

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Private hire:
- Yes.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/01/2021 (dd/mm/yy) Time of Accident: 17:50 (24-HR-FORMAT)
Vehicle No.: SJT 5916B Vehicle Make & Model: Hyundai Avante 1.5 1cc
Exact location of Accident: Junction of Hoo + Kiam Road & River Valley Road.
Policyholder's Name / IC No.: ACE CAR RENTAL PTE LTD 202000192Z
Driver's Name / IC No.: Mohamed Shariffudin Bin Mohamed Salleh / 57236947E (As Above) ☐
Driver's Contact No.: 8870 2367 Company Contact No.: 9021 4503
Driver's Address: 7 GAMBAS CRESCENT #05-03 ARK @GAMBAS S757087
Insurance Company: AXA Email address (if any): ace carrental b1@gmail.com

Relationship between Owner & Driver: HIRER

or Others specify: Hirer

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Neck to shoulder

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 ubi Ave 3.

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SGL 1702E

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: SMQ 6830M

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Hoot Klam Road
 Zion road
 River Valley Road.
 V: A) SJT 5A
 V: B) SGL 170
 V: C) SMQ 68?

V: A) ST5916B
V: B) S6L1702E
V: C) SMQ6830M

refer to police report
no. : T/20210201/7007

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



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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 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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210201/7007

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

1 of 4

Report No. T/20210201/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2021 10:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED SHARIFFUDIN BIN MOHAMED SALLEH			Address: 174 YISHUN AVENUE 7 #04-839 SINGAPORE 760174		
ID Type / ID No.: NRIC NO / S7236947E			Contact No.: Home/Office: Mobile: 88702367		
Nationality: SINGAPORE CITIZEN			Email: SHA_RIFF09@YAHOO.COM.SG		
Sex: Male	Age: 48	Date of Birth: 30/09/1972	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:50	Type of Location: X-Junction
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SGL1702E	Car	FORD		Red		0
SJT5916B	Car	HYUNDAI	AVANTE	Red		0
SMQ6830M	Car	AUDI		Blue		0



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Report No. T/20210201/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LALWANI SHALINI GOBINBD	ID No.	NIL
Related Vehicle	SGL1702E (Car)	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	NIL
Driver			
Name	MOHAMED SHARIFFUDIN BIN MOHAMED SALLEH	ID No.	S7236947E
Related Vehicle	SJT5916B (Car)	Contact No.	88702367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	31/01/2021	Date	31/01/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SOH YEW KEE DANIEL	ID No.	NIL
Related Vehicle	SMQ6830M (Car)	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	NIL

Brief Details.

ON THE 30TH JAN 2021 I WAS DRIVING MY VEHICLE SJT5916B. I WAS TRAVELLING ON THE MIDDLE LANE AND THE TRAFFIC WAS RED HENCE ALL VEHICLE WAS STATIONARY WAITING FOR THE TRAFFIC TO TURN GREEN. SHORTLY TRAFFIC WAS IN OUR FAVOUR, THERE WAS A VEHICLE IN FRONT OF ME RELEASED ITS BRAKE, AS SUCH I RELEASED MY BRAKE TOO. THE NEXT SECOND THE VEHICLE INFRONT BRAKE, UPON SEEING I IMMEDIATELY APPLIED BRAKES TO MY VEHICLE AND CAME TO A COMPLETE STOP. A FEW SECONDS LATER, I FELT A VERY STRONG IMPACT AGAINST MY VEHICLE REAR PORTION, THE IMPACT CAUSED MY VEHICLE TO PROPELLED FORWARD AND COLLIDED AGAINST THE VEHICLE INFRONT. SHORTLY I GOT OUT



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T/20210201/7007

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Report No. T/20210201/7007

CONTINUATION OF REPORT

OF MY VEHICLE AND REALISED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION. THE VEHICLE
BEHIND, SGL1702E COULD NOT STOP IN TIME, HIT AGAINST MY STATIONARY REAR PORTION
AND CAUSED MY VEHICLE TO HIT AGAINST THE VEHICLE INFRONT, SMQ6830M. THE NEXT
FOLLOWING DAY I FELT PAIN AND WENT TO CONSULT DOCTOR AND WAS GIVEN 3 DAYS MC.

\$11,045.00

21 Oct 2009

21 Oct 2009

7

\$11,045.00

Forecast

\$0.00

20 Oct 2024

E - Open Category

6

\$15,341.00

\$11,341.00

\$11,341.00

Total Rebate Amount

COE Rebate Amount

POP Paid

COE Period (Years)

COE Category

COE Expiry Date

Intended COE Rebate Details

PARF Rebate Amount

PARF Eligibility Expiry Date

PARF Eligibility

Intended PARF Rebate Details

Actual PARF Paid

Transfer Count

First Registration Date

Original Registration Date

Open Market Value

Maximum Power Output

Crash

Engine

Model

Vehicle Model

Vehicle Make

Intended Registration Date

Vehicle to be Exported

Vehicle No

Report No

Page No

Company

1922

Company

1922

21788166

04 Feb 2021

HYUNDAI

HD AVANTE 1.8 A

Model

Color

Engine

Crash

Engine

Model

Vehicle Model

Vehicle Make

Intended Registration Date

Vehicle to be Exported

Vehicle No

Report No

Page No

Company

1922

Company

1922

21788166

04 Feb 2021

HYUNDAI

HD AVANTE 1.8 A

Model

Color

Engine

Crash

Engine

Model

Vehicle Model

Vehicle Make

Intended Registration Date

Vehicle to be Exported

Vehicle No

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Company

1922

21788166

04 Feb 2021

HYUNDAI

HD AVANTE 1.8 A

Model

Color

Engine

Crash

Engine

Model

Vehicle Model

Vehicle Make

Intended Registration Date

Vehicle to be Exported

Vehicle No

OK



**SINGAPORE
POLICE FORCE**



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Report No. T/20210201/7007

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
01/02/2021 10:49

Classification Of Case: