

# NATION 17 Assessment Centre Services

SN0822380002

Date In: 11/03/2022 16:23	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C1722002303/4	E-mail (within 24h):		
Veh No: SMX 58942	i-Motor Claim Form		
EOA: 07/03/2022 20:50	i-Motor W/O (within 24h):		
OD: (P) Reporting Only	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: SMX 94396	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:-	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>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100): INC (\$30)</p> <p>3) TF: 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 2018)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idue DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q1:</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: Idue Mobile \$0</p>		<p>Amal (\$)</p> <p>1st Bill</p>	<p>Amal (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Receipt 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 Submission	11/03/2022 16:23 (SGT)
Date of Accident	07/03/2022 20:50 (SGT)
Exact Location of Accident	Airport Blvd., Singapore
Additional Location Information	JEWEL DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5894Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUAD-IRA
Company Reg No	XXXXX386L
Email Address	faridzuan18@yahoo.co.uk
Mobile Phone No	(Phone) +65-93379427
Alternative Phone No	+65-93379427

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007722100
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD
NRIC No	SXXXX516D

Date Of Birth .....	07/01/1996
Occupation .....	Outdoor
Date Of Driving Pass .....	01/10/2015
Driving experience .....	6 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93379427
Alt. Phone Number .....	-
Email Address .....	faridzuan18@yahoo.co.uk
Address .....	BLK 430 TAMPINES STREET 41 #04-517
Address complement .....	-
Postcode .....	520430
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20220308/2058

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN9439G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD
Gender .....	Male
Phone No .....	(Phone) +65-93379427
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX5894Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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 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 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.

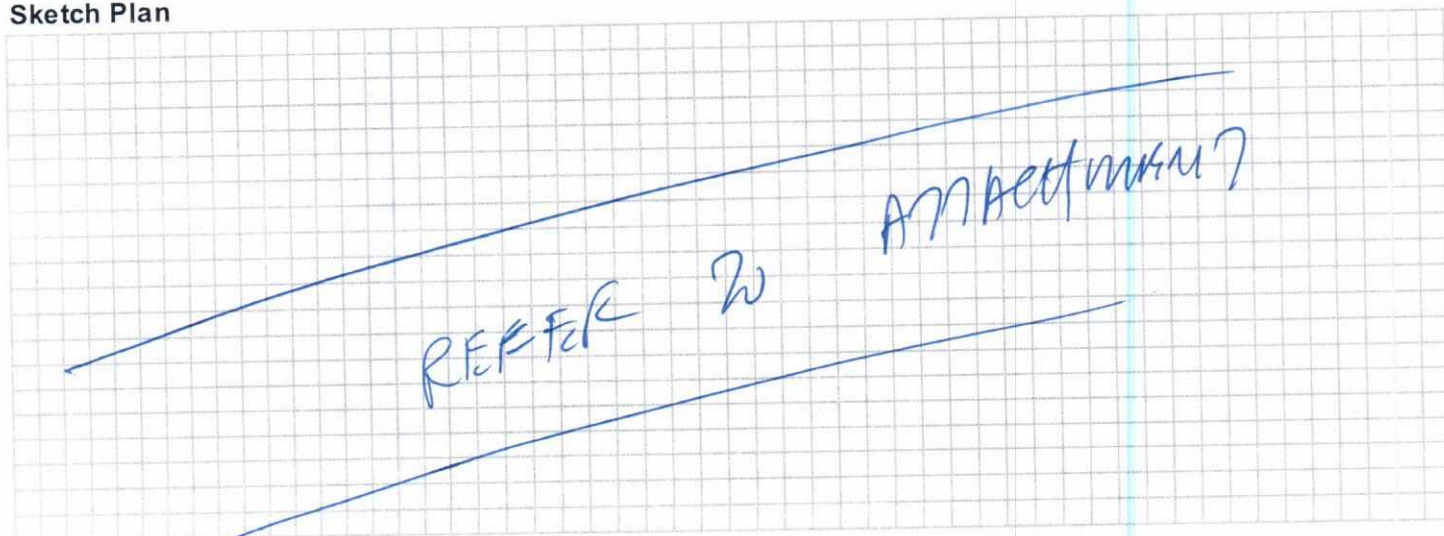


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



RE: ACCIDENT INVOLVING SMX5894Z & SMN9439G  
ALONG JEWEL CHANGI AIRPORT DROP-OFF AT   
07MAR2022/2050HRS

VEHICLE A ( SMX5894Z ) DRIVEN BY: MUHAMMAD NOOR FARIDZUAN BIN MOHD  
FUAD OF NRIC: S9600516D

VEHICLE B ( SMN9439G ) DRIVEN BY: HIT-AND-RUN OF NRIC:  
HIT-AND-RUN

PASSENGES INVOLVED: 1 PAX FOR VEHICLE A, MINIMUM 1 PAX FOR VEHICLE B

REFER TO POLICE REPORT



JEWEL CHANGI AIRPORT DROP OFF

The above statement is accurate to be best of my recollection and understand that it is an offence to falsify any information relating to the above events.

MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD



11/03/2022



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220308/2058

Declaration

We declare the foregoing particulars are true in every respect.

*Signature*

11/3/22 1540



Policyholder's Signature / Date & Time

*Signature* 11/3/22 1540

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

*Signature* 11/03/2022  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20220308/2058

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3  
Report No. T/20220308/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2022 15:35	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD NOOR FARIDZUAN BIN MOHD FUAD			Address: APT BLK 430 TAMPINES STREET 41 #04-517 SINGAPORE 520430		
ID Type / ID No.: NRIC NO / S9600516D			Contact No.: Home/Office: Mobile: 93379427		
Nationality: SINGAPORE CITIZEN			Email: FARIDZUAN18@YAHOO.CO.UK		
Sex: Male	Age: 26	Date of Birth: 07/01/1996	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CISCO ENFORCEMENT OFFICER			Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/03/2022 20:50	Type of Location:
Location:  AIRPORT BOULEVARD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN9439G	Car					0
SMX5894Z	Car				Slightly Damaged	0





SINGAPORE  
POLICE FORCE



T/20220308/2058

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20220308/2058

**CONTINUATION OF REPORT**

**Brief Details.**

On the above date, time and location, I was waiting in my car (SMX5894Z) at the drop-off/pick-up point of Jewel Changi Airport when suddenly, a silver grey car (SMN9439G) had hit the left rear bumper of my car. The car then reversed and subsequently left without stopping to check on me.

I wish to state that at the time of the accident there was no injury. However, on 08/03/2022 as I felt giddy from the accident, I went to Tampines Polyclinic and was given given 3 days of MC (MC NO.: GEM202287853).



**SINGAPORE  
POLICE FORCE**



T/20220308/2058

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3

Report No. T/20220308/2058

**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 2 MUHAMMAD IRFAN  
BIN MOHD HUTTA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/03/2022 15:35

Officer In Charge Of Case:  
TP / HRT /  
INSP (2) TAN CHIN YONG  
Contact No.: 65476425

Classification Of Case:

NP168



Motor Hire Car

M7407

N SN

AN3707R

Gov. Type G

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia)

CERTIFICATE No. DMHCSNW00007722100

Engine No. G4FGGU015056  
Chassis No. KMHD641CMHU333940

1. Index Mark and Registration Number of Vehicle SMX5894Z

AUTOSAFE

2. Name of Policyholder RUAD-IRA

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or enactment 29/07/2021 (14/07/01)

Excess Sect I	\$81,250.00
Excess Sect I (Outside Singapore)	\$12,500.00
Excess Sect II	\$11,250.00
Excess Sect II (Outside Singapore)	\$12,500.00
EX ON WINDSCREEN	\$100.00

4. Date of Expiry of Insurance 28/07/2022

5. Persons or Classes of Persons entitled to drive\*

Any employee or any person who is driving with the Policyholder's order or with their 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. Exclusions (excludes Loss\*)

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business
- (2) Use for social domestic pleasure purposes

The Policy does not cover:

- (1) Use for racing, pace-making, reliability trial or speed testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO. GV CREDIT PTE LTD


\* 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 KHC HOLDINGS PTE LTD  
Authorised Officer

  
Authorised Signatory

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN00223B0002 Vehicle Registration No: SMX58942  
Name (as shown in NRIC): ABUHAMMAD NOUR FARIDZUAN NRIC/FIN/Passport No: 8XXXXX5160  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 93379427  
Email Address: \_\_\_\_\_  
Date of Accident: 07/03/2022 Time of Accident: 10:50  
Place of Accident: AIRPORT BLVD (JAWA DROP OFF POINT)  
Insurance Company: CHINA MARINE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESSES TO FARIDZUAN18@YAHOO-CO.UK  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

11/03/2022  
Reporting Centre Personnel's Signature  
Name: ROLAND LINDERS  
NRIC/FIN No.: \_\_\_\_\_  
Date: