

NATIONAL Assessment Centre Services

Date In <u>21/02/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/C91190033 02/13</u>	SAS e-filing		
Veh No <u>SL267746</u>	E-mail (within 8hrs, AIC 2hrs)		
DOA <u>18/02/19</u> <u>0905</u>	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (<u>PRECISE</u>)	Tel:	Fax:
TP Particulars:	Veh No: <u>SLN6705U</u>	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:- (INC hotline: 6788 6616)	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

NA1901357

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	21/02/2019 16:43
Date Of Accident	18/02/2019 09:05
Exact Location Of Accident	ALONG BUKIT TIMAH RD TWDS CAVENAGH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ6774G
Insured/Policyholder	
Name Of Registered Owner	KHALIL MAHAMOOD MOHAMED ALJUNIED
NRIC No	S8622836Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93369646
Alternative Phone No	OTHERS-97690424
Vehicle Particulars	
Manufacturer	JAGUAR
Model	X TYPE 2.0
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 CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3035031800
Cover Note Number	
Driver	
Name of Driver	SHARIFAH IMAN BINTI SYED SALIM BIN AHMAD ALMASHOR
NRIC No	S9023769A
Date Of Birth	07/07/1990
Occupation	INDOOR
Date Of Driving Pass	15/04/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97690424
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 267C PUNGGOL FIELD
	#07-131
Postcode	823267
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6705U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE SIEW FEI, JASON
NRIC/Passport Number	S9214736C
Contact Number	82982442
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

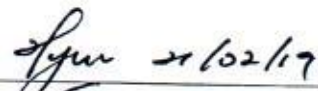
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

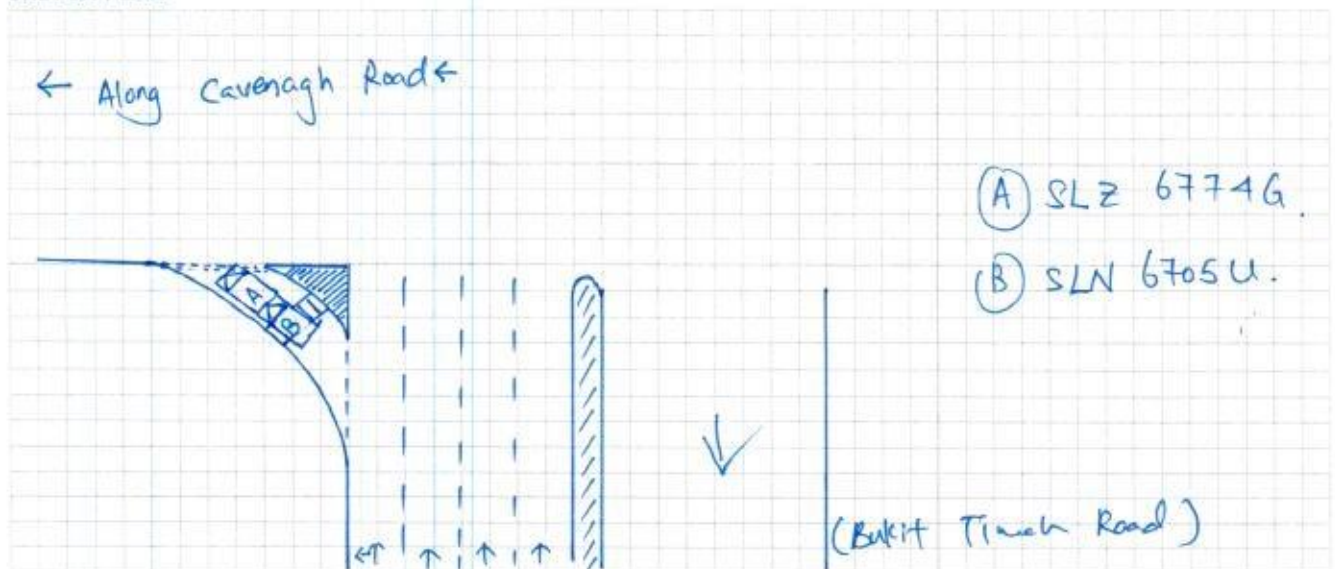


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18-03-2019 @ about 0903 hrs, I was driving my car (SLZ 6774G) along Bukit Timah Road. Towards Cavenagh Road. Upon reaching the junction at slip road, I slow down & stationary my car to give way the oncoming traffic from major road. Suddenly, I felt an impact from behind & I realized that veh B (SLN 6705U) didn't stop in time & collided onto rear portion of my car, after that the veh B's driver came out from his car & keep apologies to me and agreed with do private settle for my car's damages. However, vehicle B's driver didn't update and response to me within stipulated timeline and caused my accident report submit late. Hence, I hereto lodge this accident report to claim against veh B (SLN 6705U)'s insurance for my accident damages. I wish to state that my car has installed car camera recorder and I willing to provide video footage for my accident claim purpose.

