

ASS. REC. BY:

REF: CS/CTI22002329/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

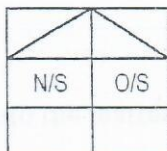
Insured: **SKM 8303A**Policy No. **DMCVSNW00016522100**Claims No. **SNM22D201562/C02/TANKL**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLU580P** Yr Regn: **2010 August**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volvo XC60** c.c. **2953**Colour **Gold** A/C: Insured / Std / NI / NASp. Reading **224080** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **YVIDZ9056B2135243**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **235/60R18**R: **235/60R18**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Falken

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **4/3/22** D.O.I. **22/03/22**

Survey held at

JL PerfectDes. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Chng.
19/5/22	Adrian informed LS \$4200 (red 21,307.40, 83%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 19/5/22-typist

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)Report Format: **Merimen**Lum Sum / LP E/C **LS \$4200**

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	08/03/2022 11:28 (SGT)
Date of Accident	04/03/2022 06:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TAMPINES EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU580P
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD RAZIF BIN MOHAMED HANI
NRIC No	SXXXX914H
Email Address	ryn.umdc@gmail.com
Mobile Phone No	(Phone) +65-87575057
Alternative Phone No	+65-87575057

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	2953

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA547221 / 1
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD RAZIF BIN MOHAMED HANI
NRIC No	SXXXX914H

Date Of Birth	15/05/1976
Occupation	Indoor
Date Of Driving Pass	02/07/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87575057
Alt. Phone Number	+65-87575057
Email Address	ryn.umdc@gmail.com
Address	APT BLK 625 SENJA ROAD #23-140
Address complement	SINGAPORE
Postcode	670625
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

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	IZELLEDE IMAN BINTE MOHAMMAD RAZIF
Gender	Female

PASSENGER 2

Name	IZABELLE IMAN BINTE MOHAMMAD RAZIF
Gender	Female

PASSENGER 3

Name	ALESHA WOO ABDULLAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SKM8303A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMED RAFIQ BIN MOHAMED BASIR
NRIC No	SXXXX234Z
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	IZELLEDE IMAN BINTE MOHAMMAD RAZIF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU580P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

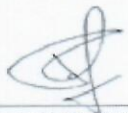
INJURED 2

Name of injured person	IZABELLE IMAN BINTE MOHAMMAD RAZIF
Gender	Female
Phone No	(Phone) +65-87575057
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU580P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

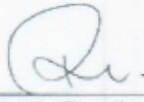
SKETCH PLAN

IMPORTANT NOTICE

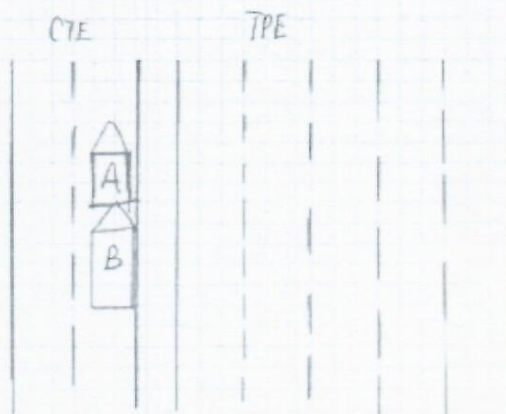
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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: SL4680P

B: SKM8303A

Describe Circumstances of the Accident

Please Refer To Police Report Ref No: T/20220304/2047.

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
POLICE FORCE**



T/20220304/2047

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20220304/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2022 13:03		Vide Report No.: G/20220304/0043		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: MOHAMMAD RAZIF BIN MOHAMED HANI			Address: APT BLK 625 SENJA ROAD #23-140 SINGAPORE 670625		
ID Type / ID No.: NRIC NO / S7613914H			Contact No.: Home/Office: Mobile: 87575057		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/05/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR PROJECT MANAGER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2022 06:45	Type of Location: Slip Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Stopped Vehicle and Moving Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM8303A	PRIVATE AMBULANCE		RENAULT	White	Slightly Damaged	2
SLU580P	Car	VOLVO	XC60 T6 3.0L AT D/AB GAS/D 4WD 5DR	Brown	Slightly Damaged	3

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220304/2047

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 4

Report No. T/20220304/2047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLU580P	AXA INSURANCE SINGAPORE PTE LTD	GA547221	02/08/2021	01/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	IZELLEDE IMAN BINTE MOHAMMAD RAZIF		ID No.	T1519905E
Related Vehicle	SLU580P (Car)		Contact No.	NIL
Hospital/Clinic	STAR MED SPECIALIST		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2022		Date Discharge	04/03/2022
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Passenger				
Name	IZABELLE IMAN BINTE MOHAMMAD RAZIF		ID No.	T1315376G
Related Vehicle	SLU580P (Car)		Contact No.	NIL
Hospital/Clinic	STAR MED SPECIALIST		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2022		Date Discharge	04/03/2022
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	MOHAMMAD RAZIF BIN MOHAMED HANI		ID No.	S7613914H
Related Vehicle	SLU580P (Car)		Contact No.	87575057
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220304/2047

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 4

Report No. T/20220304/2047

CONTINUATION OF REPORT

Passenger			
Name	ALESHA WOO ABDULLAH		ID No. S8304129B
Related Vehicle	NIL		Contact No. 87565057
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MOHAMED RAFIQ BIN MOHAMED BASIR		ID No. S8529234Z
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/03/2022 at about 0645hrs, I was driving my car (SLU580P) along Tampines Expressway (SLE) Slip road into Yio Chu Kang Road and the traffic was congested as such I stopped along the slip road. While waiting for the front car to drive forward and I saw from the car rear mirror one private ambulance (SKM 8303A) was driving fast. I am worried that the private ambulance could not stop on time. As such I asked my wife and 2 daughters to tuck in and all of us have worn our seat belt.

Thereafter I felt an impact coming from the rear. Upon feeling the impact, I quickly stepped harder on the brake to prevent the car to shift forward. However, the impact resulted my car to shift but did not collide with the front car.

I exited the car to make a check on my vehicle, the private ambulance driver exited the vehicle and informed that he required to make a check on the patient. Thereafter I went over to my car and made a check on my wife and 2 daughters. My 2 daughters felt pain on their back, thereafter I called for police. After a while, Traffic police officer and ambulance came to the accident. I was attended by the traffic police officer and case card was given. After the accident, I brought my 2 daughters to Star Med Specialist located at 12 Farrer Park for doctor consultation. The doctor issues 2 days of MC to them and medication.

No government property was damaged.