

Date In	Job description	Date & Time Completed	Done by
Ref No	SAS e-filing		
Veh No	E-mail (within 2hrs. AP 2hrs,		
DOA	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ TP/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksd		

Fax:

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

Excess: (\$)) Loading: \$1,000 () / \$2,000 ()

Total Loss Case : to e-mail Insurer **URGENTLY**.

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

Remarks	IN Chorline 67884616	Drilling 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
12:00	Arrived at the office.
12:15	Checked the mail.
12:30	Met with the client.
12:45	Reviewed the report.
13:00	Completed the task.
13:15	Left the office.

[illegible]

		Amt (\$)	Amt
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Invoice Preparation Checklist	1st Bill	Add
NA2301425		

1) AR : Accident Reporting	(\$30);	
2) RA : Resource Allocation	(\$100);	INC (\$80)

2) DA: Damage Assessment	S40/S45
3) TP: Towing Fee	S40/S45

4) FT : Follow-Through Survey	\$120
5) FT : Follow-Through Survey (Re-survey)	\$30

Fact No:	5) F1: Follow-through survey (2001-07)		
	For claiming against INC Only (wef 10 Jan 2005)		

6) TR: Re-inspection	\$75
7) TR: Lidar Data + EMRT Survey	\$160

7) NTUC Additional Services:-			
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Checked by (Engr-In-Charge):	on	
	* NS; Courier / Car / Tpl Allowance	\$5

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

itors' Comments: N8: 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	15/05/2023 13:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/05/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Holland Rise
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9822H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Abdul Manaf Bin Abdul Hamid
NRIC No	SXXXX187F
Email Address	flame1063@gmail.com
Mobile Phone No	(Phone) +65-93326479
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00020112200

DRIVER

Name of Driver	Abdul Manaf Bin Abdul Hamid
NRIC No	SXXXX187F
Date Of Birth	12/10/1963
Occupation	Outdoor

Driving experience	38 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93326479
Alt. Phone Number	-
Email Address	flame1063@gmail.com
Address	Blk 713 Bedok Reservoir Road
Address complement	#06-3956
Postcode	470713
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	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/20230515/7016

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	SME8794J
Vehicle Manufacturer	-
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)	-

Date of Accident

Accident Place

Vehicle Reg. No (Car plate No.)

Insurance Company

Name of Registered Owner

ID of Registered Owner

OWNER EMAIL ADDRESS:

Flambo 1063@gmail.com
Flambo DRIVER'S Name

DRIVER'S Date of Birth

Relationship bet. Owner & Driver

DRIVER'S Address

DRIVER'S Contact No./ Alt No.

DRIVER'S Occupation

Email Address

Weather & Road Surface

Reporting Type

Number of Passengers (including Driver):

Was the accident reported to the police? YES/NO

Was there any video Captured by car camera: YES/NO

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

Any injuries, if yes (name of the injured person) owner

Other Party Driver's Particulars (if any)

Vehicle Reg No: SME 8794J (B)

Vehicle Make/Model:

Name DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

Vehicle Reg No:

Vehicle Make/Model:

Name DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

: 13/05/2023 Accident Time: 10:45 (24-HR-FORMAT)

: Holland Road towards Farrer Road before North Borneo Vista Road

: SMN9822H CC: 1.8 Vehicle Make/Model: Toyota Prius Hybrid

: China Taiping Policy No. DMHCSNW00020112200

: Company / Individual Abdul Mannat Bin Abdul Hamid

: Co Reg No: Owner's NRIC No: S2185187F

: Co Contact No: 9232 6479 Owner's Contact No: 9232 6479

: Abdul Hamid DRIVER'S NRIC No: S2185187F

: 12/10/1963 DRIVER'S License Pass Date 01/2/1985

: Spouse / Parents / Children / Sibling / Employee / Others: Owner

: BIK 713 Bedok Reservoir Road #06-3956 S(470713)

: 1) 9232 6479 2)

: INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

: Flambo 1063@gmail.com

: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

: Reporting Only / Claim Other Party / Claim Own Insurance

: 3 Name & Gender: 1 Male 1 Female

: YES / NO

: YES / NO

: Private use / Work purpose

: owner

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.

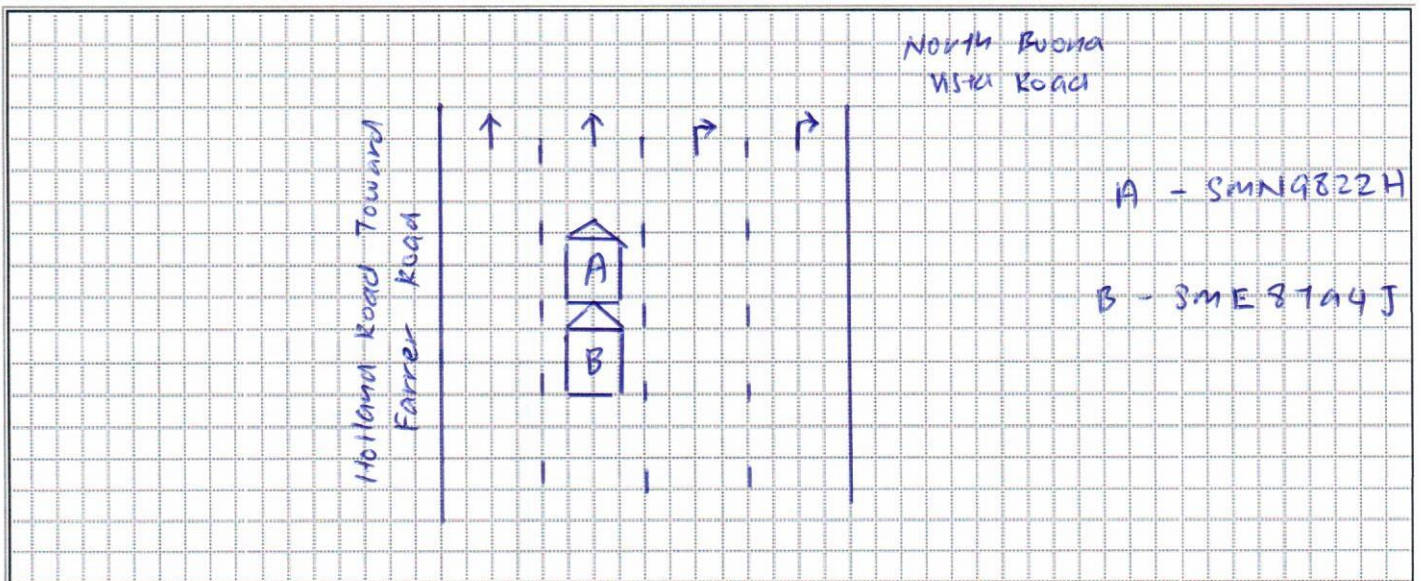
Policyholder's Signature / Date & Time

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

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

15105123

Sketch Plan



Describe Circumstance of the Accident

On 13 May 2023 at around 10:45am, I was stationary along Holland Road toward Farrer Road waiting for the traffic light to turn green. Suddenly, I felt an huge impact from the rear. I got down of my vehicle and realised that I was hit by vehicle B. I suffered injury on my neck and shoulder area few hours after the accident.

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



Witnessed by Reporting Centre Personnel

15105123



SINGAPORE POLICE FORCE



T/20230515/7016

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

1 of 3

Report No. T/20230515/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2023 11:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL MANAF BIN ABDUL HAMID			Address: 713 BEDOK RESERVOIR ROAD #06-3956 SINGAPORE 470713		
ID Type / ID No.: NRIC NO / S2185187F			Contact No.: Home/Office: Mobile: 92326479		
Nationality: SINGAPORE CITIZEN			Email: flambo1063@gmail.com		
Sex: Male	Age: 59	Date of Birth: 12/10/1963	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 10:45	Type of Location: Straight Road
Location: HOLLAND RISE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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	Condition	No of Passenger
SME8794J	Car					0
SMN9822H	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	White		2



SINGAPORE POLICE FORCE



T/20230515/7016

2 of 3

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

Report No. T/20230515/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9822H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000201 12200	19/10/2022	18/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL MANAF BIN ABDUL HAMID	ID No.	S2185187F
Related Vehicle	SMN9822H (Car)	Contact No.	92326479
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 13 May 2023 at around 10:45am, i was stationary along Holland Road towards Farrer Road before North Buona road waiting for the traffic light to turn green. Suddenly, i felt an huge impact from the rear. I got down of my vehicle and realised i was hit by vehicle (SME8794J). I suffered injury on my neck and shoulder.



**SINGAPORE
POLICE FORCE**



T/20230515/7016

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

3 of 3

Report No. T/20230515/7016

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:
15/05/2023 11:15

Classification Of Case:

Motor Hire Car

MZ406L/B

N SN

AN0592A

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.	DMHCSNW00020112200	Engine No.: 2ZR0C73203 Cha. No.: ZVW400032391
1. Index Mark and Registration Number of Vehicle	SMN9822H	AUTOSAFE =====
2. Name of Policy Holder	ABDUL MANAF BIN ABDUL HAMID	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19/10/2022 (09:58:06)	Excess Sect. I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00
4. Date of Expiry of Insurance	18/10/2023	Excess Sect. II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN . S\$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. ABDUL MANAF BIN ABDUL HAMID	
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. : SPEEDO CAPITAL 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: WINNIE SOO SIEW WAH

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