

Date In: 29/10/19 13:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11119019076144	E-mail (within 3hrs, AIC 2hrs)		
Est. No: SKA 66392	I-Motor Claim Form		
Date: 26/10/19 09:55	I-Motor W/O (within 24hrs, TT 4hrs)		
TP Insurer: <input type="radio"/> Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Performed Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Vch No: SJZ 5234D. 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

MNA 1908107	Invoice Preparation Checklist	Fee (\$)	PAID (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimants assist (INC Only) (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	OP:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NS: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	29/10/2019 13:59
Date Of Accident	26/10/2019 09:55
Exact Location Of Accident	PIE TWDS TUAS EXIT JLN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6639Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZURIZAH BINTE ABU SAMAH
NRIC No	S7713182E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90050588
Alternative Phone No	OFFICE-90050588

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0000047_01
Cover Note Number	

### Driver

Name of Driver	HABIB ANSARI BIN MOHAMED MYDIN
NRIC No	S8228100B
Date Of Birth	23/08/1982
Occupation	INDOOR
Date Of Driving Pass	09/09/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93888741
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 405C FERNVALE LANE #22-103
Postcode	793405
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 - 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?	
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)	4
Passenger 1	NAME: : ZURIZAH BINTE ABU SAMAH GENDER: : FEMALE
Passenger 2	NAME: : SOPHIA NADYA GENDER: : FEMALE
Passenger 3	NAME: : EMR SEFIN GENDER: : MALE

#### 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

REFER TO 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	SJZ5234D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRANDON QUEK WEI YE
NRIC/Passport Number	S9524574I
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


VEHICLE NO.: SKQ 6639 Z  
INSURER : India International Insurance  
DATE & TIME: 26/10/2017 0753hrs


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:

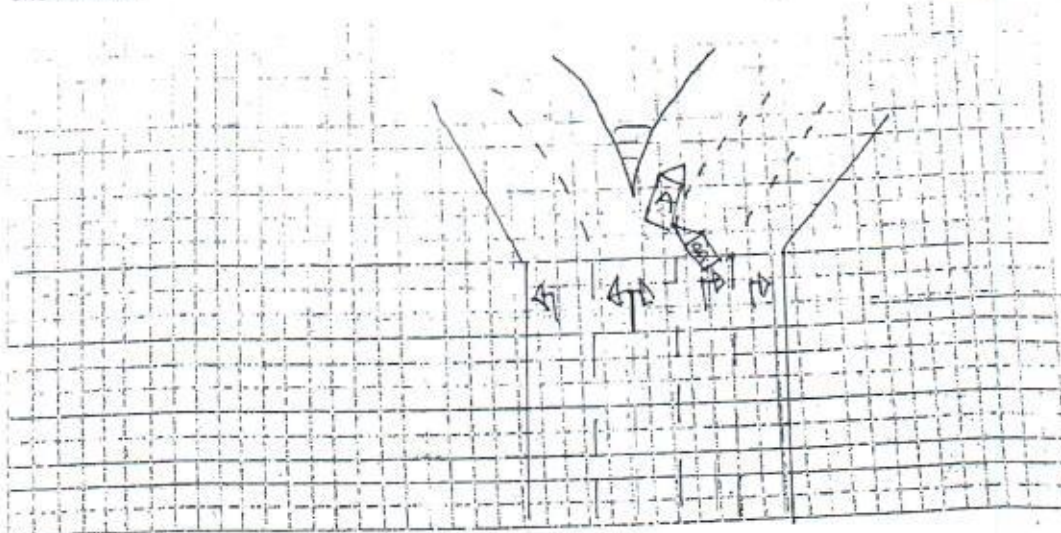
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

A - SKQ 6639Z  
B - SJZ 5234D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling  
along PIE Toward Tuas, exiting Jalan Bunos,  
approaching to the traffic light, Veh B collided  
on ~~the~~ my rear right of my veh.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim  
under your own comprehensive policy. Please check with your policy for more information.

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/PIN No:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☐ Claim OD/TP at other workshop ( )

Date of Accident : 26/10/2019 Accident Time: 0953 (24-HR-FORMAT)  
 Accident Place : PIE Toward ~~Changi~~ <sup>Tuas</sup> Jalan Eunus  
 Vehicle Reg. No (Car plate No.) : SKQ6639 Z Vehicle Make/Model: Toyota Camry  
 Insurance Company : India International Insurance Policy No. D18MPC0000047-01  
 Name of Registered Owner : Company / (Individual) Zurizah Binte Abu Samah  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S7713182E  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9005 0588  
 DRIVER'S Name : HABIB ANSARI BIN  
 : Mohamed Mydin DRIVER'S NRIC No: S8228100B  
 DRIVER'S Date of Birth : 23/08/1982 DRIVER'S License Pass Date 09/Sep/2015  
 Relationship bet. Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 405C Fernvale LANE #22-103 S793405  
 DRIVER'S Contact No./ Alt No. : 1) 9388 8741 2) \_\_\_\_\_  
 DRIVER'S Occupation : (INDOOR) OUTDOOR (eg. working inside or outside of an ofc) \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance  
 Number of Passengers (including Driver): 04 Passenger 1: Zurizah Binte ABU Samah / Female  
 Was the accident reported to the police? YES \ (NO) Passenger 2: Sophia Nadya / Female  
 Was there any video Captured by car camera: (YES) \ NO Passenger 3: Emr Sefin / Male  
 Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SSZ S234 D</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Bmw.</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Brandon Quek Wei Ye</u>	Name DRIVER: _____
IC No. DRIVER: <u>S95245741</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MPC0000047_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKQ6639Z	
Chassis No	: MR053BK4107030970	
2. Name of Policyholder	: ZURIZAH BINTE ABU SAMAH	
3. Effective date of Insurance	: 26 Jun 2019	
4. Expiry date of Insurance	: 25 Jun 2020	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her 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.</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward.</p> <p>b) Use for racing, pace-making, reliability trial, speed-testing.</p> <p>c) Use for the carriage of goods other than samples in connection with any trade or business.</p> <p>d) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>	
Insured & Named Drivers Excess Sect I	: SGD1,000.00	
Unnamed Drivers Excess Sect I	: SGD1,500.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: Maybank	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500 - ON ALL CLAIMS WILL BE APPLICABLE.		
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).		
Agent/Broker	: A000050/Sunmex Enterprise	For India International Insurance Pte Ltd
Date of Issue	: 07/06/2019 14:51:19	
MX1-Private Car (Insured Driving)		Authorised Signatory

**SUNMEX ENTERPRISE**  
8 ENGGOR STREET  
#24-02  
SINGAPORE 079718  
TEL: 6220 5977 FAX: 6220 1698