	e Services.		MN1919167873	T	
Date In: 11 11/19 - 10:57	Job description	on	Date & Time Completed	Don	ie py
Rei No: Haline 140 24 14	SAS e-filing	3		!	
Veh No: 53W92137	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A: 12/19-06:05	i-Motor Cla	im Form	m/1076667-001	21/12/19	11:05
OD / TP Reporting Only	i-Motor W/	O (Within: OD 2hr:			
TP Insurer:		Survey Report			
Transdres.	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh NoSJE3	mony	INC ()/Non-INC()	AN	3
Owner / Driver: (The season of the	Tel:)) ((1)
Policy No: () Per	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES (77.00)		
Excess: (\$) Loading: \$1,00	00 ()/\$2,000		·	2-2-0-2-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	
General Remarks:	"H.S.S. CORNET PORTS AND PROCE	RESERVATION VINCA	NEW SECTION AND SECTION	2755 F. C.	-
() W. H. J. C.					-
() Walk-In Customer : Customer's infor		infidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.		, Total (1995)		
Drive-In ()/ Towed-In (); Invoice:	YES () / 1	NO(); To	owing Co: ()
Remarks: (INC hotline: 6788 6616)		n Colonya ana	,	POWER STATE	(Jerman
Translation of the second of t		C1000-M100-00000000-Mile - G0-M1000 G00400-0	Pate Polisies Commisted	Committee of the second	V 3221
	ourteen Cor (North Control of the	Date&Torne Completed	Done	by
Apply for Transport Allowance ()/Co	ourtesy Car ()	Date&Time Complered	Done	by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date&Time Completed	Done	sby
Apply for Transport Allowance ()/Co	()))	Date&Time Completed	Done	Sph
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date&Time Completed	Done	Sphy
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date&Time Completed	Done	Sph
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	7-	Done	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	7-		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	7-		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	7-		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	7-		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()	7-		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(Invoice Prep	7-	Ant (S)	Amt (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(1) AR : Accident F	aration Checklist.	Ant (S)	Amt (3
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions	(1) AR : Accident F 2) DA : Damage A	aration Checklist keporting (\$30); ssessment (\$100); INC (\$20)	Ant (S) (Ist Bill	Amt (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions	(1) AR : Accident F 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-The	aration Checklist. Reporting (\$30); ssessment (\$100); INC (\$150); sough Survey	Ant (S)	Amt (3
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamant's Particulars:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	aration Checklist. Reporting (\$30); ssessment (\$100); INC (\$20); sungh Survey ough Survey (Resurvey)	Ant (S) fst Bill 80) 0/\$45 \$120 \$30	Amt (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamant's Particulars: iver/Owner:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	aration Checklist teporting (\$30); ssessment (\$100); INC (\$100); INC (\$100); such Survey ough Survey (Resurvey) sinst JNC Only (wef 10 Jan 200)	Ant (S) fst Bill 80) 0/\$45 \$120 \$30	Amt (3
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamant's Particulars: iver/Owner:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA +	aration Checklist (eporting (\$30); ssessment (\$100); INC (\$100); supply (\$100); INC (\$100); supply (\$100); sup	Amt*(\$) fix Bill 80) 0/\$45 \$120 \$30 6)	Amt (3
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions alimant's Particulars: iver/Owner: intact No: imaged Portion:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti	aration Checklist (eporting (\$30); ssessment (\$100); INC (\$100); supply (\$100); INC (\$100); supply (\$100); sup	Amt (\$) fit Bill 80) 0/\$45 \$120 \$30)) \$75	Amt (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Laimant's Particulars: iver/Owner: ontact No: maged Portion:	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C	aration Checklist keporting (\$30); ssessment (\$100); INC (\$100); INC (\$100); sugh Survey ough Survey (Resurvey) sinst JNC Only (wef 10 Jan 200) on SMRT Survey al Services:- Car / Tpt Allowance	Ant (S) fit Bill 80) 0/345 \$120 \$30 5) \$75 \$160	Amt (3
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Laimant's Particulars: inter/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fet 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 3) NTUC Addition OD* *N5: Courtesy C *N6: Repair Ca-	aration Checklist keporting (\$30); ssessment (\$100); INC (\$20); sough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) on SMRT Survey al Services: Car / Tpt Allowance ordination	Amt*(S) fit Bill 80) 0/\$45 \$120 \$39 5) \$75 \$160	Ami (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fet 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	aration Checklist teporting (\$30); ssessment (\$100); INC (\$20); sough Survey ough Survey (Resurvey) sinst JNC Only (wef 10 Jan 200); son SMRT Survey al Services: Car / Tpt Allowance ordination r Inspection ct Excess Coordination	Ant (S) fit Bill 80) 0/345 \$120 \$30 5) \$75 \$160	Amt (\$
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP (1)	aration Checklist keporting (\$30); ssessment (\$100); INC (\$100); INC (\$100); supply (\$100); INC (\$100); start (\$100); start (\$100); INC (\$100); start (\$100); start (\$100); INC (\$100); start (\$100); I	Amt*(\$) fix Bill 80) 6/\$45 \$120 \$30 \$) \$75 \$160 \$55 \$510 \$25 \$53 \$520	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions Laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fet 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	aration Checklist keporting (\$30); ssessment (\$100); INC (\$100); INC (\$100); supply (\$100); INC (\$100); start (\$100); start (\$100); INC (\$100); start (\$100); start (\$100); INC (\$100); start (\$100); I	30) 375 3160 35 310 325 330 30)	Amt (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.
- 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	21/12/2019 10:51
Date Of Accident	12/12/2019 06:05
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9217T
Insured/Policyholder	
Name Of Registered Owner	FARID DAWOOD
Co Reg No	5XXXX101K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112029898
Cover Note Number	
Driver	
Name of Driver	MOHAMED FARID BIN MOHD DAWOOD
NRIC No	SXXXX264I
Date Of Birth	09/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718901
Face Klose base	

