

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 06/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALC112300 68671d4	SAS e-filing		
Yeh No: 3NB 8329Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/07/2023 17:56	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PC 6343R	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%. P: 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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :	
Date/Time	Actions

NA2302038	Invoice Preparation Checklist	Amf (\$)	A
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors Comments:	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	06/07/2023 15:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2023 17:56 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	146 BISHAN STREET 11 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8329Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FARHAN BIN MOHAMED RANI
NRIC No	SXXXX518C
Email Address	farhanroyrani@gmail.com
Mobile Phone No	(Phone) +65-98779184
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00263872201

DRIVER

Name of Driver	MOHAMED FARHAN BIN MOHAMED RANI
NRIC No	SXXXX518C
Date Of Birth	11/04/1989
Occupation	Outdoor

Date Of Driving Pass	07/05/2012
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779184
Alt. Phone Number	-
Email Address	farhanroyrani@gmail.com
Address	146 BISHAN STREET 11
Address complement	# 06-53
Postcode	570146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	AX4983Z
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 THE ATTACHED POLICE REPORT - T/20230706/7024

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6343R
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Commercial vehicle
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)	-

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 Authorised 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. The 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.

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.

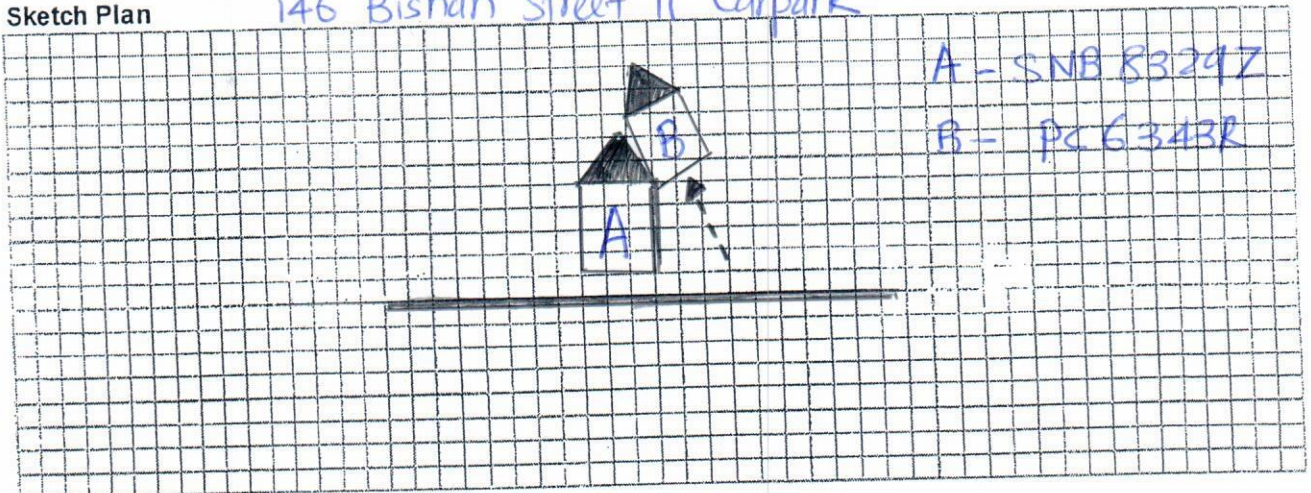
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

146 Bishan street 11 Carpark




Describe the Circumstance of the Accident


Please Refer to the attached
police Report
- 7/20230706/7024 -

Declaration

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

 6/7/23
1441 hrs
Policyholder's Signature / Date & Time

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

 6/7/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230706/7024

1 of 3

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

Report No. T/20230706/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED FARHAN BIN MOHAMED RANI			Address: 146 BISHAN STREET 11 #06-53 SINGAPORE 570146		
ID Type / ID No.: NRIC NO / S8911518C			Contact No.: Home/Office:		Mobile: 98779184
Nationality: SINGAPORE CITIZEN			Email: farhanroyrani@gmail.com		
Sex: Male	Age: 34	Date of Birth: 11/04/1989	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		
Occupation: Police officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/07/2023 12:30	Type of Location: Car Park
Location: BISHAN STREET 11				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB8329Z	Car	HONDA	CIVIC FC 1.6	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB8329Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0026387 2201	18/12/2022	17/12/2023



