46	CIE	A IP	ATTA	TO TO	DITT'
AS	25	E	473	II	TAT

From Date:	Veh No: SJR2451E Yr Regn: 2009 / June
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Vios- c.c 1487
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 2+4258 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MR053HY9305116766
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rum or
mane of void	Tyre Size: F: 185 60 R 15
(Policy Condition)	R: 185/60R15
	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Habilead
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 96 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 61/09/21.
Lum Sum: % 3 Val.: Yes or No	'Survey held at HST. Twin (ar!
The second secon	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN	/ OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	COR E 'ASIALIAN
TPAXA.	COR Expiry: 15/06/04,
	V
MV: 19K	70294
PV: 8.4K	A STREET
Nett: 10.61C	19204.2
7101	
	Distance of the second of the
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to?	of Fee: Site Insp (\$)_s+Rs_s
2)	
Report Format :	
Lump Sum / LB.E (\$)	: Weef end (8

SK0L218V0009 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 31/08/2021 15:29 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (31/08/2021 15:29 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

31/08/2021 15:29 (SGT) Date of Submission 31/08/2021 08:15 (SGT) Date of Accident **Exact Location of Accident** Singapore CHOA CHU KANG DRIVE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJR2451E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? MOHD SANI BIN JUWAHIB Name Of Registered Owner S7697241I NRIC No macpendek@gmail.com **Email Address** (Phone) +65-81806744 Mobile Phone No +65-81806744 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer VIOS E AUTO Model Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1497 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5115893738-01 Policy Number 31/01/2021 TO 30/01/2022 Cover Note Number

DRIVER

MOHD SANI BIN JUWAHIB Name of Driver \$76972411 NRIC No

26/04/1976 Date Of Birth Outdoor Occupation 25/04/2016 Date Of Driving Pass 5 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-81806744 Mobile Number +65-81806744 Alt. Phone Number **Email Address** macpendek@gmail.com APT BLK 238 PASIR RIS ST 21 #11-25 (S) 510238 Address Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Type of Accident Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Tampines North Neighbourhood Police Post Police Station Name Police Station Phone No. (Phone) +65-18007818999 Alt. Police Station Phone No (Fax) +65-67838603 Blk 461 Tampines Street 44 #01-56 Singapore 520461 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SHA4622D Vehicle Registration Number Vehicle Manufacturer

Taxi

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver NRIC No Contact Number	CHENG CHEE KIANG S1402548J (Phone) +65-81022378
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

MOHD SANI BIN JUWAHIB Name of injured person Male Gender (Phone) +65-81806744 Phone No APT BLK 238 PASIR RIS ST 21 #11-25 (S) 510238 Address Address Complement Post Code Approximate Age Years Old STREET 11 CLINIC - 3 DAYS MC Injuries Sustained Injured person in which vehicle? SJR2451E Were seat belts worn? Was this injured conveyed to hospital by ambulance?

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.
- 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.
- 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)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

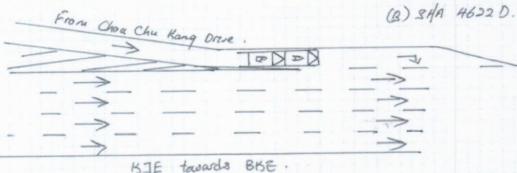
Policyholder's Signature / Date & & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SJR 2451E.



Describe Circu	mstances	of the Acc	ident				
		0					
	Ple	reser	To	Police	Refert	No:	
	,	1					
		7/2	02/08	31/20	28.		
		1/2	02/00				

Declaration

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

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

Witnessed by Reporting Centre Personnel





Date of Expiry:

1 of 3

Report No. T/20210831/2028

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

Malay

Occupation:

GRAB DRIVER

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 21 12:26	Made:	Vide Report No.:	Station Diary No. 9	
Informa	nt's Partici	ulars			
	Informant: SANI BIN JU		Address: APT BLK 238 PASIR F 510238	RIS STREET 21 #11-25 SINGAPORE	
	/ ID No.: D / S76972	411	Contact No.: Home/Office: Mobile: 81806744		
National SINGAP	ity: ORE CITIZ	EN	Email: macpendek@gmail.co	m	
Sex: Male	Age: 45	Date of Birth: 26/04/1976	Type of Informant: Driver	I MA ISM DATES	
Race:			Language:	Institution / School Name:	

