

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883
TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg
GST:201119451E RCB NO:201119451E

M/S : MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD #16-01

CITY HOUSE

Singapore 068877

TEL: 65073848

FAX: 65073849

ATTN: Motor Claim Department

Your Ref No: 20/FC/TP-028(01)

Claim Type: Third Party

Accident Date: 20/01/2020

TP Veh Reg No: SHD8588C

Estimate No: EST0005302

Date: 23 Jan 2020

Policy No: P10253261R00

Veh Reg No: SJD9785U

Make/Model: HONDA STREAM

Chasis No: RN61054753

Engine No: R18A1761195

Reg. Date: 11/04/2008

Estimate Repair Cost to Vehicle No :SJD9785U

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
List Price			
1 FRT LH SHOCK ABSORBER	1 PC	329.00	
2 FRT LH LOWER ARM	1 PC	302.00	
3 FRT LH KNUCKLE ARM	1 PC	289.00	
4 FRT LH KNUCKLE BEARING	1 PC	129.00	
5 STEERING RACK ASSY	1 PC	1,651.00	
6 FRT LH DRIVE SHAFT	1 PC	966.00	
7 FRT BUMPER	1 PC	677.00	
8 FRT BUMPER CLIPS	10 PC	55.00	
		4,398.00	
	Less 20%	879.60	3,518.40
Labour			
9 WIRE CHECKING	1 UNIT	30.00	
10 REMOVE & REFIX FRT UNDERCARRIAGE (WITH STEERING RACK)	1 UNIT	350.00	
11 WHEEL ALIGNMENT	1 UNIT	65.00	
12 LABOUR CHARGE	1 UNIT	200.00	
13 SPRAY PAINTING	1 UNIT	350.00	
		995.00	995.00
Total			S\$ 4,513.40
Add GST @ 7%			315.94
Total Amount Payable			S\$ 4,829.34

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND EIGHT HUNDRED TWENTY NINE AND CENTS THIRTY FOUR ONLY

For SME Motor Pte Ltd


AUTHORISED SIGNATURE

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 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. 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 Report	23/01/2020 09:47
Date Of Accident	20/01/2020 20:00
Exact Location Of Accident	JALAN PARI BURONG.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9785U
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ISMAIL MOHAMED SALEM
NRIC No	SXXXX717I
Email Address	SALEMRI068@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84827828
Alternative Phone No	OFFICE-84827828

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10253261R00
Cover Note Number	

Driver

Name of Driver	MOHAMED ISMAIL MOHAMED SALEM
NRIC No	SXXXX717I
Date Of Birth	24/09/1968
Occupation	INDOOR
Date Of Driving Pass	11/11/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84827828
Fax Number	
Contact Number	OFFICE-84827828
EEmail Address	SALEMRI068@GMAIL.COM

Address	105 BEDOK NTH AVE 4 #13-2162
Postcode	460105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20200122/2198.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8588C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SME

Accident Sketch Plan Pg. 1

SKETCH PLAN

No idea

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200122/2198

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20200122/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 20:56		Vide Report No.:		Station Diary No.: 153	
Informant's Particulars					
Name of Informant: MOHAMED SALEM BIN MOHAMED ISMAIL			Address: APT BLK 105 BEDOK NORTH AVENUE 4 #13-2162 SINGAPORE 460105		
ID Type / ID No.: NRIC NO / S6835717I			Contact No.: Home/Office: Mobile: 84827828		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 24/09/1968	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: TRAVEL AGENT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/01/2020 20:00	Type of Location: Straight Road
Location: Along Road 1 JALAN PARI BURONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD8588C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0
SJD9785U	Car	HONDA	STREAM 1.8X A	Grey	Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200122/2198

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20200122/2198

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MOHAMED SALEM BIN MOHAMED ISMAIL	ID No.	S6835717I
Related Vehicle	SJD9785U (Car)	Contact No.	84827828
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/01/2020 at around 1900hrs, I returned home from a trip. I tried to start my car that was parked along Jalan Pari Burong however I was not able to move the car. A passer-by then approached me and told me that she witnessed an accident involving my car (SJD9785U) and a taxi (SHD8588C). The taxi had hit onto my car on 20/01/2020 at around 2000hrs. I do not have an in-car-camera. There were some scratches on the front portion of my car near to the front left tire as well as the bumper. I suspect that the taxi had hit onto my tire and activated some kind of lock, hence I was not able to move the car.

I did not get the passer-by's particulars.



**SINGAPORE
POLICE FORCE**



T/20200122/2198

3 of 3

Report No. T/20200122/2198

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 AMANDA CHU HUI MIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

22/01/2020 20:56

Classification Of Case:

Authentication Stamp
NP168

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance
Policy Number : P10253261R00 Policy Issued On : 19/09/2019
Policy Start Date : 11/10/2019 (00:00) Policy End Date : 10/10/2020 (23:59)

Cover
Type of Cover : Comprehensive / Named Driver Plan
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)
Policy : S\$ 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)
Windscreen : S\$ 100.00
Named Driver below 25 years old : S\$ 500.00
Named Driver with less than 2 years' valid driving licence : S\$ 500.00

Premiums
Gross Premium : S\$ 804.45
7% GST : S\$ 56.31
Total Premium Payable : S\$ 860.76

Policyholder
Name : Mohamed Ismail Mohamed Salem
Address : 105 Bedok North Avenue 4 #13-2162 Pearl Garden Singapore 460105
Email Address : salemrio68@gmail.com
Mobile Number : 84827828

Main Driver
Name : Mohamed Ismail Mohamed Salem
Date of Birth : 24/09/1968
Gender / Marital Status : Male / Married
Occupation : Admin: (Civil Servant/ Private sector)
Certificate of Merit : No
Licence Held For : 5 years
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

Vehicle Insured
Vehicle Registration Number : SJD9785U
Chassis Number : -
Make & Model : Honda Stream 1.8
Vehicle Colour : Brown
Year of First Registration : 2008
Sum Insured : Market Value
Off-Peak Car : No
NCD : 10%
Vehicle Usage : Private and Commuting
Modifications Declared : None

Driver Plan
Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)


None

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 68
Name: MOHAMED SALEM BIN MOHAMED ISMAIL

Birth Date: 24 Sep 1968
Issue Date: 16 Sep 2003

000841714E





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S68357171

Name: MOHAMED SALEM BIN MOHAMED ISMAIL

Race: INDIAN
Date of Birth: 24-09-1968
Country of Birth: SINGAPORE

Sex: M



S68357171

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 11 Nov 2000

NP 428A

Licence No: S68357171

1113292

NRIC No: S68357171

Blood Group: O+ Date of issue: 15-07-1993

APT BLK 105 BEDOK NORTH AVENUE 4 #13-2162
SINGAPORE 480105

NRIC No: S68357171 Date: 09/06/2018



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Jan 2020 / 09:26:26

Receipt Date/Time : 23 Jan 2020 / 09:26:26

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200123-000505

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHD8588C As at 20 Jan 2020/20:00:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHD8588C Enquiry Fee 20200123092533967499	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx2266		Credit Card: Visa/MasterCard	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.