

NATIONAL Assessment Centre Services			
Date In: 13/05/2019 20:13	Job description	Date & Time Completed	Done by
Ref No: NIA/INC/9008476/4	SAS e-filing		
Veh No: SN 3886R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 08/05/2019 09:40	i-Motor Claim Form	m711044404-001	14/05/2019 11:41
OD - TP: 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/Whar		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SBX 1932B	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] ( )		

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N12: Idem Mobile \$30		
	10) N13: Courtesy Car / Tpt Allowance \$5		
	11) N14: Repair Co-ordination \$10		
	12) N15: Post Repair Inspection \$25		
	13) N16: DV / Collect Excess Coordination \$5		
	14) N17: TP (N11) - TP (N18) against INC \$20		
	15) N18: Idem Mobile \$30		
	Invoice dated	For Charge	For Charge



## 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	13/05/2019 20:13
Date Of Accident	08/05/2019 09:40
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3886R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	TAWFIQ_ARAB@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84032597
Alternative Phone No	OFFICE-84032597

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	REPORTING ONLY
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	5107309263
Cover Note Number	

### Driver

Name of Driver	MOHAMAD TAWFIQ BIN MOHAMAD FAIRUZ
NRIC No	S9348800H
Date Of Birth	31/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84032597
Fax Number	
Contact Number	OFFICE-84032597
Email Address	TAWFIQ_ARAB@HOTMAIL.COM

Address	BLK 534 BEDOK NORTH STREET 3 #2-838
Postcode	460534
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	DRIZZLING
Road Surface	WET

#### 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?	NO
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBX1933B
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91800670
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

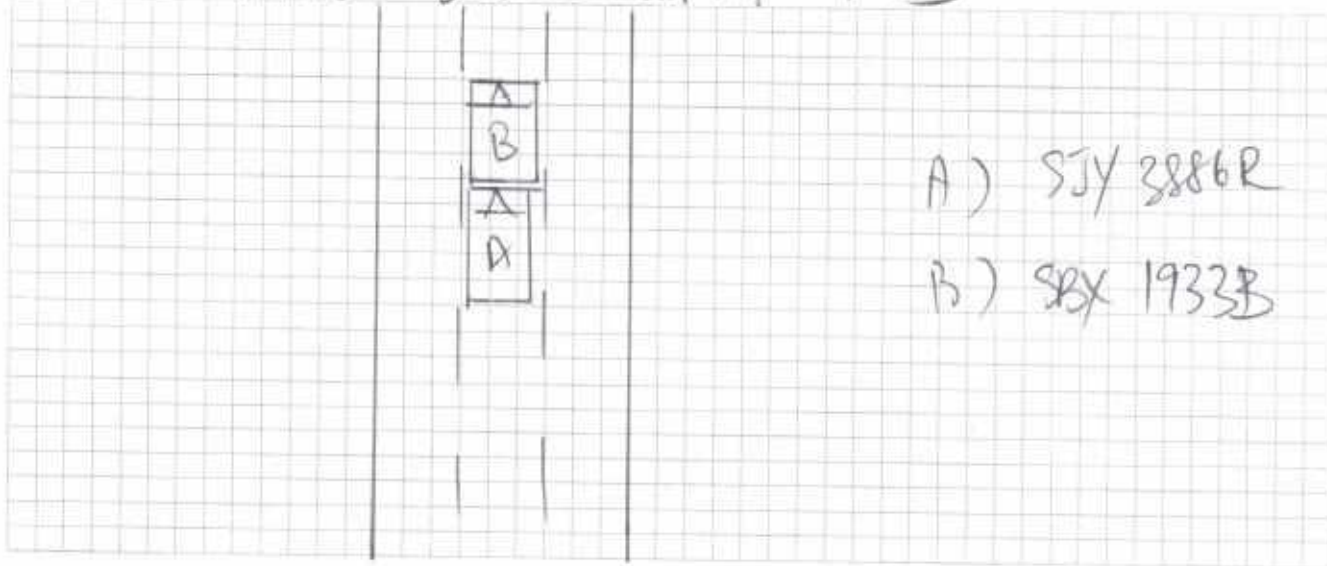
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