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:

 21/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO : SLZ 6774G 02 MAKE & MODEL : Jaguar X Type 2.0.

Date of Accident	18 / 03 / 2019.	
Time of Accident	09:03 AM / PM	
Location of Accident	Along Bukit Timah Rd Toward Cavenagh Rd.	
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	Khalil Mahamood Mohamed Aljunied.	
Contact No.	9 536 9646.	
Nric No	S86228362.	
Type Of Claim	Third Party / Own Damage / Reporting only	
Insurance Co.	China Taiping.	
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No	DMPCSN 303 5031800	
NAME OF DRIVER :	As above / If No : Sharifah Iman Binti Syed Salim Bin Ahmed.	
Nric No Almasnor	S9023769A.	Any Passenger: —
Date Of Birth	07 / 07 / 1990.	
Occupation	Outdoor / Indoor	
Date Of Driving Pass	15 / 04 / 2013.	
Gender	Male / Female	
Contact no	9769 0424.	Office : Home :
Address	Blk 267C, Punggol Field #07131 S(823267).	
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :	
Relationship	Employee / If No : Spouse.	
Weather Condition	Clear / Raining / Other :	
Road Surface	Dry / Wet / Other :	
Any Injuries	NO / If Yes Who?	
Name		Contact :
Name		Contact :
Police Report	No / If Yes : Where?	
Vehicle B No :	SLN 6705U.	Any Passenger: —
Name Of Driver	Loke Siew Fei, Jason. (S9214736C)	
Contact No :	8298 2442.	
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email : imana1masnor@hotmail.com	Tel : 6745 7367	Fax : 6841 3390

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S9023769A**

Name: **SHARIFAH IMAN BINTI SYED SALIM BIN AHMAD ALMASHOR**

Birth Date: **07 Jul 1990**

Issue Date: **15 Apr 2013**

002170924A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9023769A



Name: **SHARIFAH IMAN BINTI SYED SALIM BIN AHMAD ALMASHOR**

سريفة ايمان بنت سيد سالم بن احمد الماشور

Race: **ARAB**

Date of birth: **07-07-1990** Sex: **F**

Country of birth: **SINGAPORE**

S9023769A



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

EFFECTIVE DATE 15 Apr 2013

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No: S9023769A

NP 428A



3746170



NRIC No. **S9023769A**



Date of issue: **25-07-2005**

APT BLK 267C PUNGGOL FIELD #07-131

SINGAPORE 823267

S9023769A **01/09/2013**

5590040



NRIC No. S8622836Z



Date of issue
04-04-2016

Address
APT BLK 267C PUNGGOL FIELD
#07-131
SINGAPORE 823267



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8622836Z

Name

KHALIL MAHAMOOD MOHAMED
ALJUNIED

كhalil ماحمود محمد الجنييد

Race

ARAB

Date of birth

12-08-1986

Country/Place of birth

SINGAPORE

Sex

M

S8622836Z





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg No 200206384E

MX1E
E SN
AN0420A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3035031800	Engine No : 574426427YC Chano: SAJAG51N29YJ44589
1. Index Mark and Registration Number of Vehicle	SLZ6774G	AUTOSAFE =====
2. Name of Policy Holder	KHALIL MAHAMOOD MOHAMED ALJUNIED	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 May 2019	Named Drivers Ex Sect. I S\$1,000.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	29 June 2019	
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his 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. Limitations as to use:	use for social, domestic and pleasure purposes and for the policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year. HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER * 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: LIM LEE CHOO
Authorised Officer

Authorised Signatory



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



TAX INVOICE

CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909

INV No. NA1901357
INV Date 21/02/2019
Reference NA/CTI19003302/r3
Code CTI



PROFESSIONAL SERVICE FEE

Vehicle No. SLZ 6774G
Insured Veh.
Claim No.
Policy No. DMPCSN3035031800
Accident Date 18/02/2019
Inspection Date

Description	Total
Accident Reporting	30.00
Subtotal	30.00
GST (7%)	2.10
Grand Total	32.10

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'National Assessment Centre Services'

National Assessment Centre Services

RBW



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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National Assessment Centre Services

