

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MUA1200922

Date In: 3/1/20-19:10	Job description	Date & Time Completed	Done by
Ref No: 14/INC2012014/24	SAS e-filing		
Veh No: 5V612507	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 2/1/20-11:42	i-Motor Claim Form	27/11/08 9:22-201	3/1/20 19:36
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: J407886C	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:	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

<p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Ant (\$)</p> <p>Int Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			



## 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	03/11/2020 19:10
Date Of Accident	02/11/2020 11:40
Exact Location Of Accident	TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1250J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	2XXXXX362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5112484657-01
Cover Note Number	

### Driver

Name of Driver	MUHAMAD SYAFIQ BIN MOHD SIDIN
NRIC No	SXXXX573B
Date Of Birth	24/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525124
Fax Number	
Contact Number	OFFICE-94525124
Email Address	NOEMAIL

Address	BLK 149 SILAT AVENUE #05-58
Postcode	160149
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 - CHANGE/CROSS LANE
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?	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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - A/20201102/7024.

#### 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	SHC8786C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI SOO SENG
NRIC/Passport Number	SXXXX471Z
Contact Number	97619021
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMAD SYAFIQ BIN MOHD SIDIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLG1250J

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.

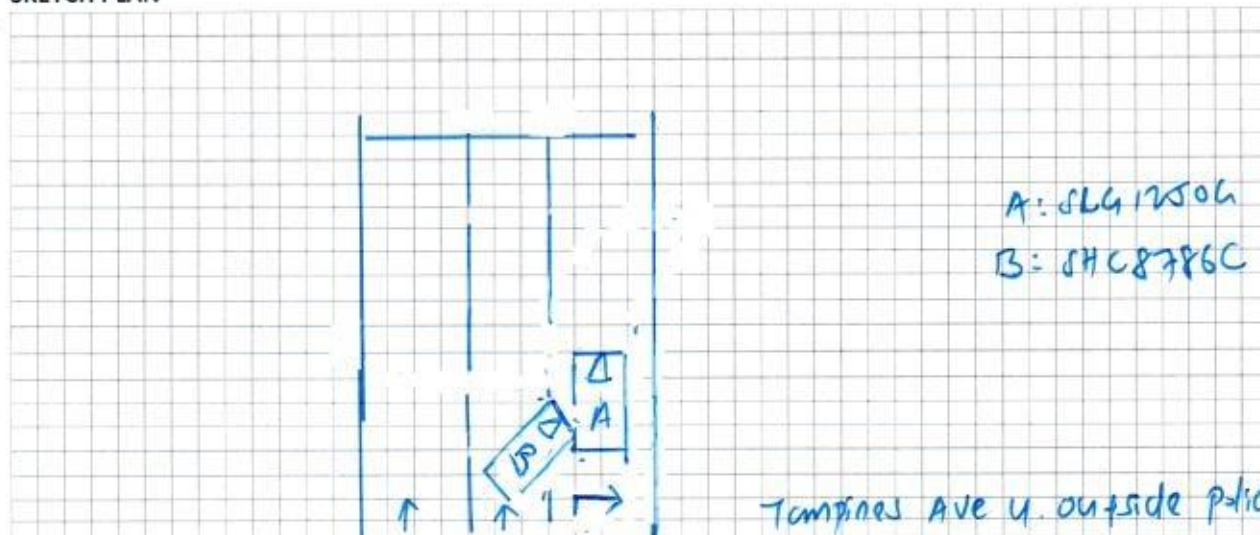
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## 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:

*[Handwritten signature]*

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

*[Handwritten signature]*



## ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 11 / 20 ) (DD/MM/YYYY), TIME: ( 11 : 40 ) (HH:MM)

LOCATION: Tempines Ave 4.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SV412504  
b) INSURANCE COMPANY: NITJO  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91449265  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91525124  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: Hirer

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 687860 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Lai So Seng  
c) NRIC/FIN/PASSPORT: 018124712 CONTACT: 97619021

### 9. THIRD PARTY VEHICLE

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

Email =

fax =

video =



# SINGAPORE POLICE FORCE



A/20201102/7024

1 of 3

**POLICE REPORT (NP299)**

Report No. A/20201102/7024

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 02/11/2020 16:08	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMAD SYAFIQ BIN MOHD SIDIN	Address 149 SILAT AVENUE #05-58 SINGAPORE 160149			
ID Type / ID No. NRIC NO / S9517573B	Contact No. Home/Office:	Mobile: 94525124		
Nationality SINGAPORE CITIZEN	Email Address MOHAMAD SYAFIQ@YAHOO.COM.SG			
Occupation Self-employed, GRAB driver	Sex Male	Age 25	Date of Birth 24/05/1995	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 02/11/2020 11:45 - 02/11/2020 12:15	Location Of Incident 149 SILAT AVENUE #05-58 SINGAPORE 160149			

**Brief details.**

I driving my way to Blk 916 Tampines St 91 to pick up my girlfriend tonsend her to school. I drove from home at Blk 149 Silat Avenue, took the CTE highway, into PIE(Changi) and exited at Bedok North Ave 3. Travelling along Bedok Reservoir into Tampines Ave 4. Just as I got on to Tampines Ave 4, which is outside of Tampines NPC, I have to make a right turn at the junction into Tampines St 91. I was on the right filter lane and as shown on the traffic light, it is a red light and a green right arrow. There were no cars in front or behind me. A blue comfort delgro taxi, SHC8786C, suddenly came out from the centre lane and hit my left rear door. I did not see the taxi from the centre lane only until the taxi came out of the centre lane which by then, was too late for me to stop or avoid the collision. We exchanged particulars

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2020 16:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201102/7024

and took pictures of the damages and taxi uncle claimed that he did not see me on the right and I have a recording of that. The taxi uncle chose to make a report. So, I called my car rental company, Blaze Motoring, to inform of the accident and was told to head down to the workshop. I passed them my car camera's SSD memory card which shows the accident taking place. I was told to head to the doctor as I felt a strain on my neck and feeling light headed and then make a police report. Attachments would be the vehicle damages.

Taxi Company: Blue Comfort Delgro, SHC8786C

Taxi driver:

Name: Lai Soo Seng

I/C: S0812471Z

Mobile: 97619021

Subjects Involved			
Victim			
Person Name	MOHAMAD SYAFIQ BIN MOHD SIDIN		
ID Type	NRIC NO	ID No	S9517573B
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Self-employed, GRAB driver	Address	149 SILAT AVENUE #05-58 SINGAPORE 160149
Mobile No	94525124	Is Informant A Victim?	Yes

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:

02/11/2020 16:08

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20201102/7024

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. A/20201102/7024

Person Name	MOHAMAD SYAFIQ BIN MOHD SIDIN (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2020 16:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	