

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MANA19093998

Date In: 20/2/14-20.11	Job description	Date & Time Completed	Done by
Ref No: 14/19219012920/24	SAS e-filing		
Veh No: JM142MAX	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/2/14-11.42	i-Motor Claim Form		
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: JUA 802VP

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: ()

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

Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*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: Idao 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 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	22/07/2019 20:11
Date Of Accident	20/07/2019 11:40
Exact Location Of Accident	JUNC UPP THOMSON RD & WINDSOR PARK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH2247X
Insured/Policyholder	
Name Of Registered Owner	NORLESTARI BINTE MOHAMED
NRIC No	S7939739C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96887365
Alternative Phone No	OFFICE-96887365
Vehicle Particulars	
Manufacturer	PORSCHE
Model	MACAN 2.0 A/T ABS D/AIRBAG AWD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1905571900
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN ADENAN
NRIC No	S8740609A
Date Of Birth	10/12/1987
Occupation	INDOOR
Date Of Driving Pass	26/04/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92361561
Fax Number	
Contact Number	OFFICE-92361561
EMail Address	NOEMAIL

Address	19 FERNVALE LANE #14-22
Postcode	797499
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : NORLESTARI BINTE MOHAMED GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190720/7015.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH8002P
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)

2

Passenger 1

NAME: :

GENDER: :


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

Vehicle A: SMH2447X

Vehicle B: SCH8002P

Windsor Park Rd

[ESSO]

Upper Thomson Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SMH2447X,
was travelling straight along the stated venue. suddenly, vehicle
B, SCH8002P, came out of the minor road and cut into
my lane abruptly, thus causing collision on my vehicle's
front left portion.

My passenger: Norlestari Binte Mohamed
879397396

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 07 / 2019 (DD/MM/YYYY). TIME: 11:38 (HH:MM)

LOCATION: Along Lpp. Thomson Road, junction of Windsor Park Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 2247X
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN1905571900
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Porsche Macan
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Norlestan Binte Mohamed (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7939739C CONTACT: 9688 7365
 c) ADDRESS: 19 Fernvale Lane, The Topians #14-22
87917499

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Farhan Bin Aderan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6740609A CONTACT: 9236 1561
 c) ADDRESS: 19 Fernvale Lane, The Topians #14-22
87917499

* d) DATE OF BIRTH: 10 / 12 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: AMK DIN HQ.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SCH 0002P MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No. of passenger

(Including driver)

(02)

female passenger

No. of passenger

(Including driver)

(02)

male driver

female passenger

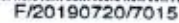
No. of passenger

(Including driver)

()

Email =

fax =



POLICE REPORT (NP299)

Report No. F/20190720/7015

Date/Time Report Made 20/07/2019 13:20	Vide Report No.	Station Diary No.		
Name Of Informant MUHAMMAD FARHAN BIN ADENAN	Address 19 FERNVALE LANE #14-22 SINGAPORE 797499			
ID Type / ID No. NRIC NO / S8740609A	Contact No. Home/Office: Mobile:	92361561		
Nationality SINGAPORE CITIZEN	Email Address farhan.adenan@gmail.com			
Occupation Self-employed	Sex Male	Age 31	Date of Birth 10/12/1987	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 20/07/2019 11:35 - 20/07/2019 11:40	Location Of Incident 19 FERNVALE LANE #14-22 SINGAPORE 797499			

I was driving along upper thomson road and noticed a dark bmw car suddenly swerve in from a small road. As I was on the extreme lane, I assumed he would turn in to either the first lane or second lane. He did not signal his intentions to cut 3 lanes at one go. When I saw that he he cut into the lane, I immediately applied emergency brakes. But hit the rear area of S0485992H). His contact number is 96655321. I have a video of the incident as well here: <https://drive.google.com/file/d/1OoKPw9-yHNtaP-EBjEtBRllfLSsTOCXz/view?usp=sharing>

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190720/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190720/7015

Victim			
Person Name	MUHAMMAD FARHAN BIN ADENAN		
ID Type	NRIC NO	ID No	S8740609A
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Self-employed	Address Type	
Address	19 FERNVALE LANE #14-22 SINGAPORE 797499	Mobile No	92361561
Is Informant A Victim?	Yes		
Person Name	Norlestari Mohamed		
ID Type	NRIC NO	ID No	S7939739C
Gender	Female	Age	39
Race	Malay	Language	English
Occupation	Cabin attendant/steward	Address	19 Fernvale Lane #14-22 The Toplary SINGAPORE 797499
Mobile No	96887365	Relation To Informant	wife
Person Name	MUHAMMAD FARHAN BIN ADENAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

20/07/2019 13:20

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8740609A**

Name:

MUHAMMAD FARHAN BIN ADENAN



Birth Date: **10 Dec 1987**

Issue Date: **26 Apr 2011** Only



001958790A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8740609A**



Name

MUHAMMAD FARHAN BIN ADENAN



محمد فرحان بن عدنان

Race

MALAY

For LKK/NAC Use Only

Date of birth

10-12-1987

Sex

M



Country/Place of birth

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 26 Apr 2011

For LKK/NAC Use Only

Licence No: S8740609A

NP 428A

5941647



NRIC No. S8740609A



For LKK/NAC Use Only

Date of Issue

21-05-2018

Address

19 FERNVALE LANE
#14-22
SINGAPORE 797499

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type: C
PLM 325160
ORIGINAL

CERTIFICATE No.

DMPCSN1905571900

Engine No :095685

ChaNo:WP1ZZ2952FLB17569

1. Index Mark and Registration
Number of Vehicle

SMH2247X

2. Name of Policy Holder

NORLESTARI BINTE MOKAMED

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30 January 2019
(14:19 Hours)

Named Drivers Ex Sect. I S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : OCBC BANK LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory