

NATIONAL Assessment Centre Services

Date In: 18/02/2019 17:32

Ref No: NA/CTI 19003012/K4

Veh No: SJF 4599M

D.O.A: 03/11/2017 16:00

OD: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner / Wksp

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

PEDESTRIAN

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA1901290

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Int. 1:

Int. 2 / 3:

Invoice Preparation Checklist

Item	Amount (\$)	Unit (\$)
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
on:		
*N5: Courtesy Car / Tp 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: Idao Mobile \$0		

Invoice dated

Invoice dated

Fee Charged

Fee Charged

15.00

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 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 Report	18/02/2019 17:32
Date Of Accident	03/11/2017 16:00
Exact Location Of Accident	SLIP RD ENTRANCE FROM JLN BESAR RD TO DESKER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4599M
Insured/Policyholder	
Name Of Registered Owner	AUTO MOBILE PREMIER PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90069791
Alternative Phone No	OFFICE-90069791

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMHCSN1721451700
Cover Note Number	

Driver

Name of Driver	SYED FERAZ S/O SYED SULTANUL ABIDIN
NRIC No	S7939691E
Date Of Birth	11/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069791
Fax Number	
Contact Number	OTHERS-90069791
Email Address	NOEMAIL

Address	BLK 253 HOUGANG AVENUE 3 #04-334
Postcode	530253
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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.

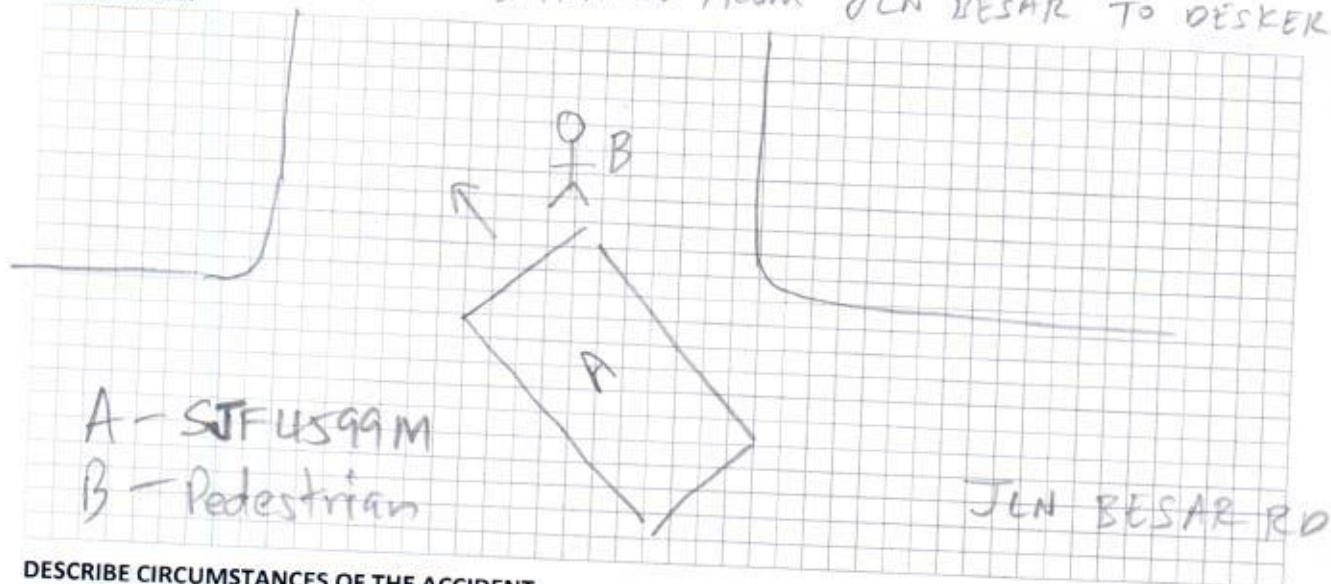
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SLIP ROAD ENTRANCE FROM JLN BESAR TO DESKER RD




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pls Refer to the Police Report
T/20171104/7003

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:

 18/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171104/7003

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

1 of 4

Report No. T/20171104/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2017 08:21		Vide Report No.: A/20171103/0121	Station Diary No.:
Informant's Particulars			
Name of Informant: SYED FEROUZ S/O SYED SULTANUL ABIDIN		Address: APT BLK 253 HOUGANG AVENUE 3 #04-334 SINGAPORE 530253	
ID Type / ID No.: NRIC NO / S7939691E		Contact No.:	Mobile: 90069791
Nationality: SINGAPORE CITIZEN		Email: agentferoz@gmail.com	
Sex: Male	Age: 37	Date of Birth: 11/12/1979	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2017 16:00	Type of Location: T-Junction
Location: DESKER ROAD SLIP ROAD ENTRANCE FROM JLN BESAR RD TO DESKER RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF4599M	Car	TOYOTA	WISH	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

2 of 4

Report No. T/20171104/7003

CONTINUATION OF REPORT

Driver			
Name	SYED FEROUZ S/O SYED SULTANUL ABIDIN	ID No.	S7939691E
Related Vehicle	SJF4599M (Car)	Contact No.	90069791
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 3/11/2017 @ ABOUT 1600HRS, I WAS DRIVING ALONE AND TURNING RIGHT INTO DESKER RD FROM JLN BESAR RD AND KNOCKED INTO A FEMALE PEDESTRIAN. SHE LOOKED LIKE A CHINA NATIONAL IN HER 60'S. PRIOR TO THE ACCIDENT, I HAD DROPPED OFF A GRAB PASSENGER ALONG SYED ALWI RD. I SWITCHED OFF MY GRAB APP AND DROVE TOWARDS ANGULLIA MOSQUE FOR MY EVENING PRAYERS. AT JUNCTION OF SYED ALWI RD AND JLN BESAR RD, I CHECKED AND WAITED UNTIL TRAFFIC WAS LIGHT BEFORE TURNING LEFT INTO JLN BESAR RD, CAREFUL NOT TO CROSS THE DOUBLE WHITE LINES. I SLOWLY FILTERED RIGHT FROM THE 4TH LANE TO THE RIGHTMOST LANE. UPON REACHING THE RIGHTMOST LANE AND JUNCTION OF JLN BESAR RD AND DESKER RD, I SLOWED DOWN TO CHECK AND ENSURE THERE WERE NO PEDESTRIANS CROSSING BEFORE CONTINUING TO DRIVE INTO THE LANE. PEDESTRIANS STANDING ON BOTH SIDES OF THE JUNCTION WAITING TO CROSS HAD STOPPED UPON SEEING MY ONCOMING CAR. WHILE TURNING, I GAVE A WIDE BERTH AND STARTED TO TURN RIGHT NEARER TO THE MIDDLE OF THE LANE TO AVOID ANY PEDESTRIANS WHO MIGHT BE STANDING TOO CLOSE TO THE ROAD OR CROSSING SUDDENLY. WHEN JUNCTION WAS CLEAR, I DROVE SLOWLY INTO THE LANE UNTIL I SUDDENLY SAW FROM MY CAR RIGHT A-PILLAR THIS LADY CROSSING JUST IN FRONT OF MY CAR FROM THE RIGHT. SHE WAS LOOKING AHEAD AND NOT CHECKING FOR ONCOMING TRAFFIC FROM THE LEFT. I HIT MY BRAKES IMMEDIATELY AND MY FRONT BUMPER HIT HER SLIGHTLY. SHE FELL INSTANTLY RIGHT IN FRONT OF MY CAR. I QUICKLY EXITED MY CAR TO CHECK ON HER AND SHE POINTED TO ONE OF HER KNEES AND MENTIONED "PAIN" IN MANDARIN. AT THIS POINT, SOME PEDESTRIANS APPROACHED THE SCENE SHOUTING AT ME, CLAIMING TO BE WITNESSES. ONE OF THE MALE WITNESSES THEN SHOWED ME A HOMETEAM NS CARD AND SAID "POLICE". I ASKED VICTIM IF SHE NEEDED AMBULANCE BUT SHE SAID SHE DIDN'T KNOW, AGAIN POINTING TO HER KNEE SAYING "PAIN". WHEN I ASKED HER IF ANY OTHER INJURIES WHILE POINTING TO MY HANDS AND ELBOWS, SHE SAID "NO" IN MANDARIN. SHE HAD NO VISIBLE INJURIES. SHE DID NOT SEEM TO UNDERSTAND ENGLISH, SO I SAID TO THE 3 SO-CALLED WITNESSES THAT I WOULD CALL POLICE AND AMBULANCE, BUT THE MALE WITNESS SAID HE WOULD CALL. WHILE WAITING FOR POLICE AND AMBULANCE, THE 3 WITNESSES ASKED THE LADY TO GET UP AND MOVE TO THE SIDE OF THE ROAD. I STRETCHED OUT MY HANDS TO HELP HER, BUT SHE GESTURED "NO NEED" AND GOT UP ON HER OWN, WALKED OVER AND SAT ON THE ROADSIDE KERB. THE WITNESSES TOLD ME NOT TO SHIFT THE CAR AND I COMPLIED. THE TP OFFICER ARRIVED AND TOOK STATEMENTS FROM MYSELF, THE VICTIM AND THE MALE WITNESS. THE AMBULANCE CAME AND CONVEYED VICTIM TO HOSPITAL. UPON CHECKING MY CAR, I FOUND NO SCRATCHES AND NO DAMAGE WHATSOEVER TO MY FRONT BUMPER. THE MALE WITNESS HAD CLAIMED THAT THE IMPACT WAS "VERY GREAT" AND "VERY LOUD". IF THAT WERE TRUE,



**SINGAPORE
POLICE FORCE**



T/20171104/7003

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

3 of 4

Report No. T/20171104/7003

CONTINUATION OF REPORT

THE LADY WOULD HAVE BEEN FLUNG FAR AWAY FROM THE CAR AND HER THINGS STREWN ALL OVER THE ROAD, BUT SHE FELL EXACTLY IN FRONT OF MY CAR. SHE ALSO HAD NO OTHER INJURIES LIKE SCRATCHES OR BRUISES. MOREOVER I WAS TURNING SLOWLY INTO THE LANE SO THE IMPACT WAS SLIGHT. HAD I SPED RECKLESSLY INTO THE LANE WITHOUT CHECKING, I WOULD DEFINITELY HAVE KNOCKED DOWN OTHER PEDESTRIANS AS WELL AT THE BUSY JUNCTION. ALSO THERE WOULD BE TYRE SKID MARKS HAD I JAMMED THE BRAKES WHILE SPEEDING, BUT I SHOWED THE TP OFFICER THERE WERE NONE. TP OFFICER ASKED IF I HAD VIDEO FOOTAGE, BUT I SHOWED AND EXPLAINED THAT MY CAMERA CABLE WAS FAULTY.

STATES*

INFORMATION FOR PEDESTRIAN INVOLVED IS INDICATED NO, AS THERE IS NO DETAILS OF THE INJURED FEMALE SUBJECT. HOWEVER ACCORDING TO THE FACTS, THERE IS A FEMALE SUBJECT THAT WAS INVOLVED.



**SINGAPORE
POLICE FORCE**



T/20171104/7003

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

4 of 4

Report No. T/20171104/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

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

Date/Time:
04/11/2017 08:21

Classification Of Case:

Company: Auto Mobile premier
PJ pte ltd

Reported on 18/2/2019
@ 1710hrs

DMHESN1721451700

ACCIDENT STATEMENT

ACCIDENT DATE: 3/1/2017 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: Slip Rd Entrance from JLN Besar Rd to Desker Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 4599M
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90069791
- c) ADDRESS: _____

- *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: _____

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

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

- a) VEHICLE NUMBER: Pedestrian MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Vehicle not present?
No Photos

Ask by Ching Tapis Insurance
Tel: 63896193 given permission to submit
a report without the company chop
on 18/2/2019 @ 1720hrs
Waiting for Certificate?

17/3/2017
28/5/2018

China Tapis Insurance
gives the policy number & the dates

*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
(1)

Email =

Fax =

Video =

(CTI)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7939691E



Name
SYED FEROUZ S/O SYED
SULTANUL ABIDIN

Race
INDIAN

Date of Birth
11-12-1979

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7939691E

Name
SYED FEROUZ S/O SYED
SULTANUL ABIDIN

Birth Date 11 Dec 1979

Issue Date 26 Apr 2004

001204275A

3109351



NRIC No. S7939691E



Blood Group Date of issue
B+ 25-09-2000

APT BLK 253 HOUGANG AVENUE 3 #04-334
SINGAPORE 530253

NRIC No: S7939691E Date: 18/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE
26 Apr 2004

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

Signature
26/4/04

Licence No: S7939691E

NP 428A