

Date In	15/03/2023	Job description	Date & Time Completed	Done by
Ref No	NAICT1230027031W	SAS e-filing		
Veh No	SJG 1092 Y	E-mail (within 8hrs. Aft 2hrs)		
DOA	14/03/2023	i-Motor Claim Form		
OD/ TP/ Reporting Only		i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksn		
TP Insurer:				

Tot:

Fax:

Particulars: Veh No: SMW 4269. R.. 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:	IN Chorina: 67884616	Date & time completed	Done by
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Apply for Transport Allowance () / Courtesy Car ()		
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QC Check / Post Repair Inspection	()		
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Upload Resurvey Photo [Repair Cost > \$3000]	()	:	.
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Injury : _____

Time	Actions
10:00	Arrived at the office
10:15	Checked email
10:30	Met with the team
11:00	Discussed the project
11:30	Reviewed the report
12:00	Lunch break
12:30	Returned to work
13:00	Handled client inquiries
13:30	Completed the report
14:00	Reviewed the report
14:30	Met with the team
15:00	Discussed the project
15:30	Reviewed the report
16:00	Handled client inquiries
16:30	Completed the report
17:00	Reviewed the report
17:30	Met with the team
18:00	Discussed the project
18:30	Reviewed the report
19:00	Handled client inquiries
19:30	Completed the report
20:00	Reviewed the report
20:30	Met with the team
21:00	Discussed the project
21:30	Reviewed the report
22:00	Handled client inquiries
22:30	Completed the report
23:00	Reviewed the report
23:30	Met with the team
24:00	Discussed the project

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

	Amf (\$)	Amf
<u>Amf (\$)</u>		
<u>Amf</u>		

NA2300761	Invoice Preparation	1st Bill	Add
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Important Particulars	1) AR : Accident Reporting (\$30);	
	2) DA : Damage Assessment (\$100);	INC (\$80)

3) TP: Towing Fee	\$120
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4) FT : Follow-Through Survey	\$120
5) HT : Follow-Through Survey (Resurvey)	\$30

Fact No:

6) TR: Re-inspection	\$75
7) NI: Idan DA + SMRT Survey	\$160

7) NTUC Basic DA - 1000/-	
8) NTUC Additional Services:-	

Checked by (Ingr-In-Charge):	on: _____	\$5
	* NS: Courier / Car / Tpl Allowance	000

*N6: Repair Cu-ordination	\$101
*N7: Post Repair Inspection	\$25

Authors' Comments: _____
 *NR: DV / Collect Excess Coordination
 \$5 _____



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	15/03/2023 16:10 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE towards SLE (Inside tunnel after Orchard Exit)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1092Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL Motor Pte Ltd
Company Reg No	2XXXXX814M
Email Address	sinhocklee@yahoo.com.sg
Mobile Phone No	(Phone) +65-87679470
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008032200

DRIVER

Name of Driver	Muhammad Suhaimi Bin Abu Kassim
NRIC No	SXXXX588H
Date Of Birth	19/05/1980
Occupation	Outdoor



Date Of Driving Pass	13/07/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87679470
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	Blk 166 Woodlands Street 13
Address complement	#02-557
Postcode	730166
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	4
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	-

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Male

PASSENGER 3

Name	Passenger
Gender	Female

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

Refer to Police Report No. T/20230315/7030

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 SMW4269R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Foo Jee Tong John
 NRIC No SXXXX089F
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Muhammad Suhaimi Bin Abu Kassim
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained Left chest and neck area.
 Injured person in which vehicle? SJG1092Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 03 / 2023 (DD/MM/YYYY) TIME: 18 : 45 (HH:MM)

LOCATION: CTE towards SLE (Inside tunnel after Orchard exit)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG 1092 Y
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMHCSNA00009032200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Wish AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SHL Motor Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201611814M CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Mohammad Suhaimi Bin Abu Kassim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8014588H CONTACT: 8767 9470
 c) ADDRESS: Bik 166 Woodlands Street 13 #02-557
730166

* d) DATE OF BIRTH: 19 / 05 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 13 / 07 / 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMW 4269 R MODEL:
 b) DRIVER'S NAME: Foo Jee Tong John
 c) NRIC/FIN/PASSPORT: S7702084F CONTACT: 9691 1588

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = Sinhocklee@yahoo.com.sg

Phone = -

Address = no

all passengers
 (including driver)
(03M)
01F

all passengers
 (including driver)
(01)

all passengers
 (including driver)
()

IMPORTANT NOTICE

SKETCH PLAN

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 issuance 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. Consistent with 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 and 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

① SG910921
② GMW4269R

→

CTE TOWARDS SLE
(TUNNEL)

Describe Circumstance of the Accident

Refer to Police Report no. T/20232031517030.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ch

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

lil

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

15/03/2023



SINGAPORE POLICE FORCE



T/20230315/7030

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

1 of 3

Report No. T/20230315/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2023 14:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMAD SUHAIMI BIN ABU KASSIM			Address: 166 WOODLANDS STREET 13 #02-557 SINGAPORE 730166		
ID Type / ID No.: NRIC NO / S8014588H			Contact No.: Home/Office: Mobile: 87679470		
Nationality: SINGAPORE CITIZEN			Email: SUHAIMIKASSIM1980@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 19/05/1980	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2023 18:45	Type of Location: Straight Road
Location: CTE Tunnel Towards SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJG1092Y	Car					0
SMW4259R	Car	SKODA		Grey		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Driver				
Name	MOHAMMAD SUHAIMI BIN ABU KASSIM		ID No.	S8014588H
Related Vehicle	SJG1092Y (Car)		Contact No.	87679470
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (WOODLANDS)		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/03/2023		Date	15/03/2023
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	FOO JEE TONG JOHN		ID No.	S7702089F
Related Vehicle	NIL		Contact No.	96911588
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the abovementioned date and time, I was driving along CTE towards SLE to send my Gojek passenger to Ang Mo Kio. While driving after exiting from Orchard Road exit, I entered the CTE tunnel and drive along lane 1. I saw the car in from of me slowed down and stop. I applied brake and stop my car behind it. After my vehicle came to a stop, I heard a loud bang and I was thrown forward causing my chest to hit my steering wheel. I then checked on my passengers who informed that they are ok and no injury. I then get off from my car and saw that a grey Skoda car SMW4269R had collided into my rear vehicle. As a result of the collision, my back bonnet was dented in, the rear bumper was broken and my left taillight cracked. I also suffered pain on my left chest and neck area due to the incident. I then exchanged particulars with the other driver and took photo of the scene. That's all.



**SINGAPORE
POLICE FORCE**



T/20230315/7030

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

3 of 3

Report No. T/20230315/7030

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
15/03/2023 14:24

Classification Of Case:



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 Hire Car

MZ406L/B

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)

N SN

AN0706B

Cov. Type:T

CERTIFICATE No.

DMHCSNA00008032200

Engine No.: 1ZZ3090268

Cha. No.: ZNE100406992

1. Index Mark and Registration
Number of Vehicle

SJG1092Y

2. Name of Policy Holder

SHL MOTOR PTE LTD

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

23/05/2022
(00:00:00)

Excess Sect. II

SS\$1,500.00

Excess Sect. II (Outside Singapore).

SS\$1,500.00

4. Date of Expiry of Insurance

22/05/2023

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.

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.

* 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: Zhong YueQiang
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