RBW

NATIONAL Assessment Centre Services

Date In 21/02/19	Job description	Date & Time Completed	Done by
Ref No NA/EQ/19003260/13	SAS e-filing		
Veh No SJE4650C	E-mail (within 8hrs. AIC 2hrs)		
DOA 21/02/19 0925	i-Motor Claim Form		
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: X03362E	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:- (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
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	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
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Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	Invoice dated	Fee Charged	

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ACCIDENT STATEMENT

Date Of Report	21/02/2019 11:46
Date Of Accident	21/02/2019 09:25
Exact Location Of Accident	BENOI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4650C
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MIRJI DHANANJAY PANDURANG
NRIC No	S7266636D
Email Address	DHANANJAY.MIRJI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91163962
Alternative Phone No	OTHERS-91163962

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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 CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001841
Cover Note Number	

Driver

Name of Driver	MIRJI DHANANJAY PANDURANG
NRIC No	S7266636D
Date Of Birth	17/08/1972
Occupation	INDOOR
Date Of Driving Pass	11/12/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91163962
Fax Number	
Contact Number	OTHERS-91163962
Email Address	DHANANJAY.MIRJI@GMAIL.COM

Address	BLK 638B PUNGGOL DRIVE #12-447
Postcode	822638
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELING STRAIGHT ALONG BENOIT RD TWDS 2 BENOI RD ON THE 3RD LANE OF A4-LANES RD. SUDDENLY VEH(B) BEARING REG NO XD3362E FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH. THEN THE VEH B DRAG MY VEH ALL THE WAY TO THE 2ND LANE.

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	XD3362E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD ASZMI BIN ALIAS
NRIC/Passport Number	S8220971I
Contact Number	82447185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

21/2/19

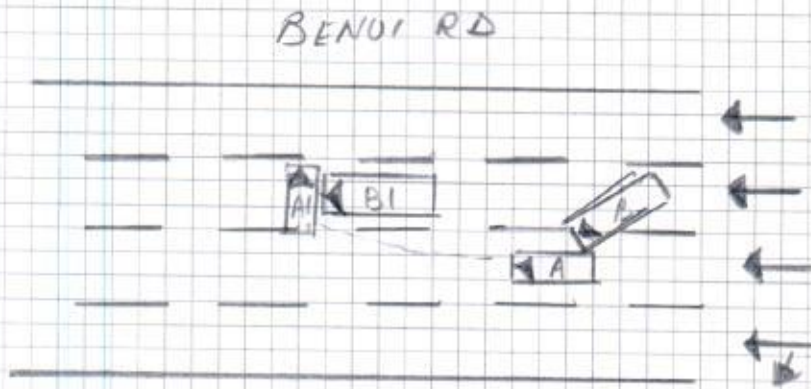
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A- SJE4650C

B- XD3362E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement

DECLARATION

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

Policyholder's Signature

Date & Time:

21/2/19

GIAENC SketchPlanForm V.3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7266636D**

Name
MIRJI DHANANJAY PANDURANG

Birth Date **17 Aug 1972**
Issue Date **11 Dec 2012**

002131363A



REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S7266636D**

Name
MIRJI DHANANJAY PANDURANG

Race
INDIAN

Date of birth **17-08-1972** Sex **M**

Country of birth
INDIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	11 Dec 2012
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Dec 2012

NP 428A

Licence No: S7266636D



NRIC No. **S7266636D**

Nationality
INDIAN

Date of issue
09-01-2008

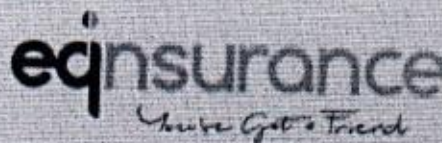
APT BLK 638B PUNGGOL DRIVE #12-447
SINGAPORE 822638

NRIC No: **S7266636D** Date: **09/11/2009** No: **6308640**




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

**PRIVATE CAR
Comprehensive**

Certificate No. : DMPPHQ18-001841

1. Index Mark and Registration Number of Vehicles
SJE4650C

2. Name of Policyholder
MIRJI DHANAJAY PANDURANG

3. Effective Date of the Commencement of Insurance for the purpose of the Act
26/04/2018

4. Date of Expiry of Insurance
25/04/2019

5. Person or Classes of persons entitled to drive*
(a) The Policyholder
(b) Any other person who is driving on the Policyholder's order or with his permission

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation as to use*
Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

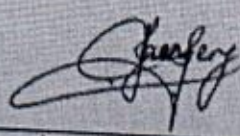
*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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.

Hire Purchase :

A000007/Asstra Assurance Agencies LLP
Date of Issue : 22/03/2018 14:37

Exp No. : DMPPHQ17-002158


Authorised Signatory
EQ Insurance Company Limited