

NATIONAL Assessment Centre Services (NAC) (1/1/2000)

NAI4803484

Date In: 13/03/2018 17:51
Ref No: NBA/CTI/80042811
Veh No: SJF 5182A
D.O.A: 12/03/2018 17:35
OD: TP (Reporting Only)

Job Description	Date & Time Completed	Done by
S&S drilling		
E-mail (within 24hrs, A/C 2hrs)		
E-Motor Claim Form		
E-Motor W/O (within 24hrs, A/C 2hrs)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass'n Report by Fax/Hand to Owner/VHSP		

TP Insured:
Preferred Wksp / INC Assign Wksp / OW: ()
TP Particulars: Yell No: SJF 7538A, INC () / Non-INC ()
Owner / Driver: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: B/L Stand (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 roster of repairs.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: INC 401 line 5788 6016
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()
Other Tolls / Actions: ()

Document / Description	Invoice / Preparation Charge / Fee	Bill / Paid Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$20)	
3) TP: Towing Fee	\$40/141	
4) PT: Follow-Through Survey	\$130	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$15	
7) N11/DA + SMRT Survey	\$140	
8) NTUC Additional Services		
9) Q11		
10) N1: Courtesy Car / Tpl Allowance	\$1	
11) N1: Repair Coordination	\$10	
12) N1: Post Repair Inspection	\$15	
13) N1: DY / Collision Update Coordination	\$1	
14) TP (N1) / TP (Non-INC) / Total INC	\$26	
15) NTUC Mileage	\$0	
Invoice Total		
Balance Due		

C. Checked by (Ungr-In-Charge):
Date: 13/3/2018
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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 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 ability.
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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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 Report	13/03/2018 17:51
Date Of Accident	12/03/2018 17:35
Exact Location Of Accident	WEST COAST ROAD (WEST COAST VALE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5182A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDUL RAHMAN
NRIC No	S8519318Z
Email Address	FARHAN.ABDULRAHMAN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91140147
Alternative Phone No	OTHERS-91140147

Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3008731800
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDUL RAHMAN
NRIC No	S8519318Z
Date Of Birth	04/07/1985
Occupation	INDOOR
Date Of Driving Pass	27/02/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91140147
Fax Number	
Contact Number	OTHERS-91140147
EEmail Address	FARHAN.ABDULRAHMAN@OUTLOOK.COM

Address	BLK 21 TEBAN GARDENS ROAD #06-115
Postcode	600021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE7538A
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAKAMURA KUNIO
NRIC/Passport Number	S2764317E
Contact Number	93863805

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YK551Y
Vehicle Make/Model/Colour LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TAN ENG LEONG
NRIC/Passport Number S1069665H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2


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 lodgment 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:

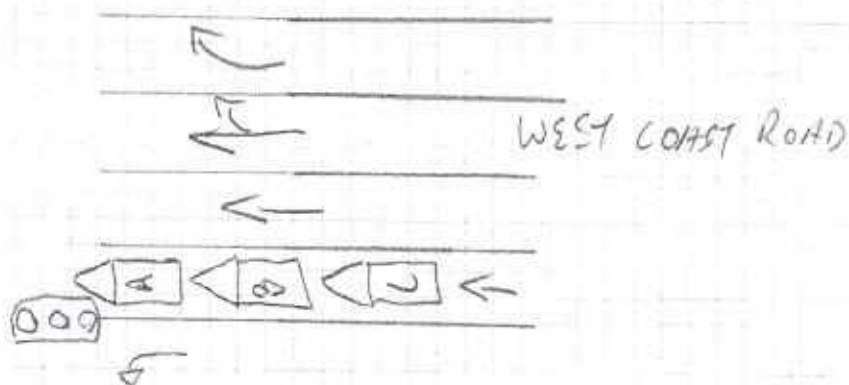
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 13/03/18
Policyholder's Signature
Date & Time:

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

 13/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



A) SJF 5182A
B) SJF 7538A
C) YK 551Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 1735 I was driving along West coast road. There's traffic light which was on red. And my car stop on the junction along west coast road. After 30 second there's a loud bang and something hit my car from the back. When I come out, car SJE7538A hit my rear. The cause of the hit was due to lorry YK551Y hit onto SJE7538A

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:

Reporting Centre Personnel's Signature
Name: Reshmi
NRIC/FIN No: 9201 231 231 231

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 03 / 2018 (DD/MM/YYYY), TIME: 17:35 (HH:MM)

LOCATION: WEST COAST ROAD (WEST COAST VALE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 53F5182-A
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMKEN 3004731800
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CROSSROAD
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
 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: MURTHANAND FACHAN BIN ABDUL RAHMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 585193182 CONTACT: 9114 0147
 c) ADDRESS: 21 TEBAN GARDENS ROAD #06-115 SPICE GARDEN

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(4)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 04 / 07 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS: 27 / 02 / 2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SJE 7538 A MODEL: LEXUS
 b) DRIVER'S NAME: NAKAMURA KUNIO
 c) NRIC/FIN/PASSPORT: 52764317E CONTACT: 93863805

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: YK 551 Y MODEL: LORRY
 b) DRIVER'S NAME: TAN ENG LEONG
 c) NRIC/FIN/PASSPORT: 51069665 H CONTACT: _____


ROGER KTM 525 @ Yahoo.com SG

email = farhan.abdulrahman@outlook.com

fax = 62655729

V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8519318Z




Name
MUHAMMAD FARHAN BIN ABDUL RAHMAN

Race
INDIAN

Date of birth
04-07-1985

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8519318Z

Name
MUHAMMAD FARHAN BIN ABDUL RAHMAN

Birth Date: 04 Jul 1985

Issue Date: 27 Feb 2010

001834441J

5495186



NRIC No: S8519318Z



Date of issue
10-07-2015


Address
APT BLK 21 TESAN GARDENS ROAD
#08-115
SINGAPORE 650021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 27 Feb 2010

NP 428A



Licence No: S8519318Z



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1P
H SN
AN0478A
COMPREHENSIVE
AUTOSAPS

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)

CERTIFICATE No.	DMPCSN3008731800	Engine No : R1BA3003885
		Chassis No: RT11005113
1. Index Mark and Registration Number of Vehicle	SJFS182A	
2. Name of Policy Holder	MR MUHAMMAD FARKAN BIN ABDUL RAHMAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 JANUARY 2018 (11:46 HOURS)	NAMED DRIVERS EX SECT. I\$61,150.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	26 JANUARY 2019	EX SECT. I - AGE <= 25\$53,000.00 EX SECT. I - AGE >= 26\$5500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN\$0100.00

(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 FACE-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 \$4500 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. : PRIME STREET CAPITAL PTE LTD AS HP OWNER

* 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.



Countersigned By:

Authorised Officer

Authorised Signatory