


Date In:	12/7/18 17:01	Job description	Date & Time Completed	Done by:
Ref No:	NA/ EQZ18012722/44	SAS e-filing		
Vehicle:	GBC1242Y	E-mail (within 5hrs, AM, 2hrs)		
DLA:	11/7/18 13:20	i-Motor Claim Form		
OD: 	Reporting Only	i-Motor W/O (within 5hrs, 2hrs, 1hr 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: YM 228B	INC () / Non-INC ()
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General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Injury:

		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting	(\$30),		
		2) DA : Damage Assessment	(\$100), INC (\$80)		
Driver/Owner:		3) TF : Towing Fee	\$40/\$45		
		4) FT : Follow-Through Survey	\$120		
Contact No:		5) FT : Follow-Through Survey (Re-survey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection	\$75		
		7) N1 : Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services -			
QC Checked by (Engr-In-Charge):		Q1*			
		*N5: Courtesy Car / Tpt Allowance	\$5		
		*N6: Repair Coordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
Auditors' Comments :-		TP (N11) - TP (on INC) against INC	\$20		
[at 1]		9) N12: Idac Mobile	10		
[at 2/3]		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

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	12/07/2018 17:01
Date Of Accident	11/07/2018 13:20
Exact Location Of Accident	BEDOK NORTH AVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1242Y
Insured/Policyholder	
Name Of Registered Owner	REDLAB PRIVATE LIMITED
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98271659

Vehicle Particulars

Manufacturer	CITROEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001365
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD KHAIRIL BIN IDROS
NRIC No	S8505847I
Date Of Birth	11/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98271659
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 84 BEDOK NORTH ST 4 #04-31
Postcode	460084
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	YN228R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

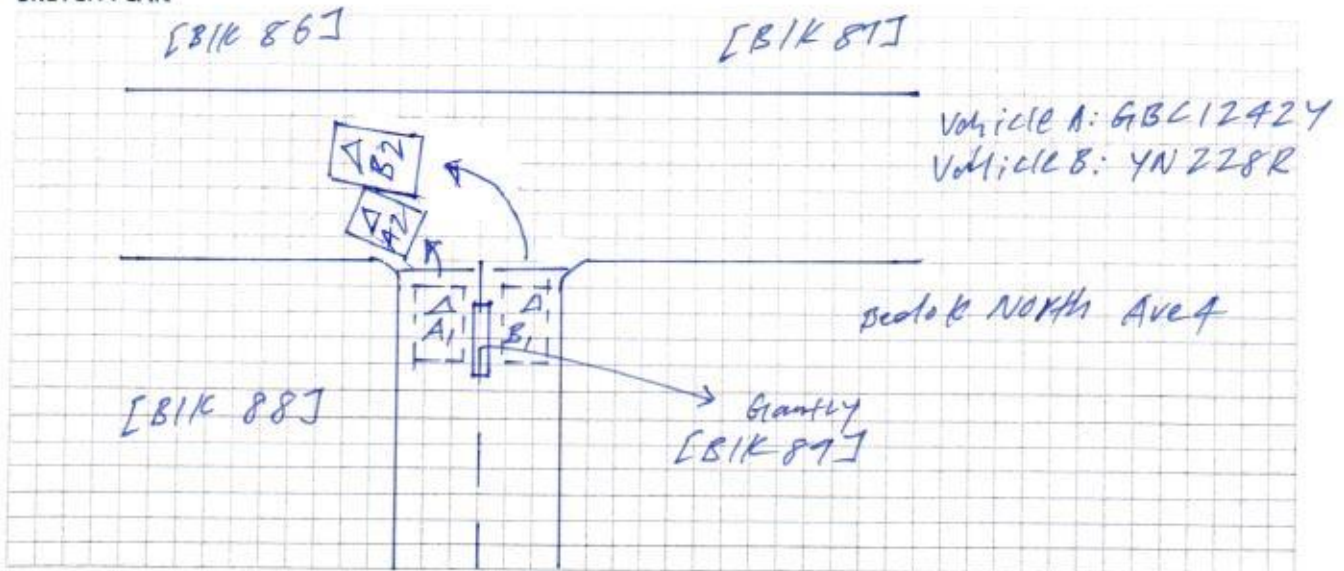


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was

traveling at the stated venue. As I was

completing my turn, vehicle B cut into my lane

and hit onto my vehicle front right portion.

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 07 / 2018 (dd/mm/yy) Time of Accident: 13 : 20 (24-HR-FORMAT)

Vehicle No.: GBC1242Y Vehicle Make & Model: Citroen Dispatch

Exact location of Accident: Bedok North Ave 4 opposite Capank.

Policyholder's Name / IC No.: Red Lab Pte. Ltd. / 200702985D

Driver's Name / IC No.: Muhammad Khairil Bin Idros / S85058471 (As Above) ☐

Driver's Contact No.: 9827 1659

Company Contact No.: -

Driver's Address: 84 Bedok North St 4 #04-51 S(460084)

Insurance Company: EQ Email address (if any): -

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Passenger Name: _____

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: YN228R

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____


Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8505847I



Name
MUHAMMAD KHAIRIL BIN IDROS



Race
BOYANESE

Date of birth
11-02-1985

Country/Place of birth
SINGAPORE

Sex
M

S8505847I



REPUBLIC OF SINGAPORE DRIVING LICENCE

MUHAMMAD KHAIRIL BIN IDROS

Date of birth: **11 Feb 1985**

Valid from: **27 May 2009**

001745796K

5526396



NRIC No. S8505847I



Date of issue
28-10-2015

Address
**APT BLK 84 BEDOK NORTH STREET 4
#04-31
SINGAPORE 460084**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars -< 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles -< 2500kg

27 May 2009

NT 08A

Licence No. S8505847I



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive****Certificate No.: DMCPHQ18-001365**

Form: LCVP1

Excess:

1. Index Mark and Registration Number of Vehicles

GBC1242Y

Section 1

SGD500.00

YEID-AC

Additional SGD3,000.00

2. Name of Policyholder

REDLAB PRIVATE LIMITED

3. Effective Date of the Commencement of Insurance for the purpose of the Act

02/03/2018

4. Date of Expiry of Insurance

01/03/2019

5. Person or Classes of Persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

*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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing. 2) Use whilst drawing a greater number of trailers in all than is permitted by Law. 3) Use for the carriage of passengers for hire or reward. 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory
EQ Insurance Company Limited