**SINGAPORE
POLICE FORCE**



T/20230706/7024

2 of 3

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

Report No. T/20230706/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MOHAMED FARHAN BIN MOHAMED RANI	ID No.	S8911518C
Related Vehicle	NIL	Contact No.	98779184
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 06/07/2023, at around 1100hrs, I was proceeding back home from work after night shift. I am driving a red Honda Civic bearing plate number SNB8329Z. I realised that there was a damage at the front right portion of my vehicle. I decided to view back my in-car camera and managed to find there was an impact dated 05/07/2023, at 1756hrs. My vehicle was parked at Block 146 Bishan Street 11, open space carpark, lot number 95. Managed to get the vehicle plate number from the footage bearing PC6343R, WHITE TOYOTA HIACE vehicle, believed to be a mini van. I did not realised the damage yesterday night dated 05/07/2023 as the area was quite dimmed and it was around 2000hrs when I was on my way to work. My vehicle have no mechanical fault. There is no cctv at the carpark mentioned. However, I have an in-car camera and footage was captured. Unable to upload footage of evidence as file is larger than requirement stated. Only managed to capture the vehicle number after viewing footage on my computer. That is all.



**SINGAPORE
POLICE FORCE**



T/20230706/7024

3 of 3

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

Report No. T/20230706/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

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

Date/Time:
06/07/2023 13:26

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 05/07/2023		TIME OF ACCIDENT : 17:56pm	
VEHICLE NO : CNB8329Z		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Honda Civic		LOCATION : 146 Bishan street 11 Carpark	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : China Taiping		POLICY NO : DMPCSN00263872201	
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
NAME OF OWNER : Mohamed Farhan Bin Mohamed Rani		NRIC : 88911518C	
ADDRESS : 146 Bishan street 11 #06-53 S 570146		CONTACT NO : 98779184	
EMAIL ADDRESS : farhanrayani@gmail-com		VIDEO RECORDING : YES / NO File too big	
NAME OF DRIVER : AS ABOVE / IF NO :		NRIC : - CONTACT NO : -	
DRIVER OWNER RELATIONSHIP : owner		PASSENGER : 0 MALE () FEMALE ()	
DATE OF BIRTH : 11 / 04 / 1989		DRIVING PASSING DATE : 07 / 05 / 2012	
OCCUPATION: INDOOR / OUTDOOR		ADDRESS : -	
ANY INJURIES: NO, IF YES :		POLICE REPORT : NO/ IF YES WHERE ? Traffic ubi	
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		ROAD SURFACE: DRY / WET / OTHERS	
VEHICLE B REG NO : PC 6343R		VEHICLE C REG NO : _____	
DRIVER NAME : _____		DRIVER NAME : _____	
NRIC : _____		NRIC : _____	
CONTACT : _____		CONTACT : _____	
VEHICLE D REG NO : _____		ANY WITNESS? NO, IF YES :	
DRIVER NAME : _____		NAME : _____	
NRIC : _____		CONTACT : _____	
CONTACT : _____			
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : YES / NO	
		WERE INJURY CONVEYED BY AMBULANCE : YES / NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO			
VEHICLE NUMBER: AX4983Z		HANDLING INSURER: NTUC	

Motor Private Car

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)

MX1F

R SN

AN0584A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00263872201

Engine No.: R16B25500935

Cha. No.:MRHFC5650JT000850

1. Index Mark and Registration
Number of Vehicle

SNB8329Z

AUTOSAFE
=====

2. Name of Policy Holder

MOHAMED FARHAN BIN MOHAMED RANI

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

18/12/2022

(00:00:00)

Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

17/12/2023

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\$500 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.: HL BANK

* 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: _____

Authorised Officer

Authorised SignatoryChina 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