

ASS. REC. BY: Tajj

REF:

III CS3/III23004952/Tny3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S
-----	-----

Bal. or Market Value: \$67k.

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMK 3681CYr Regn: 2019, Apr 1

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishic.c. 1193Colour: Meruon

A/C: Insured / Std / NI / NA

Sp. Reading: 164/12

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MMRBS TA / BAKH 001051Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R15R: 185/55R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

SP Towing

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 15/5/23 @ 42pmSurvey held at Car Lab

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop: or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

17/05/23 submit prs

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format: \_\_\_\_\_

Lump Sum / L.B.H. (\$

# 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	11/05/2023 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 1
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3681C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CL LEASING PTE LTD
Company Reg No	201321410W
Email Address	JIAFENG@CLLEASING.COM.SG
Mobile Phone No	(Phone) +65-87209000
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1200

## INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111566598-03

## DRIVER

Name of Driver	MOHAMED ILHAM BIN MOHAMED SALLEH
NRIC No	S9623982C
Date Of Birth	10/07/1996
Occupation	Indoor

Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

04/11/2020  
 2 YEARS AND 6 MONTHS  
 Male  
 (Phone) +65-98891472  
 -  
 JIAFENG@CLLEASING.COM.SG  
 BLK 105A EDGEFIELD PLAINS  
 #05-13  
 821105  
 No  
 Hirer  
 No  
 -  
 -

Vehicle Colour  
 Vehicle Category  
 Name of Driver  
 NRIC No  
 Contact Number  
 Address  
 Address complement  
 Postcode  
 Insurance  
 Nature  
 Detail  
 No.

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Chain Collision  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
 Number of vehicles involved in the accident .....  
 Was anybody injured in the Accident? .....  
 Was any injured conveyed to hospital by ambulance? .....  
 Was any other vehicle or property damaged? .....  
 Number of Passengers (Including Driver) .....  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....  
 Translator's name .....  
 Translator's ID .....  
 Translator's phone number .....  
 Translator's email .....  
 Original language used in the statement .....

No  
 3  
 Yes  
 Yes  
 Yes  
 1  
 No  
 -  
 -  
 -  
 -  
 -

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
 Police Station Name .....  
 Police Station Phone No .....  
 Alt. Police Station Phone No .....  
 Police Station Address .....  
 Was notice of intended Prosecution given? .....  
 If yes, against whom? .....

Yes  
 Hougang Neighbourhood Police Centre  
 (Phone) +65-18004890999  
 (Fax) +65-63128989  
 60 Hougang Ave 9 Singapore 538775  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
 Was there any video captured by Car Camera? .....

Yes  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number .....  
 Vehicle Manufacturer .....  
 Vehicle Model .....  
 Vehicle Variant .....

FBQ1067M  
 -  
 -  
 -

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHYIDDEEN GHANI
NRIC No	S9335916Z
Contact Number	(Phone) +65-81125871
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK3141G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ALVEY ZHOU SHENG XIANG
NRIC No	S8113465J
Contact Number	(Phone) +65-83552421
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	MUHYIDDEEN GHANI
Gender	Male
Phone No	(Phone) +65-81125871
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	UNABLE TO ASCERTAIN
Injured person in which vehicle?	FBQ1067M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 2

Name of injured person	MOHAMED ILHAM BIN MOHAMED SALLEH
Gender	Male
Phone No	(Phone) +65-98891472
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	26
Injuries Sustained	NECK SORE
Injured person in which vehicle?	SMK3681C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

11/05/2013 1625HMM

*[Signature]*

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

11/05/2013 1625HMM

*[Signature]*

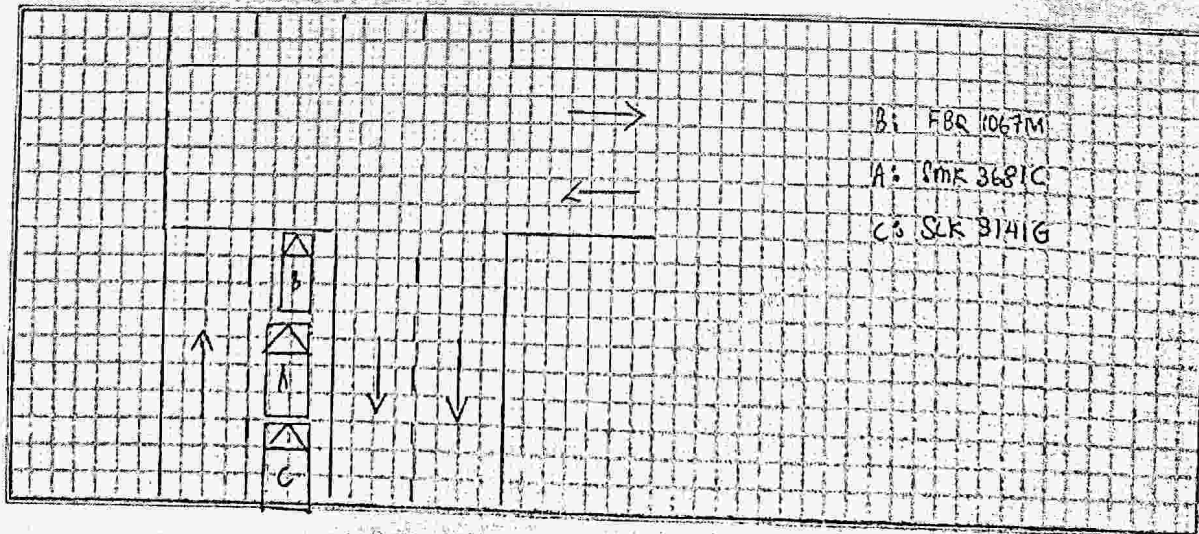
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

B: FBQ 1067M

A: SMK 3681C

C: SKK 3141G

Sketch Plan



Describe Circumstance of the Accident

REFER TO GENERAL REPORT  
AND POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

11/05/2023 1025124

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

11/05/2023 1625124

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

11/05/2023 1625124  
MURRAY JEFFREY MURRAY B MURRAY





# SINGAPORE POLICE FORCE



T/20230511/2010

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20230511/2010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2023 02:05	Video Report No.: L/20230510/0130	Station Diary No.: 26
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### Informant's Particulars

Name of Informant: MOHAMED ILHAM BIN MOHAMED SALLEH		Address: APT BLK 105A EDGEFIELD PLAINS #05-13 SINGAPORE 821105	
ID Type / ID No.: NRIC NO / S9623982C		Contact No.: Home/Office: Mobile: 98891472	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 10/07/1996	Type of Informant: Driver
Race: Malay		Language:	
Occupation: Police officer		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/05/2023 20:50	Type of Location: Straight Road
Location: WOODLANDS AVENUE 1				
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: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1067M	Motorcycle	HONDA	CBF190	White	Slightly Damaged	0
SLK3141G	Car	MAZDA		Silver	Slightly Damaged	0
SMK3681C	Car	MITSUBISHI	Attrage	Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230511/2010

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20230511/2010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMED ILHAM BIN MOHAMED SALLEH	ID No.	S9623982C
Related Vehicle	SMK3681C (Car)	Contact No.	98891472
Hospital/Clinic	Central 24HR Clinic	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/05/2023	Date Discharge	11/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 10/05/2023 at about 2050hrs, I was driving along Woodland Ave 1, in my Red Mitsubishi Attrage bearing the plate number of SMK3681C. The car is a rental car from a car rental platform namely Carlite.

Subsequently, as I was driving on 1st lane, there was motorcycle in front of me bearing the plate number of FBQ1067M. The rider is namely Muhyiddeen Ghani (S9335916Z, hp: 81125871). During the period, the traffic light was green, however there was a red arrow. As such the motorcycle came to a full stop and signal right. As I had anticipated that the rider would stop, I had slowed down and came to a stop. However, about 2 seconds after my car had come to a full stop, a Silver Mazda bearing the plate number of SLK3141G then collided with my rear end of the vehicle. The driver of the Silver Mazda is namely Alvey Zhou Sheng Xiang (S8113465J, hp: 83552421).

Subsequently, I depressed the brake pedal, however due to the impact from the vehicle, my car had moved forward and causing me to collide with the motorcycle. The rider had fall from his motorcycle, however upon making a check on the rider, he informed that he is uninjured. I had also made a check on the driver of the Silver Mazda, and he informed that he had only suffered a small cut on his right index finger.

I made a check on my vehicle, and I noticed that the rear end of my vehicle and dent in along with scratches. I made a check on the Silver Mazda and noticed the damages were scratches and minor dent on the plate number. The damages on the motorcycle was only minor dent on the plate number.

There was no passenger in my vehicle during the time of accident and also no passenger in the other vehicle and motorcycle.

Shortly after, paramedic and Traffic Police arrived at the scene. Paramedic had given medical assistance to the driver and conveyed the rider to hospital. I am unsure what hospital the rider was conveyed to.

I was instructed to lodge a Traffic report under the instruction of TP IO Roizman

On 11/05/2023 at 0025hrs, I went to 24hrs Clinic located at Blk 681 Hougang Ave 8 #01-829 as I felt neck sore from the impact of the accident. I was given 3 days Medical Certificate.





**SINGAPORE  
POLICE FORCE**



T/20230511/2010

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 3

Report No. T/20230511/2010

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
F/  
SGT 1 CHEW ZHI RONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT ROIZMAN BIN MOHAMED  
POSARI  
Contact No.: 65476131

NP168

Signature Of Informant:

Date/Time:  
11/05/2023 02:05

Classification Of Case: