

Acc. Rec. By: Steve

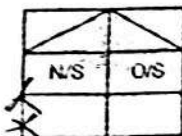
REF: C53/FC120912217/E443

ASSIGNMENT

From: PRS Date: _____
 Estimated Cost: _____
OO / TR / WS / TP RES / OO RES / EVA / INV / MY
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Rat. or Market Value: _____

DAC Accident Report: _____ Consistent? : Yes or No

GIA / PR. Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Sum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG 1250J Yr Regn: 21/9/16
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda 3 c.c. 1496
 Colour: Grey A/C: Insured / Std / NI / N
 Sp Reading: 243575 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: JM6BM42A8G0346231
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Premio
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 2/11/20 D.O.I. 9/11/20
 Survey held at Neo Automotive
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV-SIK

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Pop. Form:

Printed Name / I.E. I.E.

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
Insured/Policyholder
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 -
 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 ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2240000 - FAX NO: 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

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

Accident Sketch Plan

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 Authorized 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 cancel 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.



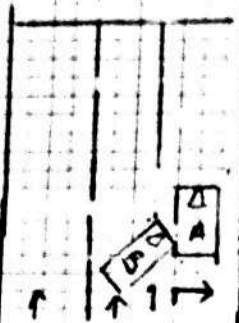
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A: 5L612506
B: 8H68786C

Tumpnes Ave U. outside police station

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



A/20201102/7024

1 of 3

POLICE REPORT (NP299)

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

Report No. A/20201102/7024

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

I driving my way to Blk 916 Tampines St 91 to pick up my girlfriend to send 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: <u>02/11/2020 16:08</u>
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP200)

CONTINUATION OF REPORT



A/20201102/1024

2 of 3

Report No. A/20201102/1024

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

IC: S0812471Z

Mobile: 97619021

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:

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:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



A/20201102/7024

3 of 3

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 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: