

Date In: 11/05/2018 18:17	Job description	Date & Time Completed	Done by
Ref No: NBA/TP/18008689/V	QAS e-tiling		
Veh No: GBG 8584 T	E-mail (with this, not this)		
D.O.A: 07/05/2018 09:20	1-Motor Claim Form		
OO TP / Reporting Only	1-Motor W/O (with/without this, not this)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Acc's Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: YN TR U	INC () / Non-INC ()	
Owner / Driver (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: BIL, SLAND (WO): NI 0-20%, PI 21-79%, PI 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem: () Work-in-Garage | Customer's information strictly Confidential & strictly NO refer of repeller.
 () Total Loss Case | to e-mail Insurer URGENTLY.
 Driver-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks: () IN/Box (No: 6788 6016)	Done by:
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check/Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$3000) ()	

Injury: _____
 Other Tm: _____

MANA1803014	Invoice Preparation/CHK/OK'S	Bill	W/Bill
Number of Insurers	1) ARI Accident Reporting (100)		
Driver/Owner	2) DA: Damage Assessment (100)	INC (45)	
Vehicle No:	3) TP: Towing Fee	250/12	
Insured Position:	4) PT: Follow Through Survey	110	
	5) PT: Follow Through Survey (Resurvey)	275	
	6) TR: Bill Rep/Dev	133	
	7) NI: Ins DA + SMRT Survey	110	
	8) NTUC Additional Bill (201)		
	9) NI: Courtesy Car / Tpl Allowance	75	
	10) NI: Rapid Coordination	110	
	11) NI: Post Repair Inspection	110	
	12) NI: BY / Cellist/Unass. Coordination	33	
	13) TP (NI) / TP (INC) / Insult INC	110	
	14) NI: Seat Belts	10	
	Invoice Total		
	Net Charge		

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 ability.
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	11/05/2018 18:17
Date Of Accident	07/05/2018 09:20
Exact Location Of Accident	MOE AT NORTH BUONA VISTA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8584T
Insured/Policyholder	
Name Of Registered Owner	BUSINESS INTEGRATOR PTE LTD
Co Reg No	200208258R
Email Address	MUHAMMADBUANG7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98395009
Alternative Phone No	OFFICE-98395009

Vehicle Particulars

Manufacturer	MAXUS
Model	G10-1.9 (A)
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	100514

Driver

Name of Driver	MOHAMMAD BIN BUANG
NRIC No	S8104823A
Date Of Birth	19/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98395009
Fax Number	
Contact Number	OTHERS-98395009
Email Address	MUHAMMADBUANG7@GMAIL.COM

Address	BLK 501 BEDOK NORTH STREET 3 #05-18
Postcode	460501
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180511/2089

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	YN778U
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDULLAH BIN ANUAR
NRIC/Passport Number	S8807220J
Contact Number	98994314
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

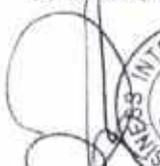
SKETCH PLAN

IMPORTANT NOTICE

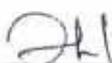
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

X  

Policyholder's Signature
Date & Time: 11/05/18
1420



Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/05/18

 11/05/2018

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

SKETCH PLAN

UNKNOWN THE VAN
WHR PARK INSURER
NOT AT THE SCENE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report
7/2018054/2089

DECLARATION

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

Policyholder's Signature
Date & Time: 11/05/18 17:50



Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/05/18

Reporting Centre Personnel's Signature
Name: RASHI WATTHAB
NRIC/FIN No.: 11/05/2018



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20180511/2089

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD BIN BUANG	ID No.	S8104823A
Related Vehicle	GBG8584T (Van)	Contact No.	98395009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ABDULLAH BIN ANUAR	ID No.	S8807220J
Related Vehicle	YN778U (Lorry)	Contact No.	98994314
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/05/2018 at about 0900hrs, I parked my vehicle at the loading/unloading bay of MOE at North Buona Vista. The vehicle is a van bearing the number plate GBG8584T and it belongs to my company Business Integrated. After parking my van, I went up to my office.

At about 0925hrs, I went down to my vehicle and spotted a security officer talking to a man. The security officer informed me that the man he was talking to had drove his lorry into my parked van. Upon questioning by security officer, the man refused to admit any wrongdoings. Security officer told him that the area was covered by CCTVs. After being told of the cameras, the man admitted to the security to hitting my van.

I inspected my van and found scratch marks and a dent at the front left area above the front tyres. I called my boss to inform him about the accident. The man informed that he wished to settle the matter privately. I gave him the phone so that he can talk to my boss. My boss agreed with the suggestion and we exchanged particulars. He provided his driving license. We then went our separate ways.

I called the driver the next day, 08/05/2018. He told me he will source for a workshop which can repair my van during the weekend. I waited for his call on 9th and 10th of May but did not received any. I called him twice on 11th May. The phone rang but no one answered. I do not want to wait for him any longer so I decided to make a Police report. I did not managed to take down the name of the security officer. I am not sure if the lorry had any damages.



**SINGAPORE
POLICE FORCE**



T/20180511/2089

4 of 4

Report No. T/20180511/2089

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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: D / Sgt 3 MUHAMMAD FAUZY BIN HUSAIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 11/05/2018 16:13
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 05 / 18) (DD/MM/YYYY), TIME: (09 : 20) (HH:MM)

LOCATION: NORTH BUONA VISTA DR (MOR) COODING BRG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GSG 85847
b) INSURANCE COMPANY: IDA
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: G10
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PAKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: BUSINESS PARTNER GADONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 88104 CONTACT: _____
c) ADDRESS: 2007828R

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Bin Buang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8104823 A CONTACT: 98395009
c) ADDRESS: 216501 Bedok North St3 #05-18 S 460501

*d) DATE OF BIRTH: (19 / 02 / 81) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 Feb 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES
IF YES, PLEASE STATE WHICH POLICE STATION: Commonwealth HPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 74778U MODEL: ISUZU
b) DRIVER'S NAME: ABDULLAH BIN ANUAR
c) NRIC/FIN/PASSPORT: 8807220 J CONTACT: 9899454

9. THIRD PARTY VEHICLE

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

email = mohammadbuang7@gmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8104823A



Name: MOHAMMAD BIN BUANG
NRIC No. 98395009

Race: MALAY
Date of Birth: 19-02-1981 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8104823A



Name: MOHAMMAD BIN BUANG
NRIC No. 98395009

Birth Date: 19 Feb 1981
Issue Date: 20 Feb 2012

0020442431

AP 102479



APIC No. S8104823A
NRIC No. 98395009

Vehicle Class: AS
Date of issue: 26-08-2002

APT BLK 501 BEDOK NORTH STREET 3 #05-10
SINGAPORE 460501

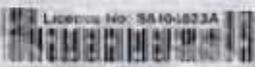
NRIC No. S8104823A Date: 06-08-2004 S/N 11058136

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
C	Class 3 Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg	20 Feb 2012
	Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	03 Sep 2012

S8104823A S / No. 0000169034

License No. S8104823A



INDIA INTERNATIONAL INSURANCE PTE LTD

(INCORPORATED IN SINGAPORE) CO. REG. NO. 198703792K
 64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711
 TEL: 6347 6100 FAX: 6224 4174 • 6225 7743
 POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

HCC Yung Lung

Cover Note No. 100514

This cover note is valid for Singapore Registered Vehicles only.

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1986
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover note not valid if issued on or after _____ Date: 20/11 2017

Business Integrator pte ltd
200203258P

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risks hereby HELD COVERED in the terms of the Company's usual form of Comprehensive Policy applicable thereto for the period from 0.01 11.00 a.m. date of Registration to midnight on for a year unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.	
MAXUS 610 Van	2017	1.270A	Market value	Private Car	-	
				Commercial Vehicle		Registration No.
				Motor Cycle		
Engine No: 1904N107H223K059						
Chassis No: LSK646L13H A072553						
Use	Authorised Driver			Excess		
<i>cc use</i>					<i>66 per policy</i>	

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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).

Hire Purchase: *may bank*



Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

[Signature]

Authorised Signatory

IMPORTANT NOTE:
 Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.