Driving Licence Information:

Class: 2B,2A,2,3,4

English

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2021 08:15	Type of Location slip road
CHOA CHU k	(ANG DRIVE	Road Surface:		Road Speed Limit:
Heavy rain		Wet Surface.		25 Km/h
Traffic Flow:		Traffic Control: Pedestrian Cross	ing	Traffic Volume: Heavy
Two Way				

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4622D	Car	- Espiration	or to the	protess Services	Slightly Damaged	1
SJR2451E	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR2451E	NTUC Income Insurance Co-Operative Limited	5115893738-01	31/01/2021	30/01/2022





T/20210831/2028

2 of 3

Report No. T/20210831/2028

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE CONTINUATION OF REPORT

Tel No: 1800-7818999

Any Pedestrian Ir	n Involved evolved: No				
No. of Pedestrian		Use of Pede	estrian	Cross	ing: NA
Driver					
Name	CHENG CHEE KIANG		ID No.		S1402548J
Related Vehicle	SHA4622D (Car)		Contact No.		81022378
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	injury	NIL	
Driver					
Name	MOHD SANI BIN JUWAHIB		ID No.		S7697241I
Related Vehicle	SJR2451E (Car)		Conta	ct No.	81806744
Hospital/Clinic	STREET 11 CLINIC		Class Driving Licence Expiry	g ce &	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	31/08/2021	Date Disch	narge	NIL	The same of the same of the same of
	ited Medical Leave 03	Degree of	Injury	Sligh	t

Brief Details.

On 31/09/2021 at about 0815hrs, I was travelling along Choa Chu Kang Dr, turning left onto slip road onto KJE. While coming to a complete stop and waiting for oncoming traffic to pass, the vehicle(SHA4622D) behind mine, collided onto the rear of my vehicle(SJR2451E). As such, my vehicle's rear bumper is slightly dislodged and my rear bonnet unable to close fully.

My passenger, Nur Syahirah, and myself sustained injuries due to this incident. The back of my neck and lower back sustained strain and soreness, while my passenger mentioned she felt giddy after the incident happened. The other driver, Cheng Chee Kiang, informed that he did not suffer from any injuries. I was given 3 days MC for my injuries.

Both of us exchanged particulars at scene and took photos of the incident. He informed me to lodge a traffic accident report and I acknowledged.

I am lodging this report for insurance claims and record purpose.





Report No. T/20210831/2028

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE CONTINUATION OF REPORT 520461

Tel No: 1800-7818999

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 G / Sgt 2 HO QI ZHI	Report	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 31/08/2021 12:26	
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:	
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SINGAPO POLICE	ORE FORCE	
Authentication Stamp NP168		To	
		SIGNATURE	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	2411	
Vehicle Details	SJR2451E	
Vehicle No.:	No	
Vehicle to be Exported:	01 Sep 2021	
Intended Deregistration Date:	TOYOTA	
Vehicle Make:	VIOS E AUTO	
Vehicle Model:	Black	
Primary Colour:		
Manufacturing Year:	2009	
Engine No.:	1NZX918800	
Chassis No.:	MR053HY9305116766	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$12,468.00	
Original Registration Date:	16 Jun 2009	
First Registration Date:	16 Jun 2009	
Transfer Count:	5	
Actual ARF Paid:	\$12,468.00	
Interrest PARITRETERO POPULA		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	CONTRACTOR OF THE PROPERTY OF	
PARF Rebate Amount:	\$0.00	
Intended Gold Roberts Details	15 Jun 2024	
COE Expiry Date:		
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	5	
PQP Paid:	\$14,920.00	
COE Rebate Amount:	\$8,322.00	
Total Rebate Amount:	\$8,322.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 01 Sep 2021

