From: Estimated Cost: Type: M.Ca / M.Cycle / Bus / Van / Lorry /- Taxi / Prime Mover /WS/JP RES/OD RES/EVA/INY/MY Truck / Traller or Make: Honda (INC To Inspect Vehicle No: al Workshop m/s Colour T/Radio: Insured / Std / NI / Sp.Reading Insured: Eng/No: Policy No. C/No: Claims No. Gen. Cond: Good (Fal) / Poor / Burnt Sum Insured: Steering: (norder / Jammed / Leaked / Burnt or (Client's Record) Brake: Interder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil I(S/RI) I STO A/RIM or Tyre Size: (Policy Condition) Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI / N/S repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: D.O.I. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Rew LH Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision Person Contacted: Date / Time Action / Instruction MV-120K Days Of Repair: ale/Tine, File Pass 107 : Prell. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Uate/Time, File Return to? S . RS \_\_SI : Site Insp (\$ Add Fee: Friolice : Interview (\$ : Tech Inva (% i-dhere Popul Formel: Weel and 15 i unip Sun / L.G. I: 12

TOTAL

,01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary

## MOTORCAR (Rear)

**ACTION (AC)** (1)Replace ( ) (2)Repaid() (3)Check () (4)Not Consistent (NC)

Vehicle No: NAC INC Item 1202 993784 Spare Tyre Board 994328 Spare Tyre Panel 1203 995065 Spare Tyre 1204 994326 Spare Tyre Lock Screw 1205 993787 Spare Tyre Cover 1206 1207 995323 Triangle Breakdown Sign 990507 CD Changer Assy 1208 1209 | 990164 | Antenna 990534 Centre Exhaust Pipe Assy 1210 990532 Centre Exhaust Mounting 1211 993364 Rear Exhaust Pipe 1212 993357 Rear Exhaust Chrome Pipe 1213 Rear Exhaust Mounting 1214 993361 993358 Rear Exhaust Heat Shield 1215 995223 Rear LH Chassis Member 1216 1217 993165 Rear RH Chassis Member 1218 | 993436 | Rear LH Fender 1219 993449 Rear LH Fender Protector 1220 993420 Rear LH Fender Inner Panel 1221 993431 Rear LII Fender Inner Trim 993415 Rear LH Fender Inner Garnish. 1222 993425 Rear LH Fender Inner Shield . 1223 993621 Rear LH Mudflap 1224 1225 993933 Rear LH Wheel Rim 1226 | 994025 | Rear LH Rim Cover 1227 995065 Rear LH Tyre 1228 993456 Rear RH Fender 1229 993450 Rear RH Fender Protector 1230 993420 Rear RH Fender Inner Panel 993431 Rear RH Fender Inner Trim 1231 993415 Rear RH Fender Inner Garnish 1232 993425 Rear RH Fender Inner Shield 1233 993622 Rear RH Mudflap 1234 993934 Rear RH Wheel Rim 1235 994025 Rear RH Rim Cover 1236 1237 | 995065 | Rear RH Tyre 995162 Rear Fender Extension Panel LH 1238 993491 Rear Fender Extension Panel RJI 1239 993430 Rear Fender Inner Top Garnish 993673 Rear Pender 1/4 Glass 1241 993452 Rear Fender 1/4 Glass Rubber 1242 993453 Rear Fender 1/4 Glass Sealant 1244 993949 Rear Windscreen Glass 993976 Rear Windscreen Rubber 1245 993961 Rear Windscreen Moulding 1246 993955 Rear Windscreen Scalant 1247 994729 Third Brake Light 1248 993385 Rear Fender Air Grille 1249 992167 Fuel Lid 1250 992168 Fuel Neck 1251 992179 Fuel Tank . 1252 992184 Fuel Tank Bracket 1253 .992191 Fuel Tank Float 11:1361 990247 Sticker