14/05/2019

SKETCH PLAN

ALONG BRICK NORTH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING OF THE CENTER LANE. LOOKING ON THE LEFT LANE  
 DIDNT REALISED THE FRONT CAR WAS STOPPING. LIKE 1 TO 3 SEC.  
 I ACCIDENTALLY HIT REAR OF THE FRONT CAR

DECLARATION

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



Policyholder's Signature  
 Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
 14/05/2019  
*[Handwritten Signature]*

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



Accident NT/10440A

#### Modification History

Claim 801 New

Claim Type *	CO-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured WVIC	201709216H	
Contact No (Mobile)		Contact No.		Contact No. (Office)	88403444	
		OT (Home)		TP (Office)		
Email Address		Vehicle Number	SV73886R	Vehicle Number	88X1932B	
Claim Description	SV73886R / 8841932B ON 8 May 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at fault			
Reported No. Finalisation	Yes	Insureds Repair Option	Preferred Workshop, Name unknown	GIA report	Pending	
Date Registered				Claim Close Date	14/05/2019 11:34	
Report Taken By				Date Received	14/05/2019 00:00	

Print All letters

Save Submit

Attachment 8

Accident No.	HT/1044404	Claim No.	051
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2019 11:41
Path :			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Choose File</a> : No file chosen			
<a href="#">Message Read</a>			
<a href="#">ATTACHMENT LIST</a>			

	Category *	Confidential	Urgency *	Description *
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	
<a href="#">Clear</a>	Please Select ▼	NO ▼	Normal ▼	

[Send Message](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH); on 14 May 2019 11:41	SAS	Normal	SAS 2019-5-14	
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH); on 14 May 2019 11:34	Photos	Normal	Photos 2019-5-14	



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

Photos

Normal

Photos 2019-5-14

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

Photos

Normal

Photos 2019-5-14

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

Photos

Normal

Photos 2019-5-14

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

Photos

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

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Photos

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Photos 2019-5-14

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

Photos

Normal

Photos 2019-5-14

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 11:34

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-5-14

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

Colo Shrimp

## ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 05 / 2019) (DD/MM/YYYY), TIME: (09 : 42) (HH:MM)

LOCATION: BEDOK NORTH ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 3886R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: S107309263  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA FIT  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USED  
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: SES AUTO HOLDING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MOHAMAD TAWFIQ BIN MOHAMAD FARUZ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9348800H CONTACT: 84032597  
c) ADDRESS: BLK 534, BEDOK NORTH ST 3

\* d) DATE OF BIRTH: (31 / 12 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29 DEC 2015

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)  
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: SBX19338 MODEL: MERCEDES  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9180 0670

### 9. THIRD PARTY VEHICLE

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

Email = TAWFIQ\_ARAB@HOTMAIL.COM

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9348800H



Name  
MOHAMAD TAWFIQ BIN MOHAMAD FAIRUZ

Race  
BOYANESE

Date of birth  
31-12-1993

Country/Place of birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9348800H

Name  
MOHAMAD TAWFIQ BIN MOHAMAD FAIRUZ

Birth Date 31 Dec 1993

Issue Date 04 Apr 2016




002553880F

5843325



SPIC No: S9348800H

84032597

Date of issue  
07-12-2017

Address  
APT BLK 534 BEDOK NORTH STREET 3  
#02-838  
SINGAPORE 460534




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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 29 Dec 2015

NP 428A

License No: S9348800H



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="08/05/2019 11:21"/>
Vehicle No. (For Motor)	<input type="text" value="SJY3886R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S107309263		SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPC	Third Party	SJY3886R	SJY3886R	29/01/2019	27/08/2019