

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MM0419023594

Date In: 20/01/2019 10:53	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9003153/4	SAS e-filing		
Veh No: SP 595TD	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 08/02/2019 16:30	I-Motor Claim Form	MM11032854 001	20/01/2019 11:48
OD: (T) 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: FBH 26804	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Actions

NA1901346

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: 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) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON*	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N11: Idas Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Auditors' Comments:

Ref: 1:

2 / 3:

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	20/02/2019 10:53
Date Of Accident	08/02/2019 16:30
Exact Location Of Accident	MACPERSON RD TOWARDS ALJUNIED RD A/F PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5957D
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	FARHANARMAN22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84847991
Alternative Phone No	OFFICE-84847991

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107093948
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ARMAN
NRIC No	S9629248A
Date Of Birth	22/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847991
Fax Number	
Contact Number	OTHERS-84847991
Email Address	FARHANARMAN22@GMAIL.COM

Address	BLK 411 BEDOK NORTH AVENUE 2 #05-102
Postcode	460411
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 - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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

please refer to police report T/20190209/2039

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	FBH2680H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHAFIQ
NRIC/Passport Number	
Contact Number	87141476
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SHAFIQ
------	--------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH2680H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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 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.



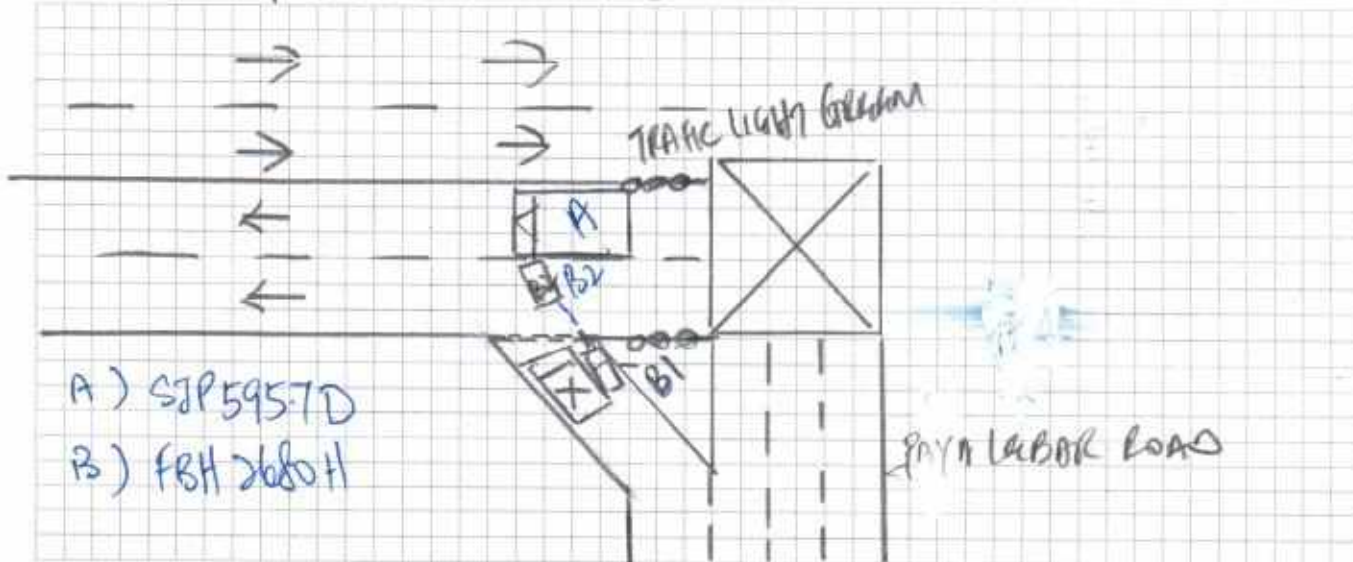
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

MAC PEARSON ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
7/20190209 / 2039

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:

20/02/2019
Reporting Centre Personnel's Signature
Name: RASHMI
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190209/2039

1 of 3

Report No. T/20190209/2039

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/02/2019 11:02

Vide Report No.:
G/20190208/0156

Station Diary No.:
22

Informant's Particulars

Name of Informant:
MUHAMMAD FARHAN BIN ARMAN

Address:
APT BLK 411 BEDOK NORTH AVENUE 2 #05-102
SINGAPORE 460411

ID Type / ID No.:
NRIC NO / S9629248A

Contact No.:
Home/Office: Mobile: 84847991

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 22 Date of Birth: 22/08/1996

Type of Informant:
Driver

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
08/02/2019 16:30

Type of Location:
Straight Road

Location:
Along Road 1 Traveling Toward Road 2
MACPHERSON ROAD
ALJUNIED ROAD
after Paya Lebar Road
Lamp Post Number: 116

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Not Controlled

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2680H	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SJP5957D	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Black	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20190209/2039

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20190209/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FARHAN BIN ARMAN	ID No.	S9629248A
Related Vehicle	SJP5957D (Car)	Contact No.	84847991
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 the above mentioned date and time, I was driving my car bearing plate number SJP5957D along Macpherson Road and I intent to go to Mactaggart Road. I was driving on the right of 2 lanes along Macpherson Road. At the junction of Macpherson Road and Paya Lebar Road the traffic light was showing green.

While approaching the junction, I noticed that there was a white in colour van at the slip road from Paya Lebar Road merging to Macpherson Road. As I pass the junction, the van drove out from the slip road and wanted to join into my lane which was the second lane. I honk at the van and it manage to change lane back to the left lane. At the same time, there was a motorcycle that came out of the slip road together with the van and wanted to join the second lane. I continue honking my horn and step on my brake pedals hard. However, the motorcycle did not go change back to the first lane. Thus, the front left side of my car hit the rear of the motorcycle.

The hit caused the motorcyclist to lose balance and fell on his left side. I wish to state that I had press so hard on the brakes that it caused my front left tire to burst. The accident also caused my car's front left bumper to be dislodged, sustained slight dent and scratches. I wish to state that I do not have any in-car camera installed in my vehicle. After the accident, I alight my vehicle and there was another motorcycle that stop and the rider called for ambulance.



**SINGAPORE
POLICE FORCE**



T/20190209/2039

3 of 3

Report No. T/20190209/2039

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

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 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

09/02/2019 11:02

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Claim Handling

Accident MT/1032859

Policy No.	5107092948	Vehicle No.	SIP5957D	GST Registration No.	NA
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201709236H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	84847991	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No +
KPI	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hrs.	No

Accident Details

Report Date	20/02/2019 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Miner Road
Date of Accident	08/02/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACPERSON RD TOWARDS ALJUNIED RD A/F PAYA LEBAR				

Excess

Own damage Excess	0.00	Additional Excess	0	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		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2019
GST Registration No.	NA	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	60 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	5107092948		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	MUHAMMAD FARHAN BIN ARMA	Driver NRIC	S9529248A	Driver DOB	22/05/1996
Register Date of Driver License	26/07/2018	Driver Age	22	Driving Experience	2
Contact No.(Mobile)	84847991	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 411 #05-102	Address 2	BEDOK NORTH AVENUE 2	Address 3	SINGAPORE 460411
Address 4		Address Type	Foreign address	Post Code	460411
Unit No.	05-102				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SIP5957D	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	84842444
Email Address		Vehicle Number	SIP5957D	TP Vehicle Number	PBH2680H
Claim Description	SIP5957D / PBH2680H ON 6 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Repair	Preferred Workshop, Name unknown			
Date Registered	20/02/2019 11:47	Claim Close Date		Date Received	20/02/2019 00:00
Report Taken By	ROSLI WAHAB				

Print Ad letter

Save Submit

Attachment

Accident No.	MT/1032859	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/02/2019 11:48

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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CQ)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:48	Photos	Normal	Photos 2019-2-20
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	Photos	Normal	Photos 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 11:47	SAS	Normal	SAS 2019-2-20

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 2 / 2019) (DD/MM/YYYY), TIME: (4 : 30) (HH:MM)

LOCATION: Macpherson rd towards Seangoon rd after paya khar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP5957D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5167093948
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: SRS Auto Holding (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 70709256H CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhyi Fauzan bin Auman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59679245A CONTACT: 84547911
 c) ADDRESS: Bedok North Ave 2, blk 411, 05-167

* d) DATE OF BIRTH: (22 / 08 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 July 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITIONS: (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: Bedok Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F8H 2650H MODEL: F2
 b) DRIVER'S NAME: Suafiq
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 87141476

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = Fauzan auman 22@gmail.com

VIDEO Tidy @ Huat @ Hotmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9629248A



Name

MUHAMMAD FARHAN BIN
ARMAN

Race

MALAY

Date of birth

22-08-1996

Sex

M

Country of birth

SINGAPORE

S9629248A

4753454



NRIC No. S9629248A

Date of issue

21-07-2011

APT BLK 411 BEDOK NORTH AVENUE 2 #05-102
SINGAPORE 460411

NRIC No. S9629248A

Date:

18/08/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9629248A



Name

MUHAMMAD FARHAN BIN
ARMAN

Race

MALAY

Date of birth

22-08-1996

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number

S9629248A

Name

MUHAMMAD FARHAN BIN ARMAN

Birth Date 22 Aug 1996

Issue Date 26 Jul 2016





NRIC No: S9629248A



Date of birth
21-07-2011

APT BLK 411 BEDOK NORTH AVENUE 2 #05-102
SINGAPORE 480411

NRIC No: S9629248A Date: 19/08/2016

YOU ARE ~~ENTITLED~~ TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

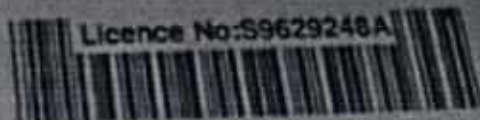
EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

26 Jul 2016

26 Jul 2016



Licence No: S9629248A

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/02/2019 10:50"/>
Vehicle No. (For Motor)	<input type="text" value="SJP5957D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107093948		SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPC	Third Party	SJP5957D	SJP5957D	17/01/2019	29/03/2019