# DYNAMIC AUTOWORK PTE. LTD.

8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875 Tel: 6341 6789 Fax: 6341 6778

Co. Reg. No.: 201436361C

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Data	21	59	.W
Date:			

By Fax &/ Email

To:	China	Taipir	nq	

Attn: Motor Claims Department

Re: Accident involving motor vehicle Nos. SJJ 2697E and PC 5210Y along Open Space Capark (BLK 3012 Bedok Industrial Park E) on 19/09/2020.

We refer to the above matter.

We are instructed by Muhammad Razmi Bin Ab Rahin to notify you of a road traffic accident on 19/09/2020 at about 12:20 at Open Space Carpark (BLK 3012 Bedok Indusfrial Park E) involving our client's/customer's vehicle registration number SJJ 2697E and vehicle registration number PC 5210 Y (your insured) at the material time.

As a result of the accident, our client's /customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Thank You.

Yours faithfully

Abby

Hp: 9856 4815

#### 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 witholding 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 aloresaid.

Constitution of the Residence of the Property of the Constitution	ACCIDENT STATEMENT
Date Of Report	21/09/2020 16:13
Date Of Accident	19/09/2020 12:20
Exact Location Of Accident	BLK 3012 BEDOK INDUSTRIAL PARK E (OPEN CAR PARK)
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ2697E	

Insured/Policyholder

Name Of Registered Owner MUHAMMAD RAZMI BIN AB RAHIN

NRIC No SXXXX634H

**Email Address** MD.RAZMI@GMAIL.COM Mobile Phone No (LOCAL) +65-91099355 Alternative Phone No OTHERS-91099355

Vehicle Particulars

Manufacturer **HONDA** Model FIT-1,3 G (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

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 DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MT/00687455/01

Cover Note Number

Driver

Name of Driver MUHAMMAD RAZMI BIN AB RAHIN

NRIC No SXXXX634H Date Of Birth 01/05/1989 Occupation INDOOR Date Of Driving Pass 28/04/2017

**Driving Experience** 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91099355

Fax Number

Contact Number OTHERS-91099355

EMail Address MD.RAZMI@GMAIL.COM Address BLK 566 CHOA CHU KANG STREET 52 #05-136

Postcode 680566

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 COLLIDED INTO PARKED VEHICLE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

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 [OTHER]

BEDOK SOUTH N.P.C AND 10 UBI AVE 3

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO THE POLICE REPORT T/20200919/2096 AND T/20200921/2060

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5210Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KETCH PLAN

# 3012 Bedok Industrial Park E

A = SJJ 2697E

B = PC5210 Y

Open Space Carpark

(BLK 3012 Bedok Industrial Park E)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the state of the s
Refer to Police Report
Report No: T/2000019/2098
<u>S</u>
Report No : 7/20200921/2060

DECLARATION

:/We declare the to egoing particulars are true in every respect

Policyholder's Signature
Date & Time

Driver's Signatule

(If drives a not the policyhoided)

Date & Time

Reporting Centre Personnel's Signature Name

Name. NRIC/Filk No

#### Sketch Plan #2



# 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 Drivet.
- 3. Information provided must be as Initial and accurate as possible. Any willul 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 admession 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 ladgment 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
- Consent under the Personal Data Protection Act (PDPA)

Understand, acknowledge, agree and consent ther-

- 1a) My insurer, my workshop and the General insurance Association of Singapore ["GIA"] may/are permitted to collect, u.e. 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the daims and any necessary investigations relating to the claims:
  - (iv) investigating the accident and/or my claims.
  - (fill) carrying but and/or dealing with my instructions or responding to any enquines by me;
  - (iv) administering my claims fincluding the mailing of correspondence, statements, invokes, 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
  - tyl complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes"1
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' tawyers/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 lawvers/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 thad parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - 11.) for complying with requirements under any regulations, laws or court erders

Policy holder & Senature Date & Time

Triver's Signature of oniver a not the policyholder).

Date & Time

Reporting Centre Personne's Signature

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585 mm MILICAFIN NO





Police Station Of Ongin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No. 1800-2448999

1 of 3 Repair No Tuzogocy teaches

REPORT OF	a traff	IĞ ACCIDENT						
Date/Time		Made	Vide R	leport No.:				Station Diary No.
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Name of Is			Addres					
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NRIC NO	M 00 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2	534H	Home/	Office		Moode	910	19355
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Sex	Age	Date of Bath	Туре о	a Mamera	nemoni emininternationimenemininamininteriori	***************************************		<u> </u>
Male	31	01/05/1989	Vehick	e Owner				
Race: Boyanese			Langu	age		Institut	ion / S	ichool Name
Occupation				g Licence Info		<u> </u>		
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Police Station Of Origin Bedok South N P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 3 Report No. T/20200919/2096

#### CONTINUATION OF REPORT

Vehicle Owner		9,000				
Name	MUHAMMAD RAZMI	BIN AB RAI	4IN	ID No	•	S8914634H
Related Vehicle	SJJ2697E (Car)		***************************************	Conta	ct No.	91099355
Hospital/Clinic	NIL	newton in a distribution to the Comment		Class Drivin Licend Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	harge	NIL	
No. of Days gran	ited Medical Leave	NIL	Degree of	AND DESCRIPTION OF THE PERSON NAMED IN	NIL.	