(12) Missing (13) Torn (14) Unconfirmed (15) Not Working Rear Portion CON ACQU INC. NAC Item 993626 Rear Number Plate 1137 993627 Rear Number Plate Base 1138 993630 Rear Number Plate Garnish 1139 993632 Rear Number Plate Lamp 1140 OD 992958 Rear Bumper 1141 993085 Rear Bumper Upper 1142 993017 Rear Bumper Lower 1143 1144 | 993054 | Rear Bumper Side 993103 Rear Bumper Tow Cover 1145 NIC 992341 Rear Dumper Clips 1146 992976 Rear Bumper Bracket 1147 993068 Rear Bumper Side Retainer 1148 993045 Rear Bumper Reinforcement 1149 992970 Rear Bumper Beam 1150 1151 993077 Rear Bumper Sponge 1152 | 992999 | Rear Bumper Damper 1153 993040 Rear Bumper Protector 1154 993036 Rear Bumper Pad 993026 Rear Bumper Moulding 1155 993044 Rear Bumper Reflector 1156 993023 Rear Bumper Lower Spoiler 1157 1158 994023 Reverse Sensor 1159 | 993327 | Rear End Panel 1460 993339 Rear End Panel Top Garnish 1161 993333 Rear End Panel Inner Trim 990333 Boot Compartment Inner Trim 1162 u 993851 Rear LH Taillamp 1163 993853 Rear LH Taillamp Garnish 1154 993859 Rear LH Taillamp Panel 1155 995116 Rear RH Taillamp 1166 993853 Rear RH Taillamp Garnish 1167 1158 993859 Rear RH Taillamp Panel 1169 993554 Rear Apron Panel 1170 992895 Bootlid 1171 991328 Bootlid Emblem 1172 | 990356 Bootlid Handle 1173 | 995250 | Bootlid Moulding 990376 Bootlid Reflector 1174 147 995222 Bootlid Lamp LH 1175 1176 992899 Bootlid Lamp RH 1177 995243 Bootlid Lock 1178 990377 Bootlid Rubber 1179 | 990382 | Bootlid Hinge 1180 | 993877 | Bootlid Spoiler 1181 | 994543 | Tailgate 1182 | 991328 Tailgate Emblem 1183 | 994643 | Tailgate Outer Handle 1184 994640 Tailgate Moulding 1185 994545 Tailgate Garnish 1186 994648 Tailgate Reflector 1187 | 994549 | Tailgate Lamp 994646 Tailgate Protector 1188 994676 Tailgate Wiper Arm 1189 994677 Tailgate Wiper Blade 1190 994679 Tailgate Wiper Nozzle 1191 994555 Tailgate Wiper Motor 1192

994602 Tailgate Glass

994629 Tailgate Lock 994651 Tailgate Rubber

994611 Tailgate Hinge 994594 Tailgate Damper

994606 Tailgate Glass Rubber

994607 Tailgate Glass Sealant

994604 Tailgate Glass Moulding

1193

1194

1195

1196 1197

1198 1199

4 repr dys

#### 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.
- 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 todgement 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

## ACCIDENT STATEMENT:-

02/11/2020 16:42 Date Of Report 30/10/2020 19.55 **Date Of Accident** 

PIE TOWARDS SIMS AVE **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

## SEDETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ5407Z

Insured/Policyholder

PRECISE CAR RENTAL PTE LTD Name Of Registered Owner

2XXXXX221G Co Reg No

SUPPORT@PRECISEAUTO.SG **Email Address** 

(LOCAL) +65-94897930 Mobile Phone No

OFFICE-94897930 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer CIVIC Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE HIRER 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 PRIVATE HIRE

Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

VFX/P2324520 Policy Number

Cover Note Number

Driver

MUZHAFFAR BIN MAZLAN Name of Driver

SXXXX819G NRIC No 20/09/1993 Date Of Birth OUTDOOR Occupation 28/10/2014 **Date Of Driving Pass** 

6 YEARS AND 0 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-88149570 Mobile Number

Fax Number

Contact Number

SUPPORT@PRECISEAUTO.SG **EMail Address** 

Address

APT BLK 121A EDGEDALE PLAINS #13-213

Postcode

821121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MR WONG

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

**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

REFER TO ATTACHED

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

SJY8330U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

WRICP assport Contact Num

Address

postco

NRIC/Passport Number

**Contact Number** 

91380915

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name

MUZHAFFAR BIN MAZLAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLZ5407Z

Were seat belts wom?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

Page 3 of 1

## Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>sparectly</u> 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.
- 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
- 5. Any faise 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.
- 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)
  - (i) processing, handling and/or dealing with my dalms including the settlement of the claims and any necessary investigations relating to the claims;
  - (b) 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.

