

NATIONAL Assessment Centre Services

(and 1 hour)

MAH49075356

Date In: 10/06/2019 15:08	Job description	Date & Time Completed	Done by
Ref No: NBS/MAH49075356	SAS e-filing		
Veh No: SLW 5605J	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 07/06/2019 16:45	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within OD 2hrs. TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBA 8230X	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

NA1904214	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idav DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* 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 (N is INC) against INC \$20		
	9) N12: Idav Mobile \$0		
	Invoice dated	Pen Charged	
		Pen Charged	

07-MAY-2019 16:39

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	10/06/2019 15:08
Date Of Accident	07/06/2019 16:45
Exact Location Of Accident	JUNCTION OF TANG EXIT AND SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5605J
Insured/Policyholder	
Name Of Registered Owner	SUMMERLIN INTERNATIONAL PTE LTD
Co Reg No	201309277R
Email Address	LIYEH_QASH06@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93806082
Alternative Phone No	OFFICE-93806082

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.5 CVT ELEGANCE S/R (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80467177 MCY
Cover Note Number	

Driver

Name of Driver	MOHAMED IZHAR BIN ISMAIL
NRIC No	S7828137D
Date Of Birth	16/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93806082
Fax Number	
Contact Number	OFFICE-93806082
EMail Address	LIYEH_QASH06@YAHOO.COM

Address	BLK 533 WOODLANDS DRIVE #08-575
Postcode	730533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA8230X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JA'AFAR BIN HAJI MOHAMAD
NRIC/Passport Number	S1250936G
Contact Number	97317273
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SLW 5605 J

Veh B: GBA 8230 X

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


Policyholder's Signature


Date & Time:




Driver's Signature

(If driver is not the policyholder)

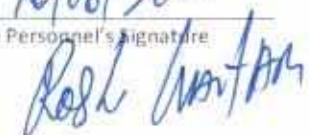
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

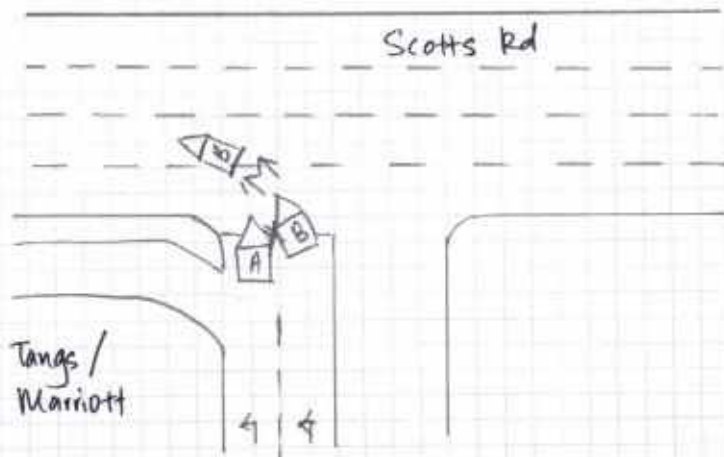
10/06/2019



SKETCH PLAN

Veh A: 8LW 5605J

Veh B: GBA 8230X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the Junction Exit from Tangs / Marriott awaiting for the traffic clear. Vehicle B on my right moved his vehicle and Collided to my vehicle.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:



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

[Signature] 10/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 070619

*Time of Accident: 1645hrs

*Accident Location: Junction of Ang Mo Kio and Kallang Road

Vehicle Details

*Vehicle Number: 2W55055

*Make & Model: Toyota Alphard 2.5 CVT Elegance

Insured / Policyholder

*Owner Name: Summerlin International Pte Ltd

ROC
*NAME: 201309277R

*Address: 10 Anson # 03-05 Int'l Plaza Singapore 079903

*Email: *Person in charge HP: 9837 6219

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

Driver () same as above

*Driver Name: Muhammad bin Hani

*NRIC: 978063713

*Address: Blk 523 Woodlands Drive 14 #08-575 (1720523)

*Date of Birth: 16091978 *Driving Pass Date: 0602004 *HP: 92806087

*Email: hijah_poh06@yahoo.com *Gender: Male / Female

*Occupation: Personal Driver (Indoor / Outdoor) *Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: MSIG *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: 87BA 8230X

Make & Model: Nissan

Vehicle Category: Goods van

Name of Driver: Saifur Bin Haji Muhammad

NRIC : 912809366

HP : 97317272

No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC: HP:)

*Accident reported to police: Yes / No *Summon against whom:

*Injured party: Yes / No *No. of passengers (include driver):

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7826137D**

Name: **MOHAMED IZHAR BIN ISMAIL**

Birth Date: **16 Sep 1978**

Issue Date: **05 May 2003**

000454756H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7826137D**



Name:

MOHAMED IZHAR BIN ISMAIL

محمد ايزهار بن اسماعيل

Race:

BOYANESE

Date of birth:

16-09-1978

Sex:

M

Country of birth:

SINGAPORE

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor cars and Motor Tractors the weight
unladen does not exceed 2500 kg

PASS DATE

04 Jun 1997

26 Oct 1999

05 Jan 2004

S7826137D

S / No. 9000015895



NP 428A



NRIC No: **S7826137D**



Date of issue:

11-12-2008

**APT BLK 533 WOODLANDS DRIVE 14 #08-575
SINGAPORE 730533**

NRIC No: **S7826137D**

Date: **29/03/2010**

No. **6466604**



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4
Company Ownership

MOTORMAX PLUS-COMMERCIAL Comprehensive

Certificate No. A 80467177 MCY

Excess : SGD800
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLW5605J

2. Name of Policyholder

Summerlin International Pte Ltd

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

22/02/2019

4. Date of Expiry of Insurance

21/02/2020

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward 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.

* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 any Amendment, Act or Acts passed in substitution thereof.

Signature / Date

Counter-Signatory:
Insuremycar.com.sg

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XIMCYOLX2019021811337955