#### Brief Details.

On 19/09/2020 at about 0945hrs, I parked my vehicle (SJJ2697E) at the open space car park (Blk 3012 Bedok Industrial Park E) in front of my work place.

Subsequently, at about 1810hrs, I proceeded to my vehicle as i wanted to head back home and discovered there were dent marks at the rear portion of my vehicles. I made a check at my workplace CCTV and discovered that one bus had collided with its front portion onto the rear portion of my vehicle.

I wish to state that there nobody had approached me or had left a note to contact as well.





Police Station Of Origin: Bedok South N.P.C. 20 Chai Chee Drive SINGAPORE 459045 Tel No: 1800-2448999 3 of 3 Report No. 1720200010.2035

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 TAN EDMUND NEIL	Signature Ct Enformant
Segnature Of Interpreter	Deletine
Not applicable	19/09/2020 19:35
Officer In Charge Of Case  IP / PRT / Sr Staff Sgt NEO 2HI YUAN Contact No. 65476079	Classification Of Case:
Authentication Stamp Nation	1º JHE





Police Station Of Origin Traffic Police 10 Ubi Avenur 3 SINGAPORE 409965 Tol No. 65470000 for the following respect

Date Time # 21/09/2020		<b>(</b> 54)		Report No 00919/20			Statem Dary No	
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37% T v. 156				<u>apore «</u>	<u> 10566                                    </u>			
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Police Station Of Origin Traffic Police 10 Uto Avenue 3 SINGAPORE 408865 Tel No. 65470000



CONTINUATION OF REPORT

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No of Pedestrian Driver			estran Cross	ang NA	
Name	Unknown Driver		ID No	MIL	
Related Vehicle	PC5210Y (Bus/Coach/Mawbus)		Contact No	NEL	
Hospital/C&rec			Class of Driving Licence & Expery Date	Class NIL Date of Expiry NIL	
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Driver		angel de la comp	23 00 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0		
Name	MUHAMMAD RAZMI BIN AB RA	HIN	ID No	S8914634H	
Related Vehicle	SJJ2697E (Car)		Contact No	91099355	
Hospital/Clinic	NET CONTROL OF THE PROPERTY OF		Class of Driving Licence & Expiry Date	Class 28,2A.2,3 Date of Expray NIL	
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The second section of the second seco	led Medical Leave NIL		Ingary NiL		

### Brief Details.

REF TO REPORT NO T/20200919/2096, I WOULD LIKE TO ADD TO MY REPORT THE BUS (PC2510Y) THAT HIT ME

ON 19/09/2020 AT ABOUT 0945 HRS. I PARKED MY VEHICLE (SJJ2697E) AT THE OPEN SPACE CAR PARK (BLK 3612 BEDOK INDUSTRIAL PARK E) INFRONT OF MY WORK PLACE SUBSEQUENTLY, AT ABOUT 1810 HRS, I PROCEEDED TO MY VEHICLE AS I WANTED TO HEAD BACK HOME AND DISCOVERED THERE WERE DENT MARKS AT THE REAR PORTION OF MY VEHICLE I MADE A CHECK AT MY WORKPLACE COTV AND DISCOVERED THAT ONE BUS HAD COLLIDED WITH ITS FRONT PORTION ONTO THE REAR PORTION OF MY VEHICLE I WISH TO STATE THAT THERE NOBODY HAD APPROACHED ME OR HAD LEFT A NOTE TO CONTACT AT WELL





Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 406805 Tel No: 65470000

Jed 1 Regard No. 1 Julian Statement

CONTINUATION OF REPORT

### Sketch Plan

Interment is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's traurance Certificate to this report. If you don't have the certificate with you now, please tax a copy to 65474865 staling the report number as reference.

Signature Of Officer Recording The Report Skinetine Of tolornast ΤĒ/ Sgr 2 FI-SUA TIAK YEE Signature Of Interpreter Date/Time Not applicable 21/09/2020 13.42 Officer In Charge Of Case: Cina adication Of Green TP / HRY / SI SINT SOUNED ZHI YIJAN SINGAPORE POLICE FORCE Contact No. 65476079 Authentication State