NATIONAL Assessment Centre Services: (NAC Form) MAA 180449052

Date In: 02/04/2018 19:15	Job description	Date & Time Completed	Done by
Ref No: NBA/BUC/1800606/Y	SAS e-filing		
Veh No: SJF 6960 Y	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 31/03/2018 11:45	I-Motor Claim Form	mitter88548	02/04/2018 19:38
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SJL 8986X , INC ( )/ Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: BiL Status (WO): N: 0-20%; P: 21-79%; F: 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 (NC Hotline: 6788 0045)	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	Action

NA1802071

Other Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Internal Comments:

Invoice Preparation Checklist		Bill	Ref Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC (50)		
3) TP: Towing Fee	$		
4) FT: Follow-Through Survey	$150		
5) FT: Follow-Through Survey (Resurvey)	$50		
For claims related INC Only (w.e.f 10 Jan 2010)			
6) TR: Re-Inspection	$35		
7) N1: (4x DA + SMRT Survey)	$160		
8) NTUC Additional Services:			
QIII			
N1: Courtesy Car / Tpt Allowance	$5		
N6: Repair Coordination	$10		
N7: Post Repair Inspection	$25		
N8: DY / Collect Documents Coordination	$3		
TP (N11) TP (Non INC) (refer INC)	$30		
9) N1: Claims Mobile	10		
Invoice dated	Not Charged		

C.T.S.

MNA418044052 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 02/04/2018 19:15
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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 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 Report	02/04/2018 19:15
Date Of Accident	31/03/2018 11:45
Exact Location Of Accident	PIE NEAR THE EXIT TO KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6940Y
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	FAIZAL_HAMIDON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-82361950
Alternative Phone No	OFFICE-82361950
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082552257-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FAIZAL BIN HAMIDON
NRIC No	S8320160F
Date Of Birth	17/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82361950
Fax Number	
Contact Number	OTHERS-82361950
EMail Address	FAIZAL_HAMIDON@YAHOO.COM

Address	BLK 913 TAMPINES STREET 91 #03-17
Postcode	520913
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 6 TAMPINES AVE 4 , **POSTCODE**: 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5871999 - **FAX NO**: 65871699
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180401/2029

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	SJL8986X
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEX CHOH CHAW TAT
NRIC/Passport Number	S9078338F
Contact Number	97615105
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD FAIZAL BIN HAMIDON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJF6940Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

   (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.

QUALITY LEASING PTE LTD

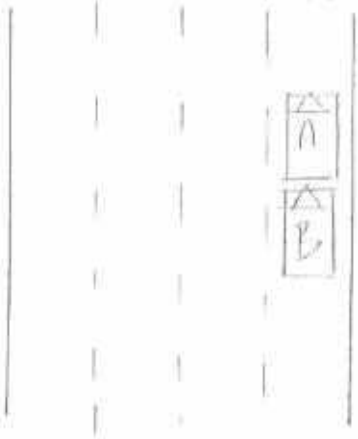
2/04/2018

Policyholder's Signature
Date & Time

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

Reporting Licensee Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) SJF 6940 Y
B) SJL 8986 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

02/04/2018

Policyholder's Signature
Date & Time:

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

02/04/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20180401/2029

Report No. T/20180401/2029

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/04/2018 12:12		46

Informant's Particulars

Name of Informant: MOHAMMAD FAIZAL BIN HAMIDON			Address: APT BLK 913 TAMPINES STREET 91 #03-17 SINGAPORE 520913	
ID Type / ID No.: NRIC NO / S8320160F			Contact No.: Home/Office: Mobile: 82361950	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 17/06/1983	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: Building maintenance worker			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2018 11:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Near the Exit to Kallang Avenue				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SJF6940Y	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Grey	Slightly Damaged	1
SJL8986X	Car	NISSAN	QASHQAI 2.0L SMT ABS D/AB 2WD 5DR	Beige	Slightly Damaged	0

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MOHAMMAD FAIZAL BIN HAMIDON		ID No.	S8320160F	
Related Vehicle	SJF6940Y (Car)		Contact No.	82361950	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	31/03/2018		Date Discharge	NIL	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	
Name	ALEX CHOH CHAW TAT		ID No.	S9078338F	
Related Vehicle	NIL		Contact No.	97615105	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 31/3/2018 at about 1145hrs, I was driving along PIE towards Tuas. I was travelling in Lane 1.

