

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 03/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/AW018015995/13	SAS e-filing		
Veh No: SJF4965P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/09/18 1035	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: GAD 6968Z	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%; 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:- (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

NA1805578

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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 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	03/09/2018 14:09
Date Of Accident	03/09/2018 10:35
Exact Location Of Accident	PAYA LEBAR RD TWDS UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4965P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDULLAH
NRIC No	S8731415D
Email Address	HANZ.WILDER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87529918
Alternative Phone No	OTHERS-87529918

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00007319
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDULLAH
NRIC No	S8731415D
Date Of Birth	12/10/1987
Occupation	INDOOR
Date Of Driving Pass	29/11/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87529918
Fax Number	
Contact Number	OTHERS-87529918
Email Address	HANZ.WILDER@GMAIL.COM

Address	BLK 871B TAMPINES ST 86 #02-30
Postcode	522871
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	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	
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)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBD6968Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN ABDULLAH
------	------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SJF4965P

YES

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 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:

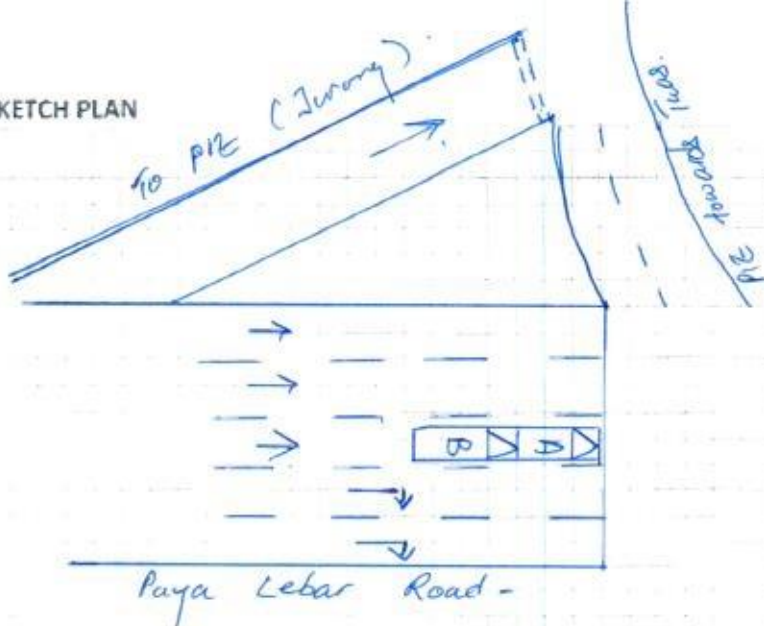
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



(A) SJF 4965P

(B) GBD 6968Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/09/18 at @ 1035 hrs, I stopped my vehicle (SJF 4965P) along Paya Lebar Road towards Upper Paya Lebar Road junction of PLE on the 3<sup>rd</sup> lane from the right, ~~was~~ due to red light. Suddenly, a lorry (GBD 6968Z) from behind collided onto the rear portion of my vehicle.

## 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:  
NRIC/FIN No.:



<b>Vehicle No.</b>	3JF 4965P	<b>Model / Make</b>	Toyota Vios
<b>Date of Accident</b>	03 / 09 / 18		
<b>Time of Accident</b>	1035 HRS		
<b>Location of Accident</b>	Paya Lebar Road towards Upper Paya Lebar Road junction PIE		
<b>Exact purpose use during accident</b>	Private Used		
<b>Name of Owner</b>	Muhammad Farhan Bin Abdullah		
<b>Telephone No.</b>	H/P: 8752 9918	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 8731415D		
<b>Address</b>	BLK 871 B, Tampines St 88 #02-30 (2) 522871		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	FWD		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	PNPV2018 - 00007319		
<b>Name of Driver</b>	<u>As Above</u> IP No,		
<b>NRIC</b>		<b>Any Passengers :</b>	N.A.
<b>Date of birth</b>	12 / 10 / 1987		
<b>Occupation</b>	Outdoor	/	<u>Indoor</u>
<b>Driving License Pass Date</b>	29 / 11 / 2012		
<b>Gender</b>	<u>Male</u>	/	Female
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <u>Owner</u>	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	No,	<u>If Yes, Who?</u>	
<b>Name And Contact No.</b>	Muhammad Farhan Bin Abdullah (H/P: 8752 9918)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No,</u>	If Yes, Where?	
<b>Vehicle B No.</b>	GBD 6968Z	<b>Any Passengers :</b>	N.A.
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A.
<b>Accident Portion</b>	<u>Rear Portion</u>		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	hanz.wilder@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes <u>No</u>
<b>PARTICULAR WORKSHOP</b>	N-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixia		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Muhammad Farhan Bin Abdullah.

Licence Number: **S8731415D**  
 Name: **MUHAMMAD FARHAN BIN ABDULLAH**  
 Birth Date: **12 Oct 1987**  
 Issue Date: **10 Dec 2008**

Barcode: 001685444F

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8731415D**

Portrait photo of Muhammad Farhan Bin Abdullah.

Name: **MUHAMMAD FARHAN BIN ABDULLAH**  
 Race: **MALAY**  
 Date of Birth: **12-10-1987**  
 Country of Birth: **SINGAPORE**  
 Sex: **M**

Barcode: S8731415D

**CLASS 3 - LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	11 May 2007
Class 2A	Motorcycles between 201 CC and 400 CC	17 Mar 2009
Class 2	Motorcycles > 400 CC	17 Jun 2010
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Nov 2012

S/No. 9000163898

Licence No: **S8731415D**

Barcode: S8731415D

Barcode: S8731415D

Portrait photo of Muhammad Farhan Bin Abdullah.

NRIC No: **S8731415D**

Blood Group: **-** Date of issue: **23-10-2002**

APT BLK 871B TAMPINES STREET 86 #02-30  
 SINGAPORE 522871  
 NRIC No: **S8731415D** Date: **23/12/2015**





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00007319 (Comprehensive - Classic Plan)**

Car plate number: SJF4965P

Your name (As the policyholder): Muhammad Farhan Bin Abdullah

Coverage start date: 28/05/2018

Coverage end date: 27/05/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Efizzig Credit Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 28/05/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.