Policyticiter's Signature Date & Time

Oriver's Signature all driver is not the pulicyholder)

Date & Time

Reporting Centre Person et Stignature

Notice NECKHINO

# Sketch Plan #2

TCH PLAN	
Kryped Like State	SL2 54072 SJY 8330C1. Ac Towneds Sims Acr.
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Statement Please Refer to Police Report No: T/20201031/2020	
Police Report No: T/20201031/2000	Y
1 -0 1	
	210122121
	prince and the second s
	A Paris
DECLAS METTIN.	(1) E (1)
1/We Cone particular, are true in every espect	
Folicyt older's Signature (if driver's not the policy holder)	resorting Centre Personnel's Signature

Date & Time:





1 of 3

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

Report No. T/20201031/2004

Date/Time Report Made: 31/10/2020 00:39		THE STATE OF THE S	Vide Report No.:	Station Diary No.;			
		ulars		the Report State of the State o			
Name of Informant: MUZHAFFAR BIN MAZLAN			Address: APT BLK 121A EDGEDALE PLAINS #13-213 SINGAPOR 821121				
ID Type / ID No.: NRIC NO / \$9333819G			Contact No.: Home/Office:	Mobile: 88149570			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Male	Age: 27	Date of Birth: 20/09/1993	Type of Informant:				
Race: Malay		£ 1	Language:	Institution / School Name:			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:			

Type of Accident:	Injury Others	dent:    Drink     Drive;     No	Date/Time of Accident: 30/10/2020 19:55	Type of Location: Straight Road	
PAN-ISLAND	EXPRESSWAY	10.000	, a .		
Clear	-	Road Surface: Dry	1121	load Speed Limit: 0 Km/h	
Traffic Flow: Traffic Con Dual Carriage Way Not Control		Traffic Control:	1	Traffic Volume: Heavy	
		TVOL CONTROLLED		acuty	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJY8330U	Car				Slightly Damaged	0
SLZ5407Z	Car				Slightly Damaged	2

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

## POLICE REPORT Pg. 1





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 3 of 3 Report No. T/20201031/2004

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 3 MUHAMMAD FIKRI BIN MOHD FADIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2020 00:39
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	i is M
Authentication Stamp	- /-





2 of 3 Report No. T/20201031/2004

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver. Name	RAVICHANDRAN SUBRAMANIAN			ID No.		S6861737E
Related Vehicle	SJY8330U (Car)			Contact No.		91380915
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc					
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	vers successors with the successors with the
Driver.			Use the date			Service Control
Name	MUZHAFFAR BIN MAZLAN		ID No.		S9333819G	
Related Vehicle	SLZ5407Z (Car)			Contact No.		88149570
-lospital/Clinic	CHANGI GENERAL HOSPITAL		•	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
ate Treatment	30/10/2020 Dat			scharge   30/10/2020		)/2020
	ed Medical Leave	04	Degree of	Injury	Sligh	25520574

#### Brief Details.

On the 30/10/2020 at 1955hrs, I was driving my vehicle bearing plate number SLZ5407Z with two passengers along PIE exit towards Sims Avenue as I am working as a Grab Driver. The traffic was heavy thus I stopped my vehicle. Out of a sudden, I felt an impact on my rear end of my car followed by a loud thud. My car moved forward however I did not collide with the car infront. I checked my vehicle and discover a CHR Toyota bearing plate number SJY8330U had collided with my car.

My car sustained damage in the rear bumper. The bumper left side had cracked and had came off abit. There was also scratches on the left rear of my bumper. After the accident I have suffered pain in my neck, and shoulder area. My back was also in pain. With the injuries I suffered I went to Changi General Hospital to get my injuries checked. The doctor gave me 4 days MC.

I wish to add that it was not raining, the road surface is dry. There was no conveyance by ambulance. No other party is involved in the accident. No government property damaged. I checked with both my passengers and were informed that they are fine however I am not sure if they had went to hospital or not.