As I was approaching the exit to Kallang Avenue, I noticed that the car in front was applying brakes and as such I had applied my brakes as well. I had came to a complete stop behind the car. All of sudden, there was an impact from the rear. I had gotten out to make a check. There was no visible injuries on the parties involved.

I saw that another vehicle, SJL8986X, had actually rear ended me. As such, I had exchanged particulars with the driver and took photos of the scene as well.

After the accident, I had proceeded to Changi General Hospital for outpatient treatment as I felt pain in my back. I had then received 5 days of medical leave (31/3/2018-04/04/2018) as a result of the accident.

My vehicle suffered dents to the rear portion as a result of the accident.

SINGAPORE POLICE FORCE

T/20180401/2029

Report No. T/20180401/2029

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 BRYAN LIM GHIM SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 12:12
Officer In-Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168

SINGAPORE POLICE FORCE SIGNATURE

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/0988598

Policy No.	5082552257-01	Vehicle No.	SJF6940Y	GST Registration No.	
Policyholder Name	QUALITY LEASING PRIVATE LIMITED			Policyholder NRIC	201312796G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82361950	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	02/04/2018 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/03/2018	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE NEAR THE EXIT TO KALLANG WAY				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	Lot-57	Related Policy Number	5098731344		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD FAIZAL BIN H	Driver NRIC	S8320160F	Driver DOB	17/06/1983
Register Date of Driver License	17/01/2005	Driver Age	34	Driving Experience	13
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 913 #03-17	Address 2	TAMPINES STREET 91	Address 3	TAMPINES PALMSVILLE
Address 4	SINGAPORE 520913	Address Type	Foreign address	Post Code	520913
Unit No.	03-17				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJF9640Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	QUALITY LEASING PRIVATE LIM	Insured NRIC	201312796G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	64738888
Email Address		OI Vehicle Number	SJF6940Y	TP Vehicle Number	SJL8986K
Claim Description	SJF6940Y / SJL8986K ON 31 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/04/2018 19:38	Claim Close Date		Date Received	02/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AA letter

Save Submit

Attachment

Accident No.	MT/0988598	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/04/2018 19:38

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:38	SAS	Normal	SAS 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2		Edit

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 19:37	Photos	Normal	Photos 2018-4-2	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 03 / 2018) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: PIE NEAR the Exit to Kallang Avenue

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJF 6940Y
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: QUALITY LEASING
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MITSUBISHI LANCER 1.5 MIVEC GLS
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
   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: Quality leasing (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

Passenger F

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (2)

3. DRIVER
   a) NAME: Mohammad Faizal Bin Hamidon (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8320160F CONTACT: 82361950
   c) ADDRESS: Blk 913 Tampines St 91 #03-17 Avenue 4
   *d) DATE OF BIRTH: (17 / 06 / 1983) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 17 January 2005

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

No of passenger (including driver) (1)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SJL 8986X MODEL: NISSAN QASHQAI
   b) DRIVER'S NAME: ALEX CHOH CHAW TAT
   c) NRIC/FIN/PASSPORT: S9078338F CONTACT: 97615705

No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ~~faizal~~ faizal_hamidon@yahoo.com

fax =

Video

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8320160F

Name

MOHAMMAD FAIZAL BIN HAMIDON

Race
JAVANESE

Date of birth
17-06-1983

Sex
M

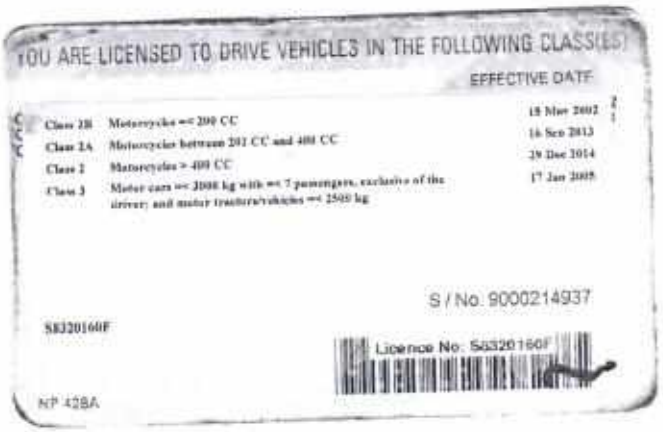
Country/Place of birth
SINGAPORE

5329052

NRIC No. S8320160F

Date of issue
28-06-2014

Address
APT BLK 913 TAMPINES STREET 91
#03-17
SINGAPORE 520913



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