

50021911001

Q1) TRF Reporting Only

SL2405D

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

111/1475 :

XIA2103909

| Sl. No. | Description | Amount | Total |
|---------|--|--------|-------|
| 1) | ALL Additional Surveying (300) | | |
| 2) | DA + Conveyance Allowance (\$1000) | \$1000 | |
| 3) | Traveling Allowance | \$1000 | |
| 4) | PTI Follow Through Survey | \$120 | |
| 5) | PTI Follow Through Survey (Re-survey) | \$30 | |
| 6) | Correlation of old and new data (w/ P.O. in 700) | \$75 | |
| 7) | PTI Follow Through | \$160 | |
| 8) | DA + SMRT Survey | | |
| 9) | NTUC Additional Services | | |
| 10) | NTUC Additional Services | \$5 | |
| 11) | NTUC Additional Services | \$10 | |
| 12) | NTUC Additional Services | \$25 | |
| 13) | NTUC Additional Services | \$3 | |
| 14) | NTUC Additional Services | \$25 | |
| 15) | NTUC Additional Services | \$2 | |
| 16) | NTUC Additional Services | \$2 | |
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| 99) | NTUC Additional Services | \$2 | |
| 100) | NTUC Additional Services | \$2 | |

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 | 17/09/2021 15:19 (SGT) |
| Date of Accident | 10/09/2021 18:00 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS JURONG BEFORE STEVENS ROAD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMU2598P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAMED ANWAR BIN MOHAMED AMIN |
| NRIC No | SXXXX257B |
| Email Address | khairulizzwan.18@gmail.com |
| Mobile Phone No | (Phone) +65-97378965 |
| Alternative Phone No | +65-97378965 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Latio |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1498 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00121962000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--|
| Name of Driver | MOHAMED KHAIRUL IZZWAN BIN MOHAMED ANWAR |
| NRIC No | SXXXX421F |

| | |
|--|------------------------------------|
| Date Of Birth | 07/06/1984 |
| Occupation | Indoor |
| Date Of Driving Pass | 13/11/2003 |
| Driving experience | 17 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97378965 |
| Alt. Phone Number | - |
| Email Address | khairulizzwan.18@gmail.com |
| Address | BLK 357 WOODLANDS AVENUE 5 #06-394 |
| Address complement | - |
| Postcode | 730357 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------------|
| Name | HENDRA SUMIS YUYUN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | SJZ4505D |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Wish |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|---|
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SLG8532A |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Prius |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------|
| Vehicle Registration Number | SMU7641P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 KHAIRUL IZZWAN BIN MOHAMED ANWAR |
| Gender | Male |
| Phone No | (Phone) +65-97378965 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMU2598P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|------------------------|--------------------|
| Name of injured person | HENDRA SUMIS YUYUN |
| Gender | Male |

| | |
|---|---------------|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMU2598P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that :

(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.

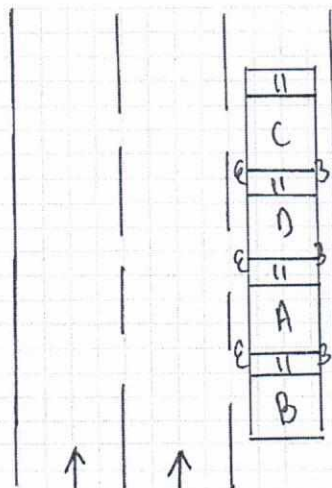
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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.

Witnessed by Reporting Centre
Personnel

D/E forwards Turong before Steven Good Exit



A: PMU 2598P

B: PJZ 45050

C: 8LG 8523A

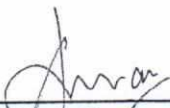
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Describe Circumstances of the Accident

I was travelling straight along Plé towards
Juvary before Steven Road exit. The traffic was
heavy, vehicles are slowing down hence I follow
suit to slow down my vehicle without any
contact. Out of sudden, I felt a great impact
from my vehicle rear portion. The impact pushes
me forward. When I got down, I realised that
I was involved in a 4 cars chain collision.

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


17/09/2021
Witnessed by Reporting Centre
Personnel

Date of Accident : 10/9/21 Accident Time: 1800 (24-HR-FORMAT)
 Accident Place : P1E Towards Jurong before Steven Rd exit.
 Vehicle Reg. No (Car plate No.) : SMU 2598P Vehicle Make/Model: DMPCSNW 6012196 2000
 Insurance Company : China Taiping Policy No. Nissan Latio 1.5
 Name of Registered Owner : Company / Individual Mohamed Anwar Bin Mohamed Amin
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S1288 257B
 : Co Contact No: _____ Owner's Contact No: _____
 : mohamed khairul izzwan
 DRIVER'S Name : Bin Mohamed Anwar DRIVER'S NRIC No: S8416421F
 DRIVER'S Date of Birth : 07/06/1984 DRIVER'S License Pass Date 13/11/2003
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 357 Woodlands Ave 5 #06-394.
 DRIVER'S Contact No./ Alt No. : 1) 9737 8965 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : Khairulizzwan .18 @ 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): 2 Name & Gender: Driver + Passenger (Hendra Sumis Yuyun)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) Both.

Other Party Driver's Particulars (if any)

| | |
|--|--|
| Vehicle Reg No: <u>SLG 8532A (C)</u> | Vehicle Reg No: <u>SJZ 4505D (B)</u> |
| Vehicle Make/Model: <u>Toyota Prius.</u> | Vehicle Make/Model: <u>Toyota Wish</u> |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

SMU 7641P (D)
Toyota Sienta

Motor Private Car

MX1F

E SN

AN0661A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00121962000

Engine No.: HR15248026A

Cha. No.: JN1BAAC11Z0009017

1. Index Mark and Registration
Number of Vehicle

SMU2598P

AUTOSAFE

2. Name of Policy Holder

MOHAMED ANWAR BIN MOHAMED AMIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment05/09/2020
(00:00:00)Named Drivers Ex Sect. I \$3500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 \$3,000.00
Ex Sect. I - Age >= 26 \$3500.00
* Age as at date of accident
EX ON WINDSCREEN . \$3100.00

4. Date of Expiry of Insurance

29/01/2022

5. Persons or Classes of Persons entitled to drive*

- (a) The Policyholder.
-
- (b) Any other person who is driving on the Policyholder's order or with his permission.

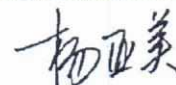
Provided that the person driving is permitted in accordance with the licensing or other laws or
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of
a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor
Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability
trial, speed-testing, the carriage of goods other than samples in connection with any trade or business
or use for any purpose in connection with the Motor Trade.Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)
will be doubled.
One time Waiver of Excess for the first \$3500 will apply to the Insured and Named Drivers in the event
of Own Damage Claim at our Authorised Workshops for each Policy Year.* 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: Tan Xin Yi Josephine
Authorised Officer

Authorised Signatory