





## 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	27/03/2023 17:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/03/2023 11:20 (SGT)
Exact Location of Accident	Marymount Ln, Singapore
Additional Location Information	TOWARDS UPPER THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH9162Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED RIFQI BIN ABDUL JALIL
NRIC No	SXXXX520C
Email Address	reef5175@gmail.com
Mobile Phone No	(Phone) +65-96896385
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2494

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00024802200

### DRIVER

Name of Driver	MOHAMED RIFQI BIN ABDUL JALIL
NRIC No	SXXXX520C
Date Of Birth	01/07/1982
Occupation	Outdoor

Date Of Driving Pass .....	06/08/2010
Driving experience .....	12 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96896385
Alt. Phone Number .....	-
Email Address .....	reef5175@gmail.com
Address .....	BLK 318B YISHUN AVENUE 9 #05-128
Address complement .....	-
Postcode .....	762318
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/20230327/7031

#### 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 .....	SH6748U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 RIFQI BIN ABDUL JALIL
Gender .....	Male
Phone No .....	(Phone) +65-96896385
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK, NECK AND SHOULDER PAIN
Injured person in which vehicle? .....	SNH9162Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

*[Signature]*

Policyholder's Signature / Date & Time

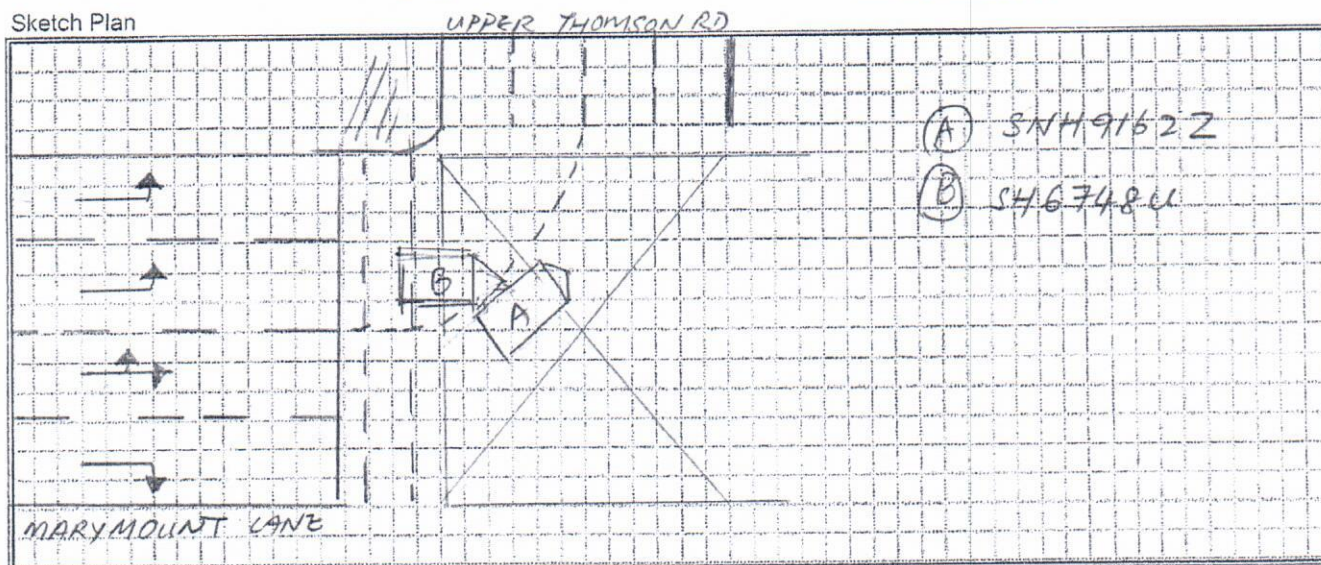
*[Signature]*

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

*[Signature]* 27/03/2023

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/20230327/7031

Declaration

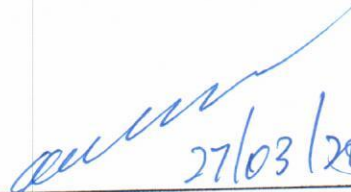
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
27/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE

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



T/20230327/7031

1 of 3

Report No. T/20230327/7031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 13:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED RIFQI BIN ABDUL JALIL			Address: 318B YISHUN AVENUE 9 #05-128 SINGAPORE 762318		
ID Type / ID No.: NRIC NO / S8219520C			Contact No.: Home/Office: Mobile: 96896385		
Nationality: SINGAPORE CITIZEN			Email: reef5175@gmail.com.sg		
Sex: Male	Age: 40	Date of Birth: 01/07/1982	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2023 11:20	Type of Location: X-Junction
Location:  UPPER THOMSON 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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SH6748U	Car	TOYOTA				0
SNH9162Z	Car	TOYOTA	ALPHARD	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20230327/7031

