

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

Date: 21/09/20

By Fax &/ Email

To: China Taiping

Attn : Motor Claims Department

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

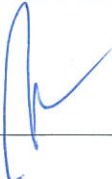
We refer to the above matter.

We are instructed by Muhammael 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 Industrial Park E) involving our client's/customer's vehicle registration number SJJ 2697E and vehicle registration number PC 5210Y (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 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	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 time of accident	PRIVATE USE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 [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

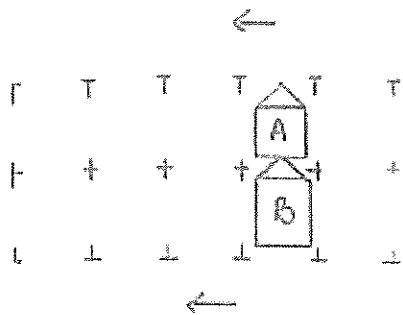
Attachment(s)

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)	

3012 Bedok Industrial Park E



B = PC 5210 Y

Open Space Carpark
(BLK 3012 Bedok Industrial Park E)

Refer to Police Report

Report No : T/20200919/2096

2

Report No : T/20200921/2090

✓We declare the foregoing particulars are true in every respect

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

Sketch Plan #2

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

Police Report



**SINGAPORE
POLICE FORCE**



T20200818/2005

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

1 of 3

Report No T20200818/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 19/09/2020 19:35			Vide Report No.:		Station Diary No. 38
Informant's Particulars					
Name of Informant: MUHAMMAD RAZMI BIN AB RAHIN			Address: APT BLK 565 CHOA CHU KANG STREET 52 #05-135 SINGAPORE 680568		
ID Type / ID No.: NRIC NO / S8914634H			Contact No : Home/Office Mobile 91099355		
Nationality: SINGAPORE CITIZEN			Email		
Sex: Male	Age 31	Date of Birth 01/05/1989	Type of Informant Vehicle Owner		
Race: Banyanese			Language		Institution / School Name
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident 19/09/2020 12:20	Type of Location: Car Park
Location: BEDOK INDUSTRIAL PARK E				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ2687E	Car				Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200919/2096

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			
Name	MUHAMMAD RAZMI BIN AB RAHIN	ID No.	S8914634H
Related Vehicle	SJJ2697E (Car)	Contact No.	91099355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	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 Report



SINGAPORE
POLICE FORCE



T/20200919/2066

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

3 of 3
Report No. T/20200919/2066

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 Of Informant

Signature Of Interpreter

Not applicable

Date/Time

19/09/2020 19:35

Officer In Charge Of Case

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No. 65476079



SINGAPORE
POLICE FORCE

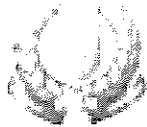
Classification Of Case:

SIGNATURE

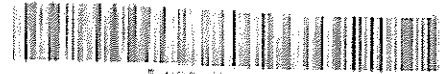
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Police Report



**SINGAPORE
POLICE FORCE**



T 20200921 2000

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

Page 1 of 3
Report No: T202009212000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/09/2020 13:42	Video Report No T/20200919/2000	Station Diary No
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Informant's Particulars

Name of Informant MUHAMMAD RAZMI BIN AB RAHIM			Address: APT BLK 566 CHOA CHU KANG STREET 52 #05-136 SINGAPORE 680566		
ID Type / ID No NRIC NO / S8914634H			Contact No Home/Office: Mobile: 91099355		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 31	Date of Birth 01/05/1989	Type of Informant Driver		
Race Banyanese			Language English		Institution / School Name
Occupation OTHERS			Driving Licence Information Class: 2B,2A,2,3		Date of Expiry

General Information of the Accident

Type of Accident Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 19/09/2020 12:20	Type of Location Car Park
Location BEDOK INDUSTRIAL PARK E			
Weather Clear	Road Surface Dry	Road Speed Limit	
Traffic Flow One Way	Traffic Control Not Controlled	Traffic Volume No Traffic	
Type of Collision Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC5210Y	Bus/Coach/Microbus					0
SJ02697E	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective Date	Expiry Date
SJ02697E	DIRECT ACIA INSURANCE (SINGAPORE) PTE LTD	MT00000000000000000000	01/01/2020	31/12/2021

Police Report



SINGAPORE
POLICE FORCE



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

Report No: 1-20200919-2006

CONTINUATION OF REPORT



Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No	NIL
Related Vehicle	PC5210Y (Bus/Coach/Minibus)	Contact No	NIL
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
Driver			
Name	MUHAMMAD RAZMI BIN AB RAHIN	ID No	S8914634H
Related Vehicle	SJJ2697E (Car)	Contact No	91099355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

REF TO REPORT NO T/20200919/2006, 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 3012 BEDOK INDUSTRIAL PARK E) IN FRONT 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 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. THATS ALL.

Police Report




 SINGAPORE POLICE FORCE	 F20200927 2000
Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000	3 of 3 Report No: F20200927 2000

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 TP / Sgt 2 PHUA TIAK YEE	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 21/09/2020 13:42
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No: 65476079	Classification Of Case  SINGAPORE POLICE FORCE 

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