OFFICE-92718901

NOEMAIL

Address BLK 125 BEDOK RESERVOIR ROAD

#01-1069

Postcode 470125

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 Registration Number of Drivers Own Vehicle

B

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

ambulance?

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

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? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

ILL NO. 1000-4439999 - FAX NO. 02444370

Circumstances of Accident

REFER TO POLICE REPORT - T/20191213/2097.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJE3022Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

DETAILS OF INJURED PERSON 1

Name MOHAMED FARID BIN MOHD DAWOOD

Approximate Age

Injuries Sustain NECK, KNEE & BACK

Injured person in which vehicle?

SJW9217T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLA

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or (11)

For complying with requirements under my regulations, laws or court orders.

FARID DAWOOD Co Reg No: 53352101K

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	-
—————————————————————————————————————	

DECLARATION

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

FARID DAWOOD Co Reg No: 53352101K

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

n---

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	ACCIDENT DETAILS	A LANCE OF THE PERSON NAMED IN COLUMN
Time of accident	6:05 am	(DD/MM/YY)
Exact location of accident	0 · 03 awr	(HH:MM)
Exact location of accident	Yio Chu Kang Road.	

A CONTRACTOR OF THE PARTY OF TH		DETAILS O	VEHICLE	ALL PARTY BANK	O THE BUT OF THE SECOND	ar de la company
Vehicle registration number	271			ASSESSMENT AND ADDRESS	n + 11d; 542 // (1/0): 1/10	S SEWING
Vehicle make and model		issan La				
Type of vehicle	Saloon E	MPV D	CR\	′□ Vai	7-=01	
Vehicle category	Private		ercial 🗆	Motorcy	Others:	
Purpose of using at said time		COMMI	crcial L	MOTORC	ycie 🗆	01555
Are you claiming under your own insurance company?	Yes Third part	No-d		ease select:	20	

"国共和国共和国的基础的工作。1905年1	INSURANCE IN	FORMATION	
Insurance company	NTUC	tion had been been bring by	AND AND SERVICE OF THE SERVICE OF TH
Policy number	511202989	8	
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER		THE PERMIT
Name	Farid Dawood	Male 🗆	Female
NRIC / Fin / Passport number		Ividic D	remale [
Contact			
Address			Carried Street

