

03/01/2022 18:03  
X/NA/C722000049/Y  
SEV 28274  
30/11/2021 19:10

TP

Insurer

Assessment/Survey Report

Ass't Report by Fax/Hand In Owner/Walk-In

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJP 73935

INC (

Non-INC (

Owner / Driver (

Tel

Policy No (

Period (

Cover Type (

Confirmed by: (

Date:

Time:

Insured/Driver Liability (

(Note-Est. Status (W/O) N: 0-20% P: 21-70%

F: 80-100%)

Year of Registration (

Warranty YES ( ) / NO ( )

Excess: (\$

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

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential &amp; Strictly NO later or repairs

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

Drive-In ( ) / Towed-In ( ); Invoice YES ( ) / NO ( ); Towing Co (

Remarks:- (INC hotline: 6788 6616) Date &amp; Time Completed Done by

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost &gt; \$3000) ( )

Injury: (

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No.

Damaged Portion:

QC Checked by (Sign-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2/3:

## Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$50)
- 2) DA: Damage Assessment (\$100) INC (\$50)
- 3) TF: Towing Fee \$40-\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$120
- For minimum amount (24) Daily (over 24) Jan 2021
- 6) FR: Re-inspection \$140
- 7) NT: 24hr DA - SMART Survey \$140
- 8) NT: Additional Services:

- K5: Courtesy Car / 1st Allowance
- K6: Repairer's Information
- K7: Post Repair Inspection
- K8: DV / Collect Excess Coordination
- K9: 24hr Towing & Repairs
- K10: 24hr Towing
- K11: 24hr Towing
- K12: 24hr Towing

Act (\$)

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## 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	03/01/2022 18:03 (SGT)
Date of Accident	30/12/2021 19:10 (SGT)
Exact Location of Accident	823 Tampines Street 81, Singapore 520823
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2827U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZULKIFLEE BIN SAID
NRIC No	SXXXX436G
Email Address	ruslibasirahmad@gmail.com
Mobile Phone No	(Phone) +65-87491400
Alternative Phone No	+65-87491400

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Wrx
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	2457

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00022692100
Cover Note Number	-

### DRIVER

Name of Driver	RUSLI BIN BASIR AHMAD
NRIC No	SXXXX754J



Date Of Birth	01/10/1996
Occupation	Indoor
Date Of Driving Pass	16/07/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87491400
Alt. Phone Number	-
Email Address	ruslibasirahmad@gmail.com
Address	BLK 557 BEDOK NORTH STREET 3 #04-982
Address complement	-
Postcode	460557
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20211231/7068

