

NATIONAL Assessment Centre Services

with 1/1/2021

SN: 0821900001

Date In: 24/09/2021 11:31	Job description	Date & Time Completed	Done by
Ref No: ABA/C722009944	SAS e-illing		
Veh No: 24X 750Z	E-mail (by date time, A/C time)		
D.O.A: 20/09/2021 18:05	1-Motor Claim Verin		
	1-Motor W/O (within 00 days, TP 1hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asset Report by Tax/Hand to Owner/VV/Ins		

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assen Wksp / OW:

TP Insurer:	Veh No: 24X 750Z	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%; F: 80-100%]

Year of Registration:

Warranty: YES () / NO ()

Process (\$)

Loading: \$1,000 () / \$2,000 ()

() Write-In Customer: Customer's Information strictly Confidential & strictly NO Ref of reputation

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: VRS () / NO () : Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Inquiry:

Driver/Owner:	1) All Additional Surveys (00)	INC (00)
Contract No:	2) DA Survey (Assessment) (\$100)	\$100
Damaged Portion:	3) TP Following Up	\$100
	4) PT Follow-up Survey	\$100
	5) PT Follow-up Survey (Resurvey)	\$100
	6) PT Follow-up Survey (Resurvey) (with 10 days)	\$100
	7) PT Follow-up Survey (Resurvey) (with 10 days)	\$100
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Fee charged
Per Charge

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	24/09/2021 12:31 (SGT)
Date of Accident	23/09/2021 18:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7550Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	thenzg@gmail.com
Mobile Phone No	(Phone) +65-96956376
Alternative Phone No	+65-96956376

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Commercial vehicle
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00004242101
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ALI S/O SHAIK DOW
NRIC No	SXXXX970Z

Date Of Birth	08/02/1958
Occupation	Outdoor
Date Of Driving Pass	11/11/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96956376
Alt. Phone Number	-
Email Address	thenzg@gmail.com
Address	BLK 119 BUKIT MERAH VIEW #13-67
Address complement	-
Postcode	152119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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	SUKARI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210924/2021

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2319K
-----------------------------	----------

Vehicle Manufacturer	Bluecar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	ADRIAN
NRIC No	SXXXX725J
Contact Number	(Phone) +65-90077763
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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



A - SAK 7550 Z

B - SLV 2319 K

Describe Circumstances of the Accident

Refer to attach.
Police Report.

1/20210924/2021

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

24/09/2021

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 24/9/21
Date of Accident 23/9/21 18:00 pm
Exact Location of Accident AYE toward Jurong
Additional Location Information
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number S6X7550Z

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner Todd's Panther
NRIC No 201533177E
Email Address
Mobile Phone No
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer
Model
Variant Ty Wish
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? TP
Vehicle Category
Transmission
CC

INSURANCE COMPANY

Name of Insurance Company China Taipei
Type of Coverage
Fleet Policy
Policy Number
Cover Note Number

DRIVER

Name of Driver
NRIC No Mohamed Ali & Shaik Dow
S1348970Z

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

8/2/1958

Hirev

11/11/1987

96956376

Hirev

NO

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Brk to Rear
clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

NO

2

NO

2 male

NO

PASSENGER 1

Name
Gender

~~Adrian~~ Sukari
male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

Yes

T/20210924/2021

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SLV 2319K

Bluecar

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

Advian
C98 277255
9077763



SINGAPORE POLICE FORCE



T/20210924/2021

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20210924/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2021 10:20		Vide Report No.:	Station Diary No.: 16
Informant's Particulars			
Name of Informant: MOHAMED ALI S/O SHAIK DOW		Address: APT BLK 119 BUKIT MERAH VIEW #13-67 SINGAPORE 152119	
ID Type / ID No.: NRIC NO / S1348970Z		Contact No.: Home/Office: Mobile: 96956376	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 08/02/1958	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Private Driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/09/2021 18:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7550Z	Car	TOYOTA		Silver	Slightly Damaged	1
SLV2319K	Car	BLUECAR		White	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210924/2021

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20210924/2021

CONTINUATION OF REPORT

Driver:			
Name	MOHAMED ALI S/O SHAIK DOW	ID No.	S1348970Z
Related Vehicle	SGX7550Z (Car)	Contact No.	96956376
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/09/2021 at about 6pm, I was travelling along AYE near to Clementi Flyover towards Jurong on the extreme right lane and as the car in front did an emergency brake, I managed to brake as to not hit the car. Suddenly I felt an impact and realized the car (V2) behind had hit my car and had resulted my car to move but I managed to brake again as to not hit the car in front. Both of us then got out of the vehicle and exchanged particulars. The driver namely Adrian (NRIC: S9827725J, HP: 90077763) informed that the brake is spoiled and he couldn't brake thus the collision.

There is a dent to the rear side of my vehicle and V2 front bumper is dented. I have an in-car camera on both front and rear and it is working. No one is injured and no government property damage.



**SINGAPORE
POLICE FORCE**



T/20210924/2021

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20210924/2021

CONTINUATION OF REPORT

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 Report

D /

Sgt 3 SHARIFAH HANISAH
BINTE SAMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/09/2021 10:20

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

SN 45

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Motor Hire Car

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)

MZ406L/B

R SN

AN0478A

Cov. Type:C

CERTIFICATE No.

1. Index Mark and Registration
Number of Vehicle

DMHCSNA00004242101

Engine No.: 1ZZ2949496

Cha. No.: ZNE100377510

2. Name of Policy Holder

SGX7550Z

TODDS PARTNERS PTE LTD

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

01/05/2021
(00:00:00)

4. Date of Expiry of Insurance

30/04/2022

Excess Sect. I.	SS\$2,000.00
Excess Sect. I (Outside Singapore)	SS\$4,000.00
Excess Sect. II	SS\$2,000.00
Excess Sect. II (Outside Singapore).	SS\$4,000.00
EX ON WINDSCREEN .	SS\$100.00

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

ANY AUTHORISED HIRER/DRIVER

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.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

* 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

Issued By:

Lim Lee Choo
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised 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