

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA/V0041049

Date In: 7/4/05 - 12:21	Job description	Date & Time Completed	Done by
Ref No: NA/E 23200505/24	SAS e-filing		
Veh No: JM 687437	E-mail (within 1hrs, AIC 2hrs)		
D.O.A: 6/4/05 - 22:00	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: JKW9355R	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% P: 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 (\$) In 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl 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	07/04/2020 17:21
Date Of Accident	06/04/2020 22:20
Exact Location Of Accident	JUNC BEDOK NORTH AVE 4 & CHANGI SOUTH LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8743T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANITA BINTE MUHAMAD
NRIC No	SXXXX014C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97376677
Alternative Phone No	OFFICE-97376677

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT SENSING
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	DMPPHQ19-007818
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAFIQ BIN UMAR
NRIC No	SXXXX544I
Date Of Birth	26/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412047
Fax Number	
Contact Number	OFFICE-96412047
Email Address	NOEMAIL

Address	BLK 946 JURONG WEST STREET 91 #07-665
Postcode	640946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	4
Passenger 1	NAME: : UMAR BIN ABDULLAH GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD FIRDAUS BIN UMAR GENDER: : MALE
Passenger 3	NAME: : ANITA BINTE MUHAMAD GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200407/7001.

#### 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	SKW9355R
Vehicle Make/Model/Colour	



Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD SYAFIQ BIN UMAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ8743T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name UMAR BIN ABDULLAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ8743T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name ANITA BINTE MUHAMAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ8743T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name MUHAMMAD FIRDAUS BIN UMAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMQ8743T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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.:





A: SMQ8743 T  
B: SKW 9355 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

A: SMQ8743 T

B: SKW 9355 R

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.:



VEHICLE NO: SMQ 8743 T

MAKE &amp; MODEL: Honda Shuttle

DATE OF ACCIDENT	6 / 4 / 2020
TIME OF ACCIDENT	10:20 AM / PM
LOCATION OF ACCIDENT	Bedok North Ave 4 & Changi South Lane
Exact Purpose use during accident	Private Use
NAME OF OWNER	Anito Binte Muhamad
TELP NO	9737 6677
NRIC	568320141C
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO?
INSURANCE CO.	EQ
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPPHQ19-007818
NAME OF DRIVER	As above / If No. Muhammad Syafiq Bin Umar
NRIC	S95179441 Any passengers, 3
DATE OF BIRTH	26 / 5 / 1995 2 male, 1 female.
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	27 / 4 / 2016
GENDER	Male / Female
CONTACT NO.	9641 2047 Office, Home,
ADDRESS	946 Jurong West St 71 #07-665 S(640946)
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No. Son
WEATHER CONDITION	Clear / Raining / Other.
ROAD SURFACE	Dry / Wet / Other.
ANY INJURIES	NO / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SKW 9355 R Any Passenger, 1
NAME	
CONTACT NO.	
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.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO





# SINGAPORE POLICE FORCE



T/20200407/7001

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200407/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/04/2020 00:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYAFIQ BIN UMAR			Address: APT BLK 946 JURONG WEST STREET 91 #07-665 SINGAPORE 640946		
ID Type / ID No.: NRIC NO / S9517544I			Contact No.: Home/Office: Mobile: 96412047		
Nationality: SINGAPORE CITIZEN			Email: syafiqumar05@gmail.com		
Sex: Male	Age: 24	Date of Birth: 26/05/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2020 22:20	Type of Location: X-Junction
Location:  CHANGI SOUTH LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKW9355R	Car				Seriously Damaged	1
SMQ8743T	Car				Seriously Damaged	3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200407/7001

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200407/7001

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD SYAFIQ BIN UMAR	ID No.	S9517544I
Related Vehicle	SMQ8743T (Car)	Contact No.	96412047
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	MUHAMMAD FIRDAUS BIN UMAR	ID No.	T0113525I
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	UMAR BIN ABDULLAH	ID No.	S1669855R
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: ,3,4 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	ANITA BINTE MUHAMAD	ID No.	S6832014C
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious





**SINGAPORE  
POLICE FORCE**



T/20200407/7001

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20200407/7001

**CONTINUATION OF REPORT**

Brief Details.

On the stated time and date, I was the driver of my moms car bearing the plate SMQ8743T

I had my brother, and my parents in the car at the point of time of accident

At the said location, it was green light hence I proceeded straight.  
Suddenly a car from the opposite made a right turn and we collided.

He did not give way to going straight vehicle. His car plate is SKW9355R

Following we made an accident report at our workshop and subsequently felt pain on our neck and back hence we consult a doctor and was given 5 days of MC from the doctor.

I'm lodging this report for insurance claim purposes.

Driver: Muhammad Syafiq Bin Umar

Pax: Umar Bin Abdullah

Pax: Anita Binte Muhamad

Pax: Muhammad Firdaus Bin Umar





**SINGAPORE  
POLICE FORCE**



T/20200407/7001

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200407/7001

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
07/04/2020 00:29

Classification Of Case:



**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.: DMPPHQ19-007818

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID Additional SGD3,000.00

**1. Index Mark and Registration Number of Vehicles**

SMQ8743T

**2. Name of Policyholder**

ANITA BINTE MUHAMAD

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

06/12/2019

**4. Date of Expiry of Insurance**

05/12/2020

**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.

EQI Motor Accident

Hotline

**6311 3211**

\*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\***

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.

Authorised Signatory  
EQ Insurance Company LimitedHP: Tokyo Century Leasing (Singapore) Pte Ltd  
unmsys/HO/A000137/I Insurance Agency

A Member of Citystate