

NATIONAL Assessment Centre Services: (Ref: 1 Jan 08) **SNES 22950004**

at the **19/09/2022 19:51** Job description Date & Time Completed Done by

Phone No: **MAIC 722092124** SAS e-filing

Alt No: **SKK 301E** E-mail (with photo, AIC 2hrs)

O.A: **16/09/2022 23:35** I-Motor Claim Form

D / **TP** Reporting Only I-Motor W/O (V/Motor OD, 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

referred Wksp / INC Assign Wksp / QW: ()

P Particulars: Yeh No: **SKL52662** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI 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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date: () Time: () Action: ()

MA2202570

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C. Checked by (Engr-In-Charge): ()

Author: ()

1.1: ()

2/3: ()

Invoice Preparation Checklist:

Item	Amount	Remarks
1) AD: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$10/\$11	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claimant assist only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: DA + SMRT Survey	\$160	
8) NTUC Additional Services		
ON:		
*NI: Courtesy Car / Tpt Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collision Discard Coordination	\$5	
TP (NI) / TP (Non-INC) against INC	\$10	
9) NI: Loss Mobile	\$10	
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 Actual 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	19/09/2022 19:51 (SGT)
Reported by	Both
Date of Accident	16/09/2022 23:35 (SGT)
Exact Location of Accident	Cairnhill Rd, Singapore
Additional Location Information	AFTER BIDEFORD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK301E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RASHID BIN AHMAD RANI
NRIC No	SXXXX067H
Email Address	danishdanny769@gmail.com
Mobile Phone No	(Phone) +65-81574263
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1992

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00009262200

DRIVER

Name of Driver	RASHID BIN AHMAD RANI
NRIC No	SXXXX067H
Date Of Birth	09/07/1974
Occupation	Outdoor

Date Of Driving Pass	07/10/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81574263
Alt. Phone Number	-
Email Address	danishdanny769@gmail.com
Address	BLK 769 WOODLANDS DRIVE 60 #06-132
Address complement	-
Postcode	730769
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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/20220917/7008

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL5266Z
Vehicle Manufacturer	BMW
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A: SKK361E.

Vehicle B: SKL5266Z.


Describe Circumstance of the Accident


- Refer to Police Report - T/20220917/7008

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
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220917/7008

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

1 of 3

Report No. T/20220917/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2022 10:11		Vide Report No.: E/20220916/0174		Station Diary No.:	
Informant's Particulars					
Name of Informant: RASHID BIN AHMAD RANI		Address: 769 WOODLANDS DRIVE 60 #06-132 SINGAPORE 730769			
ID Type / ID No.: NRIC NO / S7421067H		Contact No.: Home/Office:		Mobile: 81574263	
Nationality: SINGAPORE CITIZEN		Email: DANISHDANNY769@GMAIL.COM			
Sex: Male	Age: 48	Date of Birth: 09/07/1974	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2022 23:35	Type of Location: Straight Road
Location: CAIRNHILL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJK301E	Car	TOYOTA	VOXY 2.0X CVT ABS D/AIRBAG 2WD 5DR	Black	Seriously Damaged	0
SKL5266Z	Car	BMW		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220917/7008

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

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Report No. T/20220917/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK301E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000092 62200	09/06/2022	08/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RASHID BIN AHMAD RANI		ID No. S7421067H
Related Vehicle	SJK301E (Car)		Contact No. 81574263
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	17/09/2022		Date 17/09/2022
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

ON 16/09/2022 AT ABOUT 23:35HR, I WAS DRIVING MY VEHICLE - SJK301E, ALONG CAIRNHILL ROAD TOWARDS ORCHARD. I WAS TRAVELLING WITHIN MY LANE ALONG THE 2ND LANE FROM THE LEFT. SUDDENLY, VEHICLE NUMBER - SKL5266Z, SWERVED INTO MY LANE AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION. THE IMPACT WAS VERY SUBSTANTIAL. THE SAID DRIVER/VEHICLE THEN DROVE OFF WITHOUT EXCHANGING PARTICULARS. I THEN PROCEEDED TO STOP MY VEHICLE BY THE ROADSIDE, AND CALLED FOR THE TRAFFIC POLICE.



**SINGAPORE
POLICE FORCE**



T/20220917/7008

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Report No. T/20220917/7008

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

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 /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
17/09/2022 10:11

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

16/07/2022

Time of Accident:

23:35 hrs

(AM / PM)

Location of Accident:

CAIRNHILL RD AFT EIDEFORD RD

Country/State of Loss:

SG

Type of Accident:

FRONT TO SIDE BACK

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle)

02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Was notice of Prosecution given?

Yes / No

If yes, against whom?

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SSK 301E

Vehicle Category: COMMERCIAL

Vehicle Manufacturer: TOYOTA Vehicle Model: VOXY

Transmission: Manual / Auto Cc: 2.8

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: CHINA TAIPING

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: RASHID BIN AHMAD. RANI

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S7421067 H

Email: danish.danny769@gmail.com

Mobile No: 8157 4263

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: RASHID BIN AHMAD RANI.

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S7421067 H

Date of Birth: 09/07/1974

Driving Pass Date: 19/05/2007

Mobile No: 8157 4063

Email: danishdanny769@gmail.com

Address 1: 769 WOODLANDS DRIVE 60 #06-132.

Address 2: _____ Postal Code: 750769.

Occupation: Indoor / Outdoor

Driver Owner Relationship BOTH.

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SKL52662

(ii) Vehicle Category: PRIVATE

(iii) No. of passengers (including driver) 01

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: _____
- (ii) Gender: _____ Male / Female
- (iii) Injured Person in which Vehicle? _____
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

Motor Hire Car

MZ406L/B

N SN

AN0721A

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.	DMHCSNW00009262200	Engine No.: 3ZRB815772 Cha. No.: ZRR800219740
1. Index Mark and Registration Number of Vehicle	SJK301E	AUTOSAFE *****
2. Name of Policy Holder	RASHID BIN AHMAD RANI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/06/2022 (00:00:00)	Excess Sect I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect.II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	08/06/2023	
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. RASHID BIN AHMAD RANI		
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. : BENEFIT AUTO ENTERPRISE PTE LTD
* 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: BENEFIT AUTO INSURANCE AGENCY
Authorised Officer
Authorised Signatory