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Molarisod Farial Plan in 1 2					
NRIC / Fin / Passport number	S90012641 Female					
Contact	9271 8901					
Address	BIK 125 BEDOK RESEVVUIV ROAD #01-1069 S(470125)					
Email address						
Date of birth	09/01/1990					
Occupation	Indoor Outdoor					
Driving date pass	14 1 08 1 2008					

建设的国际特别	GENERAL	L INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆	No Ø
the insured's company?	If no, rel	elationship of the driver and insured: Owner.
Accident captured by camera?	Yes 🗆	Nod
Weather condition	Clear 🗆	Raining Others:
Road surface	Dry 🗆	Weter
No of passenger	1	/Inclusive of deine
		(Inclusive of drive
美国共享的	No District Control	PASSENGER 1
Name		
Gender	Male 🗆	Female
Transfer little of the second	學主要	PASSENGER 2
Name		
Gender	Male 🗆	Female D
	the same transfer	
BH SEPARATE SERVICE		PASSENGER 3
Name		
Gender	Male 🗆	Female
自然。在10世纪2016年,10年4月2	E THE SH	PASSENGER 4
Name		
Gender	Male 🗆	Female
建设的运动性的		PASSENGER 5
Name		
Gender	Male 🗆	Female p
建筑建筑建筑地域。	10-10-10-10-10-10-10-10-10-10-10-10-10-1	PASSENGER 6
Name	A STATE OF THE PARTY OF THE PAR	
Gender	Male 🗆	Female
图	O	OTHER INFORMATION
Vas anybody injured?		No 🗆
		No 🗆
经过了一个工作的	DETAILS	OF POLICE STATION ACTION
eported to police?		No If yes, please state which police station.
olice station name		1997 predate writeri police station.
STORY OF THE PARTY	The state of	WITNESS 1
ame	**************************************	
With Broken places of the	海 (海)	WITNESS 2
ame		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJE 30227
Vehicle make model	0.0000000000000000000000000000000000000
Name	
NRIC / Fin / Passport number	
Contact	
一位,这种人的一种人的一种	THIRD PARTY VEHICLE 2
Vehicle registration number	THIND PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The second secon	THIRD PARTY VEHICLE 3
Vehicle registration number	TIME PARTI VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

THIRD PARTY VEHICLE 5

THIRD PARTY VEHICLE 6

THIRD PARTY VEHICLE 7

Vehicle registration number

NRIC / Fin / Passport number

Vehicle registration number

NRIC / Fin / Passport number

Vehicle registration number

NRIC / Fin / Passport number

Vehicle registration number

NRIC / Fin / Passport number

Vehicle make model

Vehicle make model

Vehicle make model

Vehicle make model

Name

Contact

Name

Contact

Name

Contact

Name

Contact

A STATE OF THE STA	特祖神 神	INJURED PERSON 1
Name	Moha	amed Farid Bin Mohol
Injuries sustained		K, Knee . & Back
Which vehicle person in?		iver.
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	Nop
Name	NEW YORK OF THE PARTY OF	INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
Attack Expenses The American	HE TO SEE	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Vest	No 5

Name	STATE PARTY	INJURED PERSON 3	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20191213/2097

Police Station Of Origin. Euros NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made

Vide Report No.:

Station Diary No.:

22

13/12/2019 15:57			22					
Informa	nt's Partic	ulars						
Name of Informant: MOHAMED FARID BIN MOHD DAWOOD			Address: APT BLK 125 BEDOK RESERVOIR ROAD #01-1069 SINGAPORE 470125					
ID Type / ID No.: NRIC NO / S9001264I			Contact No.: Home/Office:	Mobile: 92718901				
Nationality: SINGAPORE CITIZEN			Email:					
Sex. Male	Age:	Date of Birth: 09/01/1990	Type of Informant: Driver					
Race:			Language	Institution / School Name:				
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:					

Type of Accident	Injury Attended by Police	Drink Date/Time of Drive Accident: No 12/12/2019 06.		Type of Location Straight Road	
Location: Along Road 1 YIO CHU KAN TOWARDS HO	IG ROAD OUGANG AREA		9		
Weather: Orizzling	14	Road Surface: Wet		Road Speed Limit	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collisi Between Movi	on: ng Venicles - Head To Ri	ear	1	Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJE3022Y	Car	MAZDA		Brown	Slightly Damaged	2
SJW9217T	Car	NISSAN	LATIO	Silver	Seriously Damaged	0

