

NATIONAL Assessment Centre Services.

Just 1 Jan 2005

MAA/20101492

Date In: 16/11/20 16:52	Job description	Date & Time Completed	Done by
Ref No: MAA/1117012004/11	SAS e-illing		
Veh No: SSN4103T	E-mail (Egula 3hrs, AIG 2hrs)		
D.O.A: 15/11/20 19:50	1-Motor Claim Form		
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tell	Fax
TP Particulars: Vch No: PMD	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% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoices: YES () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

HA2006065

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

1) AIC Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: IDA + EMRT Survey	\$160
8) NTUC Additional Services	
ON:	
*NI: Courtesy Car / Tpl Allowance	\$3
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$3
*NI: DV / Collect Excess Coordination	\$20
TP (NI) / TP (Non INC) against INC	\$0
NI: IDA Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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 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	16/11/2020 16:52
Date Of Accident	15/11/2020 19:50
Exact Location Of Accident	JUNCTION OF BUKIT PANJANG RING ROAD AND FAJAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4103T
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN MATTAR SAHIB
NRIC No	SXXXX186E
Email Address	RAZAK.SAHIB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91806317
Alternative Phone No	OFFICE-91806317

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO SHOP TO BUY THINGS FOR HOME.
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00082272000
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAK BIN MATTAR SAHIB
NRIC No	SXXXX186E
Date Of Birth	16/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2003
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91806317
Fax Number	
Contact Number	OFFICE-91806317
Email Address	RAZAK.SAHIB@GMAIL.COM

Address	BLK 549B SEGAR ROAD #02-646
Postcode	672549
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 BICYCLIST
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20201116/7000

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	PMD
Vehicle Make/Model/Colour	POWER ASSISTED BICYCLE
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN CYCLIST

Approximate Age

Injuries Sustain

UNKNOWN

Injured person in which vehicle?

PMD

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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: 16/4/2020

