

NATIONAL Assessment Centre Services.

Just 1 Jan/05

SN/820CA0007

Date In: 10/12/2020 14:46
Ref No: N/A/CT/200/4604/4
Veh No: S9X/15502
D.O.A: 09/12/2020 20:51

Job description
SAS e-filing
E-mail (Update 3hrs, AIC 3hrs)
I-Motor Claim Form
I-Motor W/O (With/Out OD 3hrs, TP 4hrs)
I-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/When

Done by

OD : TP : Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

Photo 87 Riba

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 () ; Invoice: 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:

N/A2100091

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

Inspector's comments:

Tel: 1:

- 1) ART Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$10)
- 3) TP: Towing Fee \$120
- 4) PT: Follow-Through Survey \$30
- 5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (var 10 Jan 2005) \$75
- 6) TR: Re-inspection \$160
- 7) NI: New DA + EMRT Survey
- 8) NTUC Additional Services
- ON:
- *NI: Courtesy Car / Tpl Allowance \$3
- *NI: Repair Coordination \$10
- *NI: Post Repair Inspection \$25
- *NI: DV / Collect Thefts Coordination \$3
- TP (NI) / TP (Non INC) against INC \$30
- NI: Idea Mobile

Invoice dated

Fee Charged

Fee Charged

Stamp

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 Submission	10/12/2020 14:46 (SGT)
Date of Accident	09/12/2020 20:51 (SGT)
Exact Location of Accident	119 Bukit Merah View, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7550Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	mohdali9695@gmail.com
Mobile Phone No	(Phone) +65-96956376
Alternative Phone No	+65-96956376

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002692000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ALI S/O SHAIK DOW
NRIC No	SXXXX970Z

Date Of Driving Pass	11/11/1987
Driving experience	33 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96956376
Alt. Phone Number	-
Email Address	mohdali9695@gmail.com
Address	BLK 119 #13-67
Address complement	BUKIT MERAH VIEW
Postcode	152119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201210/2011

ATTACHMENT(S)

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

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 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.

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.

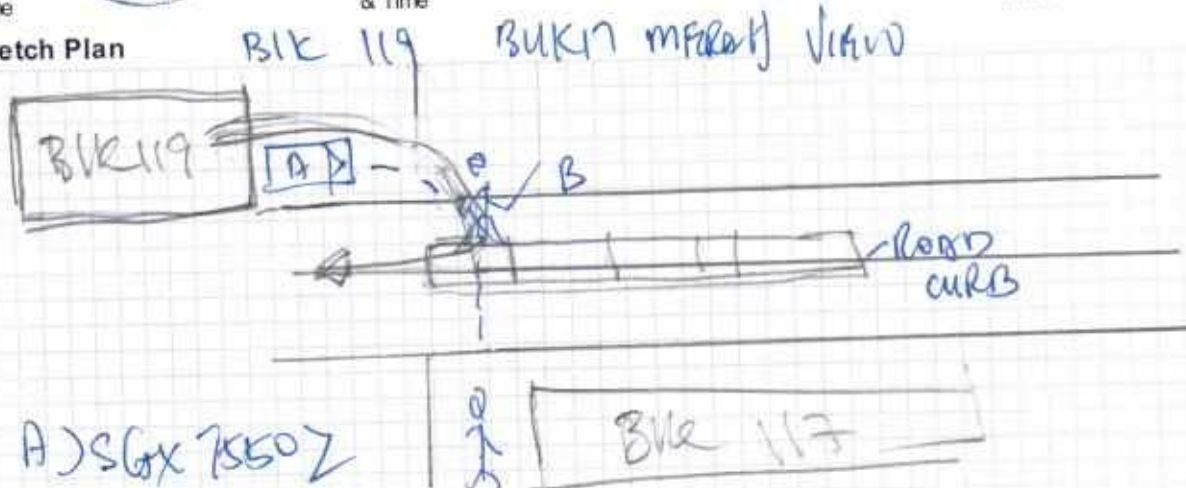


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/202012/10/204

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

12.35pm 10/12/20

[Signature] 19/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (9/12/20) (DD/MM/YYYY), TIME: (20:51) (HH:MM)

LOCATION: B1K 119 Junction to b1k 117

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGA 75502
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Tyoto Wigo, 2019
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Gojek
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: 10005 Mohammad PMH VNO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201533177E CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Ali Sba S. Daw (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 3134897012 CONTACT: 96956376
c) ADDRESS: B1K 119-13-67 Bukit Merah View

* d) DATE OF BIRTH: (8/2/58) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Dark / No light
b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Queenstown PS

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGA 75 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email: Mohdali 9695@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20201210/2011

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20201210/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2020 11:45	Vide Report No.:	Station Diary No.: 22
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED ALI S/O SHAIK DOW			Address: APT BLK 119 BUKIT MERAH VIEW #13-67 SINGAPORE 152119		
ID Type / ID No.: NRIC NO / S1348970Z			Contact No.: Home/Office: Mobile: 96956376		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 08/02/1958	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/12/2020 20:55	Type of Location: Straight Road
Location: BUKIT MERAH VIEW				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7550Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201210/2011

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20201210/2011

CONTINUATION OF REPORT

Brief Details.

On 09/12/2020 at about 2050hrs, I was in my rental vehicle SGX7550Z travelling along Bukit Merah View. I then stop my vehicle at the stop line near to Blk 119 Bukit Merah View, I then signaled right and approached with my right turn towards Henderson Road after the traffic was clear. When I was about to complete my right turn, suddenly a Chinese middle age uncle then dashed out from Blk 119 Bukit Merah View towards my direction and he knocked onto my vehicle right side mirror.

I then stopped and get out from my vehicle and checked on the uncle. The uncle then told me that he does not require any ambulance or assistance. The uncle smelled strongly of alcohol and he does not have any visible injury from what I had seen. I also wished to state that due to the collision the uncle, my vehicle right side mirror was detached from my vehicle. I wished to state that I did not saw anybody near around the area when I was about to make my turn and I also checked my in car camera but however as the area was dim lighted, I could not see anything in the video.



**SINGAPORE
POLICE FORCE**



T/20201210/2011

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20201210/2011

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:

D /

Sgt 3 LIU FENGZHAN, GERRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

10/12/2020 11:45

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Motor Hire Car

MZ406L/B

N SN

AN0478A

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	DMHCSNA00002692000	Engine No.	1Z22949496
		Chassis No.	ZNE10J377510
1. Index Mark and Registration Number of Vehicle	SGX7560Z		
2. Name of Policy Holder	TODDS PARTNERS PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/04/2020	Excess Sect. I	S\$2,000.00
		Excess Sect. I (Outside Singapore)	S\$4,000.00
4. Date of Expiry of Insurance	30/04/2021	Excess Sect. II	S\$2,000.00
		Excess Sect. II (Outside Singapore)	S\$4,000.00
		EX ON WINDSCREEN	S\$100.00
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below. 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.			
ANY EMPLOYEE OF THE COMPANY		ANY AUTHORISED HIRER/DRIVER	
6. Limitations as to use: (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover: (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for forward) of any one disabled mechanically propelled vehicle.			
HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER * Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia); and 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

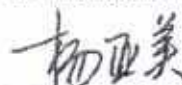


Issued By:

Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory