

SN0218V0003

Date In: 31/08/2021 15:21	Job description	Date & Time Completed	Done by
Ref No: N34/CTN2009137/Y	SAS e-illing		
Val No: PC 9354P	E-mail (Sjule 3hrs, AIG 1hrs)		
D.O.A: 30/08/2021 18:48	1-Motor Claim Form		
	1-Motor W/O (Withins 00 3hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Ins/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: () Tel: ()
 TP Responsibility () Vch No: CB 84610 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 ()
 Deductible: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Clovecomer : Customer's Information strictly Confidential & strictly NO Refor of repotion.

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

() Total Loss Case : to a small Insurer DISCONTINUED
Drive-In () / Towed-In () ; Invoice# VRS () / NO () ; Towing Co ()

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

2) QC Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Инjury :

NA2103723

Driver/Owner:

Copyright No:

Darned Good Portions:

QC Checked by (Engr-In-Charge):

211-11

1) Add'l Additional Surveying (\$30)	
2) DA's Survey Allowance (\$100)	\$100.45
3) Trailing Fee	\$120
4) PT Follow Through Survey	\$30
5) PT Follow Through Survey (Re-survey) Vandalism Insurance NOT Only, (w/ \$10 limit)	\$75
6) TRF Interpretation	\$160
7) NI & DA + EMRT Survey	
8) NTUC Additional Services	
ONL	\$3
* NSI Courtesy Car / Tol Allowance	\$10
* Not Avail Coordination	\$25
* NI/PT Permit Interpretation	\$3
* NI/DV / Collat Use of Coordination	\$25
* TP (NI) / TP USG INC) + 10% FEE	\$9
9) NI/IDe Mobile	
Invoice dated	
Invoice dated	

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	31/08/2021 15:21 (SGT)
Date of Accident	30/08/2021 18:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9354P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GO HERE GO THERE SERVICES
Company Reg No	5XXXX722B
Email Address	mohdsufianrahim@gmail.com
Mobile Phone No	(Phone) +65-92396224
Alternative Phone No	+65-92396224

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Bus
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00010982000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SUFIAN BIN MOHAMED RAHIM
NRIC No	SXXXX213F

Date Of Birth	12/08/1985
Occupation	Outdoor
Date Of Driving Pass	05/08/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-92396224
Alt. Phone Number	-
Email Address	mohdsufianrahim@gmail.com
Address	BLK 514 JELAPANG ROAD #06-237
Address complement	-
Postcode	670514
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20210831/7026

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	CB8461D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED SUFIAN BIN MOHAMED RAHIM
Gender	Male
Phone No	(Phone) +65-93296224
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC9354P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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:

[Handwritten signature]

[Handwritten signature] 31/08/2021

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

SKETCH PLAN

A - PC 9354P

B - CB8461D



PIE Twd's Tws.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report. T/20210831/9035

DECLARATION

I/We declare that the 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.:

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Relationship with insured: Employee & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: CB 84610
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: China Taiping.

Police report (if any): yes/no
Police report reported at which police station: 10 ubi Ave 3
Any intended prosecution given: yes / no
if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only
No of Pax: 6 5 Male
_____ Female

Connect3 client vehicle no: PC 9354P
Owner contact no: 9239 6224
Date of accident: 20/8/2021
Location of accident: P1E Twds Tuas
Time of accident : 18:45hrs.
Any Injury: yes / no (if yes, must have police report)

Email Address: mohdsufianrahim@gmail.com



**SINGAPORE
POLICE FORCE**



T/20210831/7026

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

1 of 3

Report No. T/20210831/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2021 14:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED SUFIAN BIN MOHAMED RAHIM			Address: 514 JELAPANG ROAD #06-237 SINGAPORE 670514		
ID Type / ID No.: NRIC NO / S8527213F			Contact No.: Home/Office: Mobile: 92396224		
Nationality: SINGAPORE CITIZEN			Email: MOHDSUFIANRAHIM@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 12/08/1985	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4A		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2021 18:45	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
CB8461D	Bus/Coach/Mi nibus					0
PC9354P	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210831/7026

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

2 of 3

Report No. T/20210831/7026

CONTINUATION OF REPORT

Driver			
Name	MOHAMED SUFIAN BIN MOHAMED RAHIM	ID No.	S8527213F
Related Vehicle	PC9354P (Van)	Contact No.	92396224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 30/08/2021 AROUND 18:45HR, I WAS DRIVING MY BUS PC9354P ALONG PIE TWDS TUAS. TRAFFIC WAS NORMAL. SUDDENLY I FEL AN IMPACT FROM THE REAR. VEH B CB8461D COLLIDED ONTO MY REAR PORTION. NIGHT TIME I FELT PAIN AT MY NECK, SHOULDER AND BACK WAS PAIN AND I WENT TO SEE DOC. DOC ISSUED ME 2DAYS MC REFER ME TO TTSH TO DO XRAY. TTSH ISSUED ME 3DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210831/7026

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

3 of 3

Report No. T/20210831/7026

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

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
31/08/2021 14:29

Classification Of Case:

Motor Bus

MZ601

N SN

AN0706A

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.

DMB1SNW00010982000

Engine No.: 1GD8524151

Cha. No.:GDH2232002901

1. Index Mark and Registration
Number of Vehicle

PC9354P

AUTOSAFE

2. Name of Policy Holder

GO HERE GO THERE SERVICES

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

23/10/2020

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

22/10/2021

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

HIRE PURCHASE CO. : MOTOR CREDIT PTE LTD

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HON BROTHERS MOTOR
Authorised Officer

Authorised Signatory

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
PC9354P

Make / Model
TOYOTA / HIACE COMMUTER GL 2.8 AUTO

Vehicle Type :
Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1 :
Air-Conditioned

Vehicle Scheme :
Public Service Vehicle (Others)

Chassis No. :
GDH2232002901

Propellant :
Diesel

Engine No. :
1GD8524151

Motor No. :
-

Engine Capacity :
2754 cc

Power Rating :
-

Maximum Power Output :
-

Maximum Laden Weight :

3020 kg

Unladen Weight :

2180 kg

Year Of Manufacture :

2019

Original Registration Date :

23 Oct 2020

Lifespan Expiry Date :

22 Oct 2040

COE Category :

C - Goods Vehicle & Bus

PQP Paid :

\$21,694.00

COE Expiry Date :

22 Oct 2030

Road Tax Expiry Date :

22 Oct 2021

PARF Eligibility Expiry Date :

-

Inspection Due Date :

22 Oct 2021

Intended Transfer Date :

31 Aug 2021

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

Fees To Be Paid For Transfer

Transfer Fees	\$25.00
Road Tax Renewal - 6 months (23 Oct 2021 to 22 Apr 2022)	\$160.00
Road Tax Renewal - 12 months (23 Oct 2021 to 22 Oct 2022)	\$392.00

Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

Print

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