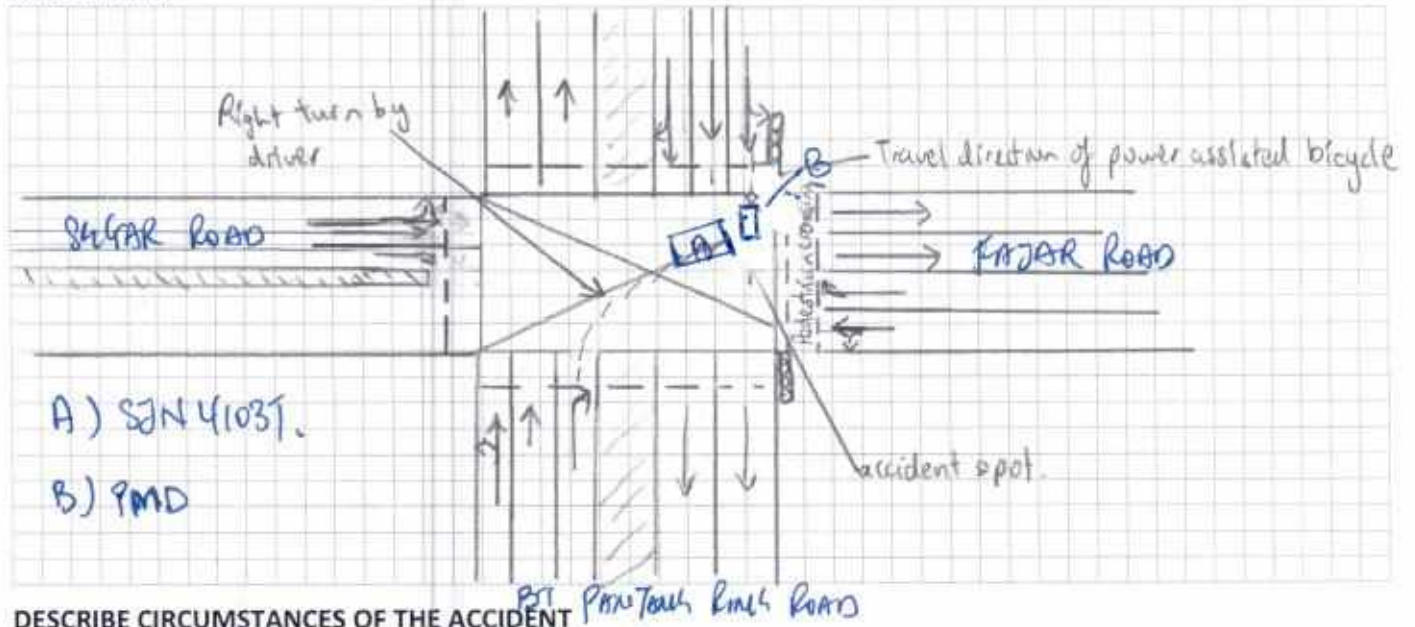
10:37am


Driver's Signature

(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



A) SJN 4103T.

B) 9MD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PST Pantau Kuala Road

Refer to Police Report 7/2020/116/2000

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 2020) (DD/MM/YYYY), TIME: (19 : 48) (HH:MM)

LOCATION: Junction of Bukit Panjany Ring Road and Pagar Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN4103T
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSNW00082732000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT 1.8 (A)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going to shop to buy things for home.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ABDUL RAZAK BIN MATIAS SAHIB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8104186E CONTACT: 91806317
c) ADDRESS: Bik 549B, Segar Road, 402-646
3 672549

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (16 / 02 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/03/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: ONLINE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PMD b) MODEL: Power Assisted Bicycle
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = razak.sahib@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201116/7000

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

1 of 4

Report No. T/20201116/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 00:29		Vide Report No.: J/20201115/0204		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RAZAK BIN MATTAR SAHIB			Address: 549B SEGAR ROAD #02-646 SINGAPORE 672549		
ID Type / ID No.: NRIC NO / S8104186E			Contact No.: Home/Office: Mobile: 91806317		
Nationality: SINGAPORE CITIZEN			Email: RAZAK.SAHIB@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 16/02/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Safety inspector (vehicles, processes and products)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 15/11/2020 19:50	Type of Location: X-Junction
Location: FAJAR ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN4103T	Car	HONDA	FIT 1.3G A	Red		0
	Power-assisted Bicycle			Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20201116/7000

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

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Report No. T/20201116/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN4103T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000822 72000	13/08/2020	12/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ABDUL RAZAK BIN MATTAR SAHIB		ID No.	S8104186E
Related Vehicle	SJN4103T (Car)		Contact No.	91806317
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Cyclist				
Name	Unknown Cyclist		ID No.	NIL
Related Vehicle	(Power-assisted Bicycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

On 15 Nov 2020, around 1948 hrs, I was driving along Bukit Panjang Ring Road. I was at the junction of Zhenghua CC, waiting to turn right into Fajar Road. Initially it was drizzling and then it started to rain heavily. As i saw that my path to turn was clear, i made the turn into the right gradually, and a food delivery electric bike rider came into my way out of nowhere. He was not visible when i was moving off from my stationary position. There was no headlight on the electric bike and the rider was not wearing a helmet. Upon making contact with him, i stopped my car immediately and came out of my car to check on him. A police patrol car nearby came to assist us. The 2 police officers took the particulars of me and the food delivery man. Paramedics came to attend to the food delivery man. Shortly, the Traffic Police also came and I handed over my IC and driving license to the officer. I was advised by the Traffic Police Officer to send the video footage from my car cam to IO lsmail.



**SINGAPORE
POLICE FORCE**



T/20201116/7000

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

3 of 4

Report No. T/20201116/7000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201116/7000

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

4 of 4

Report No. T/20201116/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE MING CAI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/11/2020 00:29

Classification Of Case:

\$1,013.70

Motor Private Car

MX1F

N SN

ANC695A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00082272000

Engine No : L13A4166249

Cha. No.:GE61151705

1. Index Mark and Registration
Number of Vehicle

SJN4103T

AUTOSAFE

2. Name of Policy Holder

ABDUL RAZAK BIN MATTAR SAHIB

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

13/08/2020

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

12/08/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD AS HP OWNER

* 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer

Authorised Signatory