N SN

AN0706B

Cov. Type:C

CERTIFICATE No.

DMB1SNW00007222300

Engine No.: 1GD8354603

Cha. No.:GDH2232001129

1. Index Mark and Registration
Number of Vehicle

PC7972T

AUTOSAFE

=====

2. Name of Policy Holder

ALEQ TRANSPORTATION

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

28/05/2023
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

27/05/2024

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : MOTOR 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: HON BROTHERS PTE. LTD.

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