#### 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	SJP7393S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



## 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

03/01/2022

#### Sketch Plan

BLK 823 Tampines Street 81



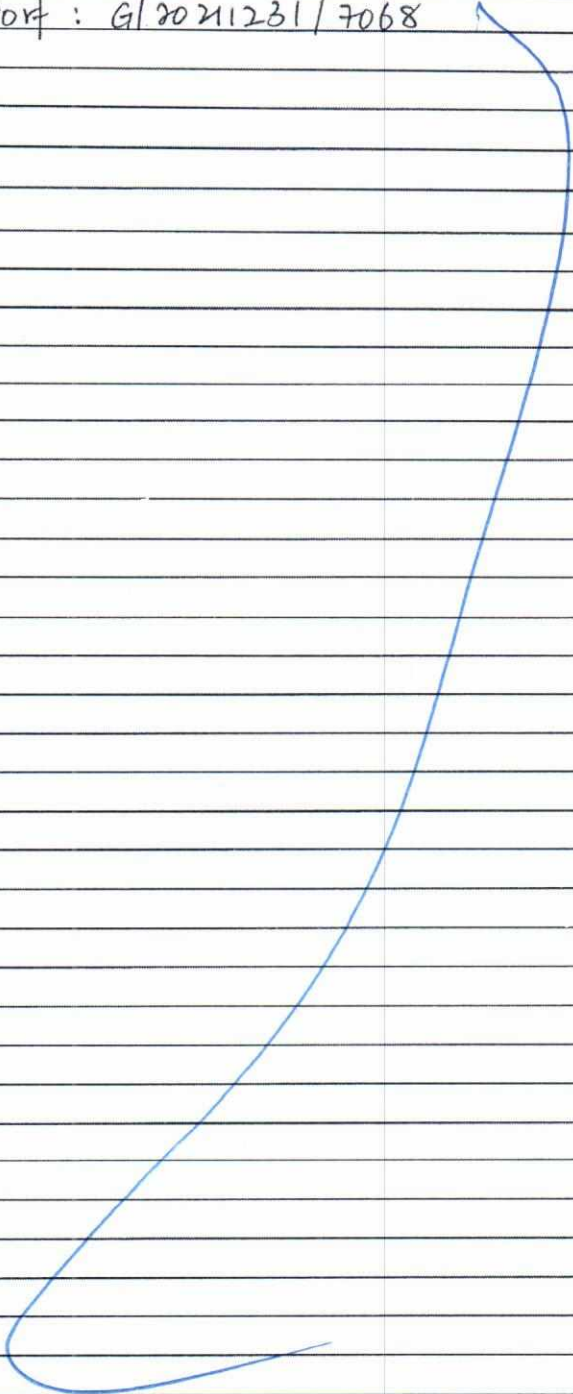
Vehicle(B) reversing

Vehicle(A): SGV 2827U  
(B): SJP 7393S



**Describe Circumstances of the Accident**

Please refer to the Police Report : G/20211231/7068



**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

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30 Dec 2021	TIME: 1910 hrs	(hh:mm) 24 hrs Format
LOCATION: BLK 823 Tampines street 81		
VEHICLE NUMBER: SGV 2827U		
INSURED NAME: ZULKIFLEE BIN SAID		
NRIC / FIN: S1828436G	CONTACT: 87491400	
MAKE: SUBARU	MODEL: WRX	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: CHINA TAIPING		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMPC SN W0022692100		
NAME DRIVER: RUSLI BIN BASIR AHMAD		( ) SAME AS INSURED
NRIC / FIN: S9635754J	CONTACT: 87491400	
DATE OF BIRTH: 01 Oct 1986		
DRIVING PASS DATE: 16 Jul 2019		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS: rusli.basirahmad@gmail.com		( ) NO EMAIL
ADDRESS OF DRIVER: BLK 557 Bedok North street 3 #04-982 Singapore 460557		
Number Of Passenger Include Driver: 0 ( Parked )		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( <input checked="" type="checkbox"/> ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Other		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Other		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If YES, Injured details:		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report		
Police Report Number (if any) 9120211231 / 7068		
Details Of 3rd Party	Name/NRIC	No. of Paxs (incl' driver)
Veh B STP 7393S		( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh C		( ) / Not Sure ( )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )





# SINGAPORE POLICE FORCE



G/20211231/7068

1 of 3

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20211231/7068

Date/Time Report Made 31/12/2021 19:08	Vide Report No.	Station Diary No.
Name Of Informant RUSLI BIN BASIR AHMAD	Address 557 BEDOK NORTH STREET 3 #04-982 SINGAPORE 460557	
ID Type / ID No. NRIC NO / S9635754J	Contact No. Home/Office: Mobile: 87491400	
Nationality SINGAPORE CITIZEN	Email Address ruslibasirahmad@gmail.com	
Occupation Production engineering technician	Sex Male	Age 25
Institution/School Name	Date of Birth 01/10/1996	Race Indian
Date/Time Of Incident 30/12/2021 19:10 - 31/12/2021 18:50	Location Of Incident 557 BEDOK NORTH STREET 3 #04-982 SINGAPORE 460557	

**Brief details.**

My vehicle : SGV2827U was parked stationary at blk 823 tampines street 81. I was smoking a stick of cigarette before going into my normal gym routine, where my gym (justgym) is located there. The car has been parked, engine off and i was standing behind my car. While smoking i was talking to my car tuner about the car. Where i heard a loud impact, when i turned my head to see. I saw this white car SJP7393S had banged into my car. So instantly put the down and rush over. She was in reverse and about to flew the scene. So i went to her, and she continued her movement. She dint knew i was the driver of the car

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2021 19:08
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20211231/7068

2 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20211231/7068

she crash into. Then I introduced myself to her. And i told her to step out of her vehicle, and wanted to exchange our particulars. But she was so defensive. So i dint got any of her details just her telephone. After that i asked her, how she wanted to settle this matter. She told me how much is the cost. If it's too much, i shall just proceed with insurance claim. So i drop her a text on what's app, and she replied noted to the situation. Lucky i was there, or else it could've been a hit and run. Cause her intentions were clearly there. I do have prove of evidence on my phone, as my car dont have a camera. You may contact me at +6587491400, cause i cant upload the evidence on this platform. Thank you

Subjects Involved			
Suspect			
Person Name	Angie		
ID Type	OTHERS / Nil	Gender	Female
Age	35-47	Race	Chinese
Language	English	Occupation	Nil
Mobile No	90100900	Build	Plump
Height About	157cm	Relation To Informant	No relation
Victim			
Person Name	RUSLI BIN BASIR AHMAD		
ID Type	NRIC NO	ID No	S9635754J
Gender	Male	Age	25
Race	Indian	Language	English
Occupation	Production engineering technician	Address	557 BEDOK NORTH STREET 3 #04-982 SINGAPORE 460557

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
31/12/2021 19:08

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20211231/7068

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20211231/7068

Mobile No	87491400	Is Informant A Victim?	Yes
Person Name	RUSLI BIN BASIR AHMAD (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
31/12/2021 19:08

Classification Of Case:



Motor Private Car

MX1F

E SN

AN0444A

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. DMPCSNW00022692100

Engine No.: EJ25C989924

Cha. No.: JF1GDFKH37G067562

1. Index Mark and Registration  
Number of Vehicle

SGV2827U

AUTOSAFE  
=====

2. Name of Policy Holder ZULKIFLEE BIN SAID

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment25/01/2021  
(14:34:06)

Named Drivers Ex Sect. I \$S2,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 \$S3,000.00

Ex Sect. I - Age &gt;= 26 \$S500.00

\* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance 10/06/2022

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 \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

\* 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: Zhong YueQiang  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory