

NATIONAL Assessment Centre Services. [part 1 Jan 2005]

NA19039840

Date In: 27/03/2019 10:31	Job description	Date & Time Completed	Done by
Ref No: N/A/FWD1900544/Y	SAS e-filing		
Veh No: SJY 856/R	E-mail (by job desc, AIG desc)		
D.O.A: 26/03/2019 13:20	I-Motor Claim Form		
OID: (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: () Tel: () Fax: ()

TP Particulars: Veh No: SJW 7475D 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	By

NA1902234	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Additional Comments:	6) TR: Re-inspection \$75	
Date:	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / TP Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NR: Post-Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	*NT: TP (Nil); TP (in INC) \$20	
	*NI: Idea Mobile \$0	
	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 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	27/03/2019 10:31
Date Of Accident	26/03/2019 13:20
Exact Location Of Accident	PIE (CHANGI) ONREAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8561R
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAZLI BIN MOHLAS
NRIC No	S8105702H
Email Address	GT_TALERA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98393046
Alternative Phone No	OTHERS-98393046

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 RSZ (A)
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	PNPV2018-00015878
Cover Note Number	

Driver

Name of Driver	MOHAMED FAZLI BIN MOHLAS
NRIC No	S8105702H
Date Of Birth	19/02/1981
Occupation	INDOOR
Date Of Driving Pass	25/03/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98393046
Fax Number	
Contact Number	OTHERS-98393046
Email Address	GT_TALERA@HOTMAIL.COM

Address	BLK 452B SENGKANG WEST WAY #05-401
Postcode	792452
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 (including own vehicle) involved in the accident	4
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

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	SLW7475D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGT7436S
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM2748C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 MOHAMED FAZLI BIN MOHLAS
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJU8561R
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 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.

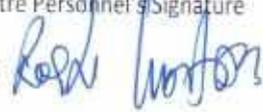
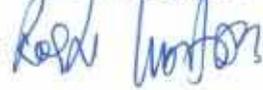


Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

P/E						(A) SJU 8561R
(Chatter)			A			(B) SLW 7475D
Duraet Rd			B			(C) SST 7436S
			C			(D) SLM 2748C
			D			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

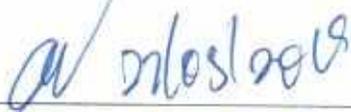
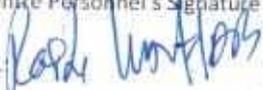
On 26.03.2019 at about 13:20hrs, I was travelling along P/E (Chatter) Duraet Rd. The traffic was on moderate mood. Ahead of me there's a vehicle slow down & stop, I follow suit. All of a sudden I felt an hard impact from the rear. Then I realised a vehicle SLW 7475D had collided into my rear. Total 4 vehicles involved in the accident. I managed to stop on time. That's all.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26.13.2019	TIME: 13:20hrs	(hh:mm) 24 hrs Format
LOCATION PIE (Changi) Airport Rd		
VEHICLE NUMBER SJU 8561R		
INSURED NAME Mohamed Fathi Bin Mohlas		
NRIC / FIN S8105702H	CONTACT: 9839 3046	
MAKE Honda	MODEL stream 1.8 RS2 A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER :		
NAME DRIVER : Mohamed Fathi Bin Mohlas () SAME AS INSURED		
NRIC / FIN S8105702H	CONTACT: 9839 3046	
DATE OF BIRTH: 19-02-1981		
DRIVING PASS DATE: 25.03.2002		
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: Gt_talera@hotmail.com () NO EMAIL		
ADDRESS OF DRIVER: 452 B Serangoon West Way #05-401 S(792472)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle: //		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B SLW 7475D		() / Not Sure ()
Veh C 861 7436S		() / Not Sure ()
Veh D SIM 2148C		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8105702H



Name
MOHAMED FAZLI BIN MOHLAS



Race
JAVANESE

Date of Birth
19-02-1981

Sex
M

Country of Birth
SINGAPORE

S8105702H

A0000002



NRIC No. S8105702H



Blood Group: B+ Date of Issue: 10-06-2001

PT BLK 452B SENCKANG WEST WAY #05-401
SINGAPORE 792452

NRIC No: S8105702H Date: 26/03/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8105702H**
Name: **MOHAMED FAZLI BIN MOHLAS**

Birth Date: **19 Feb 1981**
Issue Date: **16 Dec 2006**



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

	PASS DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	25 Mar 2002

NP 428A *

Licence No: S8105702H





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: PNPV2018-00015878 (Comprehensive - Classic Plan)

Car plate number: SJU8561R

Your name (As the policyholder): Mohamed Fazli Bin Mohlas

Coverage start date: 24/11/2018

Coverage end date: 23/11/2019

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.

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

Issued on: 24/11/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6620-8888**
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5702H
Vehicle Details	
Vehicle No.:	SJU8561R
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2019
Vehicle Make:	HONDA
Vehicle Model:	STREAM 1.8 RSZ A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	R18A1796275
Chassis No.:	RN61086850
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$23,337.00
Original Registration Date:	30 Dec 2009
First Registration Date:	30 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$23,337.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2019
PARF Rebate Amount:	\$11,668.00
Intended COE Rebate Details	
COE Expiry Date:	29 Dec 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$17,889.00
COE Rebate Amount:	\$1,332.00
Total Rebate Amount:	\$13,000.00

The information contained herein is correct as at 26 Mar 2019

OK