

8N08224P0006

Date In: 27/01/2022 16:56	Job description	Date & Time Completed	Done by
Ref No: 1/138/07122003983/4	SAS e-filing		
Veh No: SJM 44204	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/01/2022 13:15	i-Motor Claim Form		
OD: (TP) / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBC 71474	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 ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge): Auditors' Comments:- t. 1: t. 2/3:	Invoice Preparation Checklist		Am (S)	Am (S)
	1) AR : Accident Reporting (\$30);		Inc Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) NI : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N3: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11) : TP (N'n INC) against INC \$20				
9) N12: Idao Mobile 30				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

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	27/04/2022 16:56 (SGT)
Date of Accident	25/04/2022 13:15 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4420H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FATHIMA MARYAM D/O KAMALUDIN
NRIC No	SXXXX118G
Email Address	poisonaquatics@hotmail.com
Mobile Phone No	(Phone) +65-91875814
Alternative Phone No	+65-93206003

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00132582102
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ARSHAD BIN MOHAMED AYOB
NRIC No	SXXXX763B

Date Of Birth	19/10/1985
Occupation	Outdoor
Date Of Driving Pass	21/12/2005
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93206003
Alt. Phone Number	-
Email Address	poisonaquatics@hotmail.com
Address	BLK 174 YISHUN AVENUE 7 #09-843
Address complement	-
Postcode	760174
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220426/7022

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	GBG7747Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 ARSHAD BIN MOHAMED AYOB
Gender	Male
Phone No	(Phone) +65-93206003
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LOWER BACK AND NECK PAIN
Injured person in which vehicle?	SJM4420H
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 willful 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 its 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 be 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 making 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 be 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 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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

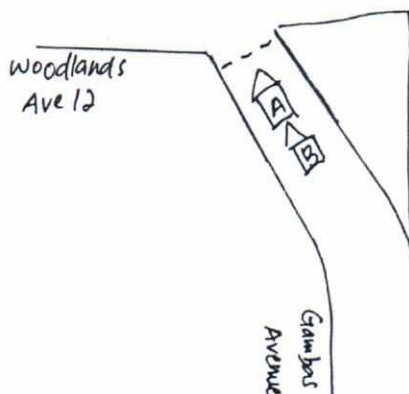
1072

Sketch Plan

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

Witnessed by Reporting Centre Personnel

21/04/2022



Vehicle A: SJM 442014

Vehicle B: 6B6 77474

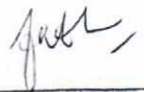
Describe Circumstances of the Accident


Refer to police report: T/20220426/7022

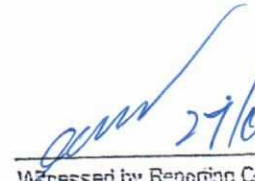
Declaration

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

 27/04/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220426/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220426/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2022 15:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED ARSHAD BIN MOHAMED AYOB			Address: 174 YISHUN AVENUE 7 #09-843 SINGAPORE 760174		
ID Type / ID No.: NRIC NO / S8534763B			Contact No.: Home/Office: Mobile: 93206003		
Nationality: SINGAPORE CITIZEN			Email: poisonaquatics@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 19/10/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2022 13:15	Type of Location: slip road turning left at a junction
Location: GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG7747Y	Car	TOYOTA	DYNA	Silver	Slightly Damaged	0
SJM4420H	Car	HONDA	HONDA STREAM	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220426/7022

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Report No. T/20220426/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ER HAK KIM	ID No.	S1574303D
Related Vehicle	GBG7747Y (Car)	Contact No.	91837862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MOHAMED ARSHAD BIN MOHAMED AYOB	ID No.	S8534763B
Related Vehicle	SJM4420H (Car)	Contact No.	93206003
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/04/2022	Date	25/04/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 25 April 2022 at about 1.15pm, I was driving SJM 4420H along the extreme left lane of Gambas Avenue, and took the slip road off Gambas Avenue that would lead me to Woodlands Avenue 12. I came to a complete halt at the dotted line / give way line at the end of the slip road, waiting for traffic to be clear before joining Woodlands Avenue 12. Suddenly, after I had been completely stationary for a few seconds, there was a huge impact from the rear, I subsequently discovered that the driver of lorry GBG 7747Y had rear-ended my vehicle. There was nothing I could have done to avoid the impact from the rear. I am making this police report for the purposes of claiming compensation. I have already sought treatment at Khoo Teck Puat Hospital A&E Department on 25 April evening.

I wish to state that the road was dry and the weather was clear. I was also wearing a seatbelt properly at the time of the accident.



**SINGAPORE
POLICE FORCE**



T/20220426/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220426/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
26/04/2022 15:32

Classification Of Case:

3

Date of Accident

25/4/22

Accident Place

Strip road of Gamkhu Ave tuds Woodlands Avelo

Vehicle No. (Car Plate No.)

53M 4420H Make/Model: Honda Stream

Insurance Company

China Taiping Policy No: DMPCSNW00132582102

Owner or Company Name / IC No.

Fathima Maryam b/o A Kamaludin / 585301189

Owner or Company Contact No.

91875814 Owner's Hp Company Tel

DRIVER'S Name / IC No.

Mohamed Arshad Bin Mohamed Ayob / 585347638

DRIVER'S Date Of Birth

19/10/1985 DRIVER'S License Pass Date 21/12/2005

Relationship of Owner & Driver

(Spouse) Parent/Children/Sibling/Employees/Others:

DRIVER'S Address

81K 174 Yuhun Ave 7 #09-843 S 360174

DRIVER'S Contact No. / Alt No.

(1) 9320 6003 (2)

DRIVER'S Occupation

INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address

poisonmaguatic @ hotmail. 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):

1

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at time of accident: Private use Work Purpose

Any Injury (If YES, Pls state): Yes. Lower back, neck

Other Party Driver's Particular (If any)

Vehicle No:

GB64 7747Y

Vehicle Make / Model:

Vehicle Make / Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

BMW - Passenger's name & gender:



Motor Private Car

MX1F

R SN

AN0613A

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.

DMPCSNW00132582102

Engine No.: R18A1794496

Cha. No.: RN61085196

1. Index Mark and Registration
Number of Vehicle

SJM4420H

AUTOSAFE
=====

2. Name of Policy Holder

FATHIMA MARYAM D/O A KAMALUDIN

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

02/07/2021
(00:00:00)

Named Drivers Ex Sect. I \$S750.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

01/07/2022

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.: INDEX CREDIT PTE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: AUTO WORLD PTE LTD
Authorised Officer

Authorised Signatory