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





2 of 3

Report No. T/20191213/2097

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No. 1800-4439999

CONTINUATION OF REPORT

Driver				
Name	YEO HE GIN BRYAN		ID No.	S9639888C
Related Vehicle	SJE3022Y (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	1116		harge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	
Driver				00004004
Name	MOHAMED FARID BIN MOHD DA	WOOD	ID No.	\$90012641
Related Vehicle	SJW9217T (Car)		Contact No.	92718901
Hospital/Clinic	SENGKANG GENERAL HOSPITA	L PTE.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2019	Date Disc	harge 12/1.	
1000000	ted Medical Leave 04	Degree of	Injury Serie	ous

Brief Details.

On 12/12/2019, at about 0605hours, I was driving my vehicle SJW9217T along Yio Chu Kang Road towards Hougang area on the middle lane out of 3 lanes. I was driving at a speed of about 40-50km/h. however suddenly out of nowhere I felt an impact from the rear of my vehicle. Due to the impact, my body was thrown forward and I became unconscious for about 5 seconds. After I regain consciousness, I managed to stop my vehicle and I discovered a vehicle SJE3022Y had collided onto the rear of my vehicle. After the collision. I felt pain on my right knee, lower back and neck. The driver of SJE3022Y had stopped his vehicle too and asked me if I am okay, and I told him that I will be calling for police and ambulance as I am in pain. I did not observed any visible injures on the driver of SJE3022Y. After the accident, the rear portion of my vehicle and the front portion of vehicle SJE3022Y was damaged. Afterwards Traffic Police and ambulance came over to assist us, and I was conveyed to Sengkang General hospital and discharged on the same day at night, and I was given 4 days of hospitalization leave.

I would like to state that I do not have an in-car camera inside my vehicle.





019121012001

3 of 3 Report No. T/20191213/2097

Police Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

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 3 LEE WEI LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time 13/12/2019 15 57
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No 65476247	Classification Of Case:
Authentication Stamp	

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident	[1	2/12/2019 0	6:05	
	Vehicle	No.(For Motor)	SJW921	7T		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112029898		FARID DAWOOD	53352101K	GPC	drivo CLASSIC	SJW9217T	SJW9217T	20/08/2019	27/04/2020
					· C	continue					

Sequen	ce Date of Endorsemen	t E	ndorsement	Туре	End	orsement :	Status	Endorsement Content
	ements							
Insured	1 Object: SJW9217T							
Jnit No.	01-1069	Relate Numbe	d Policy	5112029898				
Address 4	SINGAPORE 470125		s Type	Singapore ad	dress	F	ost Code	470125
Address 1	BLK 125 #01-1069	Addres	s 2	BEDOK RESE	RVOIR ROA	AD A	ddress 3	EUNOS SPRING
→ Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
Co- nsurance lag	No							
Agent	AUTOSHIELD PTE, LTD,	Agent Tel.	63850777		GS	T Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500				Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0					
Third Party Excess	1500	Own damage Excess	2000			ndscreen cess	100	
Excess Type	Per Accident	All Claims Excess						
Policy Issue Date	20/08/2019	Effective Date	20/08/201	00:00	Ex	piry Date	27/04/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan				oup licy Flag	N	
Address	BLK 125 #01-1069 BEDOK RES	ERVOIR ROAD	EUNOS SPR	ING SINGAPOR	RE 470125			
Certificate No.		ALTRODO.						
Policy No.	5112029898	Policyholder Name	FARID DAY	(00D	Pol NR	licyholder	53352101K	

