

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

SM0921120006

Date In: 18/11/21 12:10	Job description	Date & Time Completed	Done by
Ref No: NAL CT2 21000801/h4	SAS e-filing		
Veh No: SJM 4721 P	E-mail (within 3hrs, AIC 2hrs)		
IP/A: 15/11/21 10:40	I-Motor Claim Form		
(H) (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: FBR 6010 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 > \$3000] ()		

Injury: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bugr-In-Charge):	

NA2100961	Invoice Description	Amount	Balance
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-Inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$23		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (N-a INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
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	18/01/2021 12:10 (SGT)
Date of Accident	15/01/2021 10:40 (SGT)
Exact Location of Accident	Lor 6 Toa Payoh, Singapore
Additional Location Information	-
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	+65-93883383

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	Private car

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 Birth	22/08/1996
Occupation	Outdoor

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	411 BEDOK NORTH AVE 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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210116/7052

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	FBR6010M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

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

SKETCH PLAN

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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

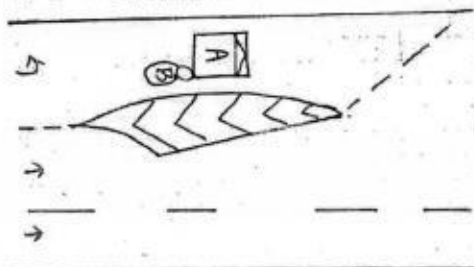
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sliprd of Braddell Road Two's
Lorong 6 Toa Payoh Infront of
the ERP

Vehicle A: SJM 4721P
Vehicle B: FBR 6010M

Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (SJM4721P) was travelling along the slip road of the stated location. As there were vehicle at the main road, vehicles in front of me stop to give way, I followed suit. Out of sudden, I felt an impact from my rear portion, the vehicle B (FBR6010M) collided onto the rear right portion of my vehicle causing damages

Declaration

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210116/7052

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210116/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 13:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

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: farhanarman22@gmail.com	
Sex: Male	Age: 24	Date of Birth: 22/08/1996	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2021 10:40	Type of Location: Straight Road
Location: LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR6010M	Motorcycle					0
SJM4721P	Car					0

Details of Person Involved

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210116/7052

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210116/7052

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBR6010M (Motorcycle)	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
Driver			
Name	MUHAMMAD FARHAN BIN ARMAN	ID No.	S9629248A
Related Vehicle	SJM4721P (Car)	Contact No.	84847991
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

Brief Details.

ON 15/01/2021 AROUND 10:40HRS, I WAS DRIVING VEHICLE BEARING CARPLATE NUMBER (SJM4721P) TRAVELLING ALONG AT THE SLIP ROAD OF BRADDELL ROAD TOWARDS LORONG 6 TOA PAYOH INFRONT OF THE ERP. AS THERE WERE VEHICLE AT THE MAIN ROAD, VEHICLE INFRONT OF ME STOP TO GIVE WAY, I FOLLOWED SUIT. OUT OF SUDDEN, I FELT AN IMPACT FROM MY REAR PORTION, VEHICLE BEARING NUMBER PLATE (FBR6010M) COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE CAUSING DAMAGES.



**SINGAPORE
POLICE FORCE**



T/20210116/7052

3 of 3

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

Report No. T/20210116/7052

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
16/01/2021 13:56

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ409U/B

R SN

AND42DA

Cov Type T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1995 (Malaysia)

CERTIFICATE No

DMHCSNA00002252001

Engine No: 4A910086111

Chassis No: JMYSRCY2A8U007555

1. Index Mark and Registration
Number of Vehicle

SJM4721P

2. Name of Policy Holder

ECHAN STUDIO

3. Effective Date of the Commencement of
Insurance for the purposes of the Regulations
Definition of Franchise

07/04/2020

Excess Sect II

S\$1,500.00

Excess Sect II (Outside Singapore)

S\$3,000.00

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 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 25 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Lim Lee Choo
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Date of Accident : 15/01/2020 Accident Time: 1040hrs (24-HR-FORMAT)
 Accident Place : Slip Rd of Braddell Road TWDs Loring 6 Toa Payoh In front of the ERP
 Vehicle Reg. No (Car plate No.) : SJM 4721P Vehicle Make/Model: Mitsubishi Lancer EX
 Insurance Company : China Taiping Policy No. DMHLSNA0000252001
 Name of Registered Owner : Company / Individual ECHAN STUDIO
 ID of Registered Owner : Co Reg No: 53243454D Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: 93883383
 DRIVER'S Name : Muhammad Farhan Bin Ahmad DRIVER'S NRIC No: S9629248A
 DRIVER'S Date of Birth : 22 Aug 1996 DRIVER'S License Pass Date 26 Jul 2016
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
 DRIVER'S Address : APT 411 Bedok North Avenue 2 #05-102 Singapore 460411
 DRIVER'S Contact No / Alt No. : 1) 6484 7991 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : bryanhong24@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: -
 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: FBR 6010M

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -

Vehicle Reg No: -

Vehicle Make/Model: -

Name DRIVER: -

IC No. DRIVER: -

DRIVER'S Contact & add: -