

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	23/02/2023 12:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/02/2023 17:20 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9041T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED RAFAL BIN JURAIMI
NRIC No	SXXXX394I
Email Address	rafaljuraimi@gmail.com
Mobile Phone No	(Phone) +65-90664624
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A45
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00200562202

DRIVER

Name of Driver	MOHAMED RAFAL BIN JURAIMI
NRIC No	SXXXX394I
Date Of Birth	16/12/1982
Occupation	Indoor

Date Of Driving Pass	18/02/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-90664624
Alt. Phone Number	-
Email Address	rafaljuraimi@gmail.com
Address	BLK 296C BUKIT BATOK STREET 22 #02-90
Address complement	-
Postcode	653296
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	Side Swipe
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
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/20230222/7096

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1050T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR. IKBAL
NRIC No	SXXXX853J
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 RAFAL BIN JURAIMI
Gender	Male
Phone No	(Phone) +65-90664624
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMS9041T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

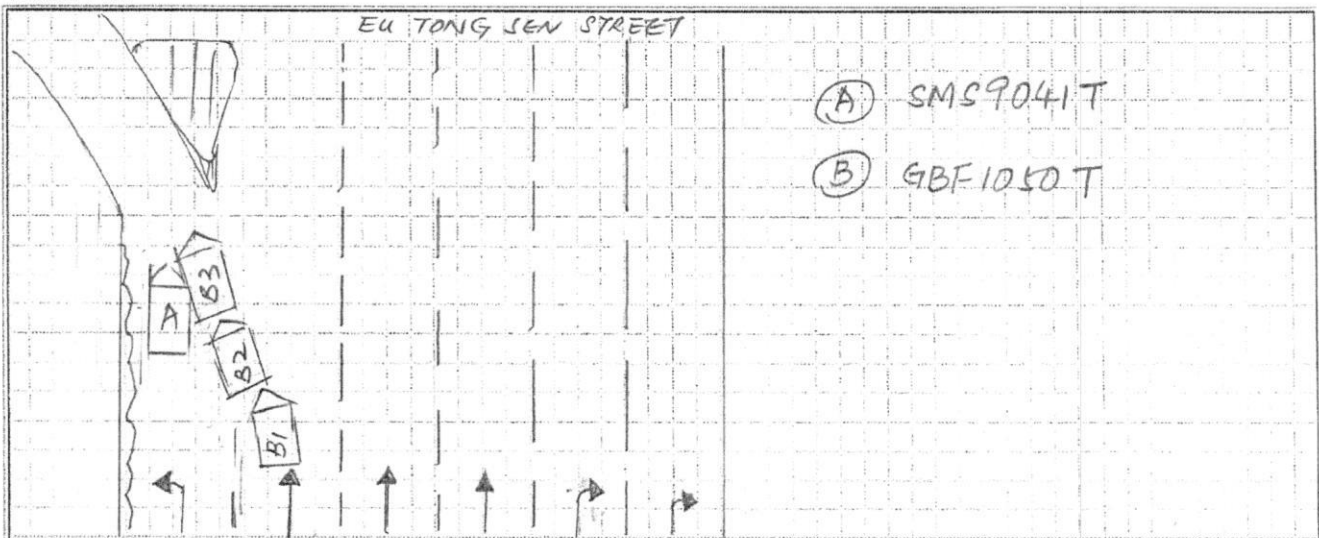
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





Describe Circumstance of the Accident

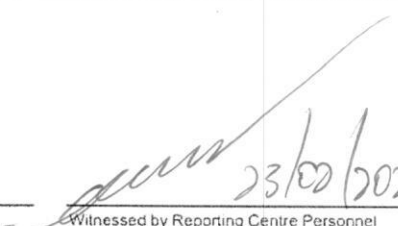
REFER TO THE POLICE REPORT REF : T/20230222/7096

Declaration

I/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

 23/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230222/7096

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

1 of 3

Report No. T/20230222/7096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2023 22:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED RAFAL BIN JURAIMI			Address: 296C BUKIT BATOK STREET 22 #02-90 SINGAPORE 653296		
ID Type / ID No.: NRIC NO / S8240394I			Contact No.: Home/Office: Mobile: 90664624		
Nationality: SINGAPORE CITIZEN			Email: RAFALJURAIMI@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 16/12/1982	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2023 17:20	Type of Location: Road filtering to the left zebra crossing
Location: EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMS9041T	Car	MERCEDES BENZ	AMG A45 4MATIC (R19 LED)	Black		0

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



**SINGAPORE
POLICE FORCE**



T/20230222/7096

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

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Report No. T/20230222/7096

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS9041T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002005 62202	29/09/2022	28/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED RAFAL BIN JURAIMI		ID No. S8240394I
Related Vehicle	SMS9041T (Car)		Contact No. 90664624
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	22/02/2023		Date 22/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

About 1720hrs was driving at Eu Tong Seng Street towards Chinatown on the extreme left lane with an intention to filter and enter Outram Road. The vehicle GBF1050T driven by Mr Ikbal NIRC S7561853J was on the 2nd lane which the lane arrow for going straight toward Chinatown. When i was approaching toward the filter lane and i was in lane the vehicle driven by Mr Ikbal suddenly move towards my lane without signalling . I did honk the vehicle to alert the driver. Due to his negligence his vehicle hit the front right of my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20230222/7096

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Report No. T/20230222/7096

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
22/02/2023 22:56

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22 / 02 / 2023 (dd/mm/yy) Time of Accident: 17:20 (24-HR-FORMAT)
Vehicle No.: SMS9041T Vehicle Make & Model: MERCEDES BENZ AMG A45
*Transmission: ☐ Manual ☒ Auto *C.c.: 2000 CC
Exact location of Accident: EU YONG SEN STREET
Policyholder's Name: MOHAMED RAFAL BIN JURAIMI NRIC/FIN/REG No.: S82403941
*Policyholder's email address: rafaljuraimi@gmail.com
Driver's Name: MOHAMED RAFAL BIN JURAIMI NRIC/FIN/REG No.: S82403941
*Driver's email address: rafaljuraimi@gmail.com
Driver's Contact No.: 90664624 Company Contact No (If any): -
Date of birth: 16.12.1982 Driving Pass Date: 18.12.2021
Driver's Address: 296C BUKIT BATOK STREET 22 #02-90 (S) 653296
Insurance Company: CHINA YARDING
Policy No.: DMPCCSNW 00200562202 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
☒ Owner ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1
*Passanger Name: _____ Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☒ Yes / ☐ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: MOHAMED RAFAL BIN JURAIMI
Injuries Sustain: SHOULDER PAIN, BACK PAIN Injured Person in Which Vehicle: SMS9041T
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 UBI AVENUE 3

The Other Party (S) Details:

1. Driver's Name / IC No: MR. KBAI 57561853J Vehicle No: GBF1050T
Driver's Contact No: _____ Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0367A

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, 1958 (Malaysia)

CERTIFICATE No.

DMPCSNW00200562202

Engine No.: 13398080047151

Cha. No.: WDD1760522J428537

1. Index Mark and Registration
Number of Vehicle

SMS9041T

AUTOSAFE
=====

2. Name of Policy Holder

MOHAMED RAFAL BIN JURAIMI

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

29/09/2022
(00:00:00)

Named Drivers Ex Sect. I

SS\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

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 S\$1,000 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.: HUI HUA 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: HUI HUA CREDIT PTE LTD
Authorised Officer

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

394I

Vehicle Details

Vehicle No.:

SMS9041T

Vehicle to be Exported:

Yes

Intended Deregistration Date:

23 Feb 2023

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

AMG A45 4MATIC (R19 LED)

Primary Colour:

Black

Manufacturing Year:

2015

Engine No.:

13398080047151

Chassis No.:

WDD1760522J428537

Maximum Power Output:

280.0 kW (375 bhp)

Open Market Value:

\$51,979.00

Original Registration Date:

29 Mar 2016

First Registration Date:

29 Mar 2016

Transfer Count:

1

Actual ARF Paid:

\$65,563.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

28 Mar 2026

PARF Rebate Amount:

\$42,615.00

Intended COE Rebate Details

COE Expiry Date:

28 Mar 2026

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$38,610.00

COE Rebate Amount:

\$11,956.00

Total Rebate Amount:

\$54,571.00

The information contained herein is correct as at 23 Feb 2023

OK