Claim Handling								
Accident MT/1076687								
Policy No.	5112029898	Vehicle No.		57W9217	7		GST Registration No.	
Certificate No.								
Policyholder Name	FARSD DAWOOD						Policyholder NRIC	53352101K
Product Code	PRIVATE CAR INSURANCE	Cover Type		drive CLA	ssic		Loading	0
Contact No. (Mobile)	0	Contact No.(Office).	0			Contact No. (Home)	0
Email Appress	9200 mag	Special Remark					eCode	District Control
KPK	No ○ Yes	TCA		® No ○	Yes		eCode Reason	
NCO Protection	No	NCD Entitlement(%	b]	10			Private Hire	Yes
 Accident Details 								
Report Date	21/12/2019 11:03	Accident Report W	ithin 24 hm	Yes			Accident Type	Collision - Head to Rear
Date of Accident	12/12/2019	Time of Accident h	name	06:05			Country of Accident	Singapore
Reporting Centre		Orange Force					JCM No.	
Accident Location	YIO CHU KANG RD							
→ Yotal Excess Applicable								
Excess Type	Per Accident	Windscreen Excess			100.00			
OD Standard Excess	2,000.00	TP Standard Excess			1,500.00			
YIED OD Excess	0.00	VIED TP Excuse			8593694		Driver is Covered?	
Additional Excess	0							
Total OO Excess Applicable	2000.00	Total TP Excess Ap	olicable					
♥ Benefits			20110-2					
♥ GST Registered Inform	ation							
GST Registered	No			GS	T Registration Date			
GST Registration No.				GS	T Status Verified		Yes	
Modification History	21/12/2019 11:05:09 Syst	em changed GST Status	Verified from	No to Yes				
→ Policyholder Mailing Ad		200000000000000000000000000000000000000						
Address 1	BLK 125 #01-1069	Address 2			SERVOIR ROAD		Address 3	EUNOS SPRING
Address 4	SINGAPORE 470125	Address Type		Singapore			Post Code	470125
Unit No.	01-1069	Related Policy Num	ner .	51120296	96			
OI Driver Info	Water and the same of the same				-01.703			
Driver Name Unnamed driver Name	Unnamed Driver MOHAMED FARSD BIN MOHD DX	Driver Type Driver NRIC		Unnamed :			D D-00	8800000000
Register Date of Oniver License				5xxxx2641			Driver DOB	09/01/1990
Contact No.(Mobile)	92718901	Driver Age		29			Driving Experience	11
Address 1	BUK 125	Contact No. (Office) Address 2		0	SERVOR ROAD		Contact No.(Home) Address 3	0 EUNOS SPRING
Address 4	SINGAPORE 470125	Address Type		Singapore			Post Code	470125
Unit No.	01-1069	made ess Type		an gapore	ocuress :		Post Code	4/01/25
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer Company	
Registered car?	XXXXXXXXXX	Divide Variable Name					sower master company	
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?		® Yes ()	No.			
econog co	2015	901000080000						
Modification History								
Claim 001 New								
- Earling Co.								
	Too his Too	12/30/10/10/20			1222			
Claim Type. *	00-Mx	Insured Name		FARID DAI	WOOD		Insured NRIC	53352101K
Contact No. (Mobile)	NIL	Contact No.(Home)					Contact No. (Office)	
Email Address Claimant Type Claimant Type •	Please Select	OI Vehicle Number		5JW9217T	and the second second		TP Vehicle Number	SJE3022Y
Claimant Name •	The state of the s	Type of Benefit * Clamant NRIC *		Please Sel	ect 🔻			
Claimant Address	>>	Continue resid				-		
Claim Description	SJW9217T / SIE3022Y DN 12 Dec 2019						Name of Preferred Worksho	
Preferred Workshop Contact	7 20 12 02 02 02 02 02 02 02 02 02 02 02 02 02	Insured Liability *	9	Not at Fau	ii 🔻		THE PERSON NAMED IN COLUMN	
No.	Was State						24/10/00	
Require Finalisation	Yes	Preferend Repair D	option	Preferred	Workshop, Name unknown	V	GIA report	Received
Date Registered	21/12/2019 11:05	Owim Close Date					Date Received	21/12/2019 00:00
Report Taken By	Jackson							
Print AK letter								
			5	leve Sub	mit			
Attachment				and and a				
7								
Accident No.	MT/1076687	Claim N	40.		001			
Last Doc, Received	● Yes ○ No	Upload	Date		21/12/2019 11:06			
	Path *				Category *		Confidential Urg	ency * Description *
			Browse	Clear	Please Select	V	Norma	
			Browse	C. I. C. C.	Please Select	-		il i
			Browse		Please Select	¥	100000	
			Browse		Please Select	¥		
			Browse	1	Please Select	v		3000
				1 Injure	The state of the s	-	Norma	

