

NATIONAL Assessment Centre Services.

(Sat 1 Jan 2001)

SN1082140004

Date In: 04/01/2001 20.8	Job description	Date & Time Completed	Done by
Ref No: N10816722100010814	SAS e-Milling		
Veh No: SM 4721 P	E-mail (by date time, A/C time)		
O.O.A: 02/01/2001 11.50	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (with/for OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wiscn		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars: Vch No: SCS 2098 M	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 repolar.

() 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 > \$9000) ()		

Injury: _____

Date: _____

NA2100531	1) AD: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For planning against INC Only (was 10 in 2000)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Ideal DA + SMRT Survey	
	8) NEUC Additional Services	
	OR:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect License Coordination	\$25
	TE (NI): TP (NI) INC against DTG	\$0
	9) NI: Ideal 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 Submission	04/01/2021 20:18 (SGT)
Date of Accident	02/01/2021 11:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TELOK BLANGAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4721P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ECHAN STUDIO
Company Reg No	5XXXX454D
Email Address	bryanbeng24@gmail.com
Mobile Phone No	(Phone) +65-93883383
Alternative Phone No	+65-84847991

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00002252001
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FARHAN BIN ARMAN
NRIC No	SXXXX248A

Date Of Driving Pass	26/07/2016
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84847991
Alt. Phone Number	-
Email Address	bryanbeng24@gmail.com
Address	BLK 411 BEDOK NORTH AVENUE 2 #05-102
Address complement	-
Postcode	460411
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SLS2098M
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

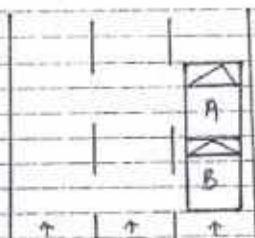
Name of injured person	MUHAMMAD FARHAN BIN ARMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJM4721P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

AYE Towards Telok Blangah

Vehicle A: SJW4751P

Vehicle B: SL52098M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No: D/20210104/7007.

DECLARATION

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



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.:

04/01/2021

Resh M. Khan



**SINGAPORE
POLICE FORCE**



D/20210104/7007

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20210104/7007

Date/Time Report Made 04/01/2021 01:38	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FARHAN BIN ARMAN	Address 411 BEDOK NORTH AVENUE 2 #05-102 SINGAPORE 460411	
ID Type / ID No. NRIC NO / S9629248A	Contact No. Home/Office: Mobile: 84847991	
Nationality SINGAPORE CITIZEN	Email Address farhanarman22@gmail.com	
Occupation Delivery driver	Sex Male	Age 24
	Date of Birth 22/08/1996	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 02/01/2021 11:45	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

On the stated date and time I (SJM4721P) was travelling straight along the stated venue. Suddenly a vehicle (SLS2098M) came and hit onto my vehicle rear portion.

The impact was great and I felt pain on my neck and back.

The day after I proceeded to seek treatment at Central 24hr clinic bedok and was given 2 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2021 01:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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Date of Accident : 02/01/2021 Accident Time: 1150hrs (24-HR-FORMAT)

Accident Place : AYE Towards Telok Blangah

Vehicle Reg. No (Car plate No.) : SJM 4721P Vehicle Make/Model: mitsubishi Lancer Ex

Insurance Company : China Taiping Policy No. DMHCSNA 00002252001

Name of Registered Owner : Company / Individual ELHAN STUDIO

ID of Registered Owner : Co Reg No: 532434540 Owner's NRIC No: -

: Co Contact No: - Owner's Contact No: 93893303

DRIVER'S Name : Muhammad Farhan Bin Arman DRIVER'S NRIC No: S9629248A

DRIVER'S Date of Birth : 22-08-1996 DRIVER'S License Pass Date 26 Jul 2016

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: -

DRIVER'S Address : APT B14 411 Block North Avenue 2 #05-102 Singapore 466411

DRIVER'S Contact No / Alt No. : 1) 8484 7991 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an off)

Email Address : bugahung24@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET

Reporting Type : Reporting Only \ ~~Claim~~ Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Muhammad Farhan Bin Arman

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (If any)

Vehicle Reg No: <u>SLS 2098M</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>Kia K3</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (If any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Motor Hire Car

MZ406L/B

R SN

AND420A

Cov. Type: T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1998
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMHC SNA00002252001

Engine No: 4A910066111

Chs. No: JMY6RCY2A0U007555

1. Index Mark and Registration
Number of Vehicle

SJM721P

2. Name of Policy Holder

ECHAN STUDIO

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

07/04/2020

Excess Sect. II

SS1,500.00

Excess Sect. II (Outside Singapore)

SS3,000.00

4. Date of Expiry of Insurance

06/04/2021

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 OR

ANY AUTHORISED HIRER/DRIVER ONLY

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 reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 25 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Lin Leo Choo
Authorized Officer

Authorized Signatory