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

Report No. T/20230327/7031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNH9162Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000248 02200	30/12/2022	30/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMED RIFQI BIN ABDUL JALIL		ID No.	S8219520C
Related Vehicle	SNH9162Z (Car)		Contact No.	96896385
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

**Brief Details.**

On Sunday, 26.03.2023, I was driving on 2nd lane from Marymount Lane turning left to Lornie Rd. Suddenly a taxi from 3rd lane hit my car from left side behind while turning to Upper Thomson Rd. Blue comfort taxi. Plate number SH6748U.

I went to clinic as i feel aching on my neck, shoulder and back. 3 days MC.





**SINGAPORE  
POLICE FORCE**

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



T/20230327/7031

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Report No. T/20230327/7031

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:  
27/03/2023 13:19

Classification Of Case:

**Personal Particulars of Owner & Driver (Vehicle A)**

⑤

Date of Accident: 26/03/2023 (dd/mm/yy) Time of Accident: 11:30 (24-HR-FORMAT)  
Vehicle No.: SNH9162Z Vehicle Make & Model: TOYOTA ALPHARD  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 2500 CC  
Exact location of Accident: MARYMOUNT CANE TOWARDS UPPER THOMSON RD  
Policyholder's Name: MOHAMED RIFQI BIN ABDUL JALIL NRIC/FIN/REG No.: S8219520C  
\*Policyholder's email address: ref5175@gmail.com.sg  
Driver's Name: MOHAMED RIFQI BIN ABDUL NRIC/FIN/REG No.: S8219520C  
\*Driver's email address: ref5175@gmail.com.sg  
Driver's Contact No.: 96896385 Company Contact No (If any): -  
Date of birth: 01/07/1982 Driving Pass Date: 06/08/2010  
Driver's Address: 3188 YISHUN AVENUE 9 #05-128 SINGAPORE 762318  
Insurance Company: CHINA TAIPING  
Policy No.: DMHCLNW00024802200 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 RIFQI BIN ABDUL  
Injuries Sustain: BACK PAIN, NECK PAIN, SHOULDER PAIN Injured Person in Which Vehicle: SNH9162Z  
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: \_\_\_\_\_ Vehicle No: SH6748U  
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: \_\_\_\_\_



Motor Hire Car

**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)

MZ406L/B

N SN

AN0582A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00024802200

Engine No.: 2ARJ176310

Cha. No.: AGH300209844

1. Index Mark and Registration  
Number of Vehicle

SNH9162Z

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

MOHAMED RIFQI BIN ABDUL JALIL

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

30/12/2022

Excess Sect. I. SS\$1,250.00

Excess Sect. I (Outside Singapore) SS\$2,500.00

Excess Sect. II SS\$1,250.00

Excess Sect. II (Outside Singapore) SS\$2,500.00

4. Date of Expiry of Insurance

30/01/2024

EX ON WINDSCREEN. SS\$100.00

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.

MOHAMED RIFQI BIN ABDUL JALIL

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.: COSMO AUTOMOBILES 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: COSMO INSURANCE AGENCY PTE LTD

Authorised Officer

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

Authorised Signatory

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

520C

### Vehicle Details

Vehicle No.:

SNH9162Z

Vehicle to be Exported:

Yes

Intended Deregistration Date:

27 Mar 2023

Vehicle Make:

TOYOTA

Vehicle Model:

ALPHARD 7-SEATER 2.5 SC CVT

Primary Colour:

Black

Manufacturing Year:

2018

Engine No.:

2ARJ176310

Chassis No.:

AGH300209844

Maximum Power Output:

134.0 kW (179 bhp)

Open Market Value:

\$49,102.00

Original Registration Date:

31 Jan 2019

First Registration Date:

31 Jan 2019

Transfer Count:

1

Actual ARF Paid:

\$60,743.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

30 Jan 2029

PARF Rebate Amount:

\$45,557.00

### Intended COE Rebate Details

COE Expiry Date:

30 Jan 2029

COE Category:

E - Open - all except motorcycle

COE Period(Years):

10

QP Paid:

\$32,909.00

COE Rebate Amount:

\$18,809.00

**Total Rebate Amount:**

**\$64,366.00**

The information contained herein is correct as at 27 Mar 2023

OK