

NATIONAL Assessment Centre Services

(wef 1 Jan 05) 0109209008

Date In: 9/12/12-12:37	Job description	Date & Time Completed	Done by
Ref No: 4912222013600/74	SAS e-filing		
Veh No: 5J786C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/12 19:50	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 5J786C

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

NA 200341

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

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:-

QJ*

*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 \$0

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 Submission	09/12/2020 12:37 (SGT)
Date of Accident	05/12/2020 17:50 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	twds pie (tuas)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR786C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAREEDU BIN MOHAMED HANIFFAH
NRIC No	SXXXX534H
Email Address	muhamedfaiz@hotmail.com
Mobile Phone No	(Phone) +65-96807653
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0003081
Cover Note Number	-

DRIVER

Name of Driver	MUHAMED FAIZ BIN MOHAMED FAREEDU
NRIC No	SXXXX516F
Date Of Birth	16/12/1988
Occupation	Indoor

Date Of Driving Pass	30/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91877740
Alt. Phone Number	-
Email Address	muhamedfaiz@hotmail.com
Address	BLK 13 FARRER PARK ROAD
Address complement	#04-33
Postcode	210013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMQ5447T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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:

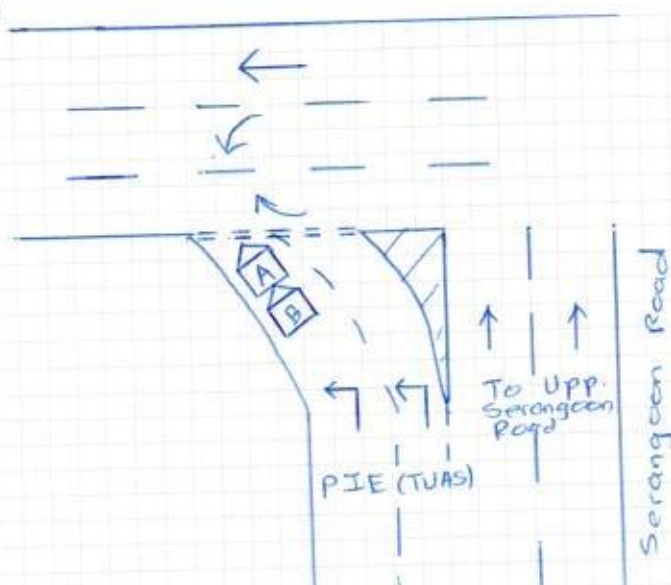
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 the 05/12/2020 @ about 1750HRS, at along filter lane to PIE (TUAS) from Serangoon Road. I was travelling along the extreme ~~right~~ ^{left} lane of the above mentioned filter lane, and came to a stop at the give way lane to give way to traffic along the main road. Suddenly, I heard a bang from behind, and when I alighted, I realised that it was Vehicle (B) who hit into the rear portion of my vehicle (A), causing damages to my vehicle.

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: SJR786C

MAKE & MODEL : Mazda 6

(AUTO) MANUAL

DATE OF ACCIDENT	05 / 12 / 2020	*CC: 2500
TIME OF ACCIDENT	5.50 AM / (PM)	
LOCATION OF ACCIDENT	Serangoon Road filter lane to PIE (Tuas)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	Mohamed Fareed Bin Mohd Haniffah	
EMAIL:	Office:	MOBILE: 9680 7653
NRIC	S1407534H	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES / (NO) ?	
INSURANCE CO.	India	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	D20MPC 0003081	
NAME OF DRIVER	AS ABOVE / IF NO: Muhamad Faiz Bin Mohamed Fareed	
NRIC	S8850516F	
DATE OF BIRTH	16 / 12 / 1988	
ANY PASSENGER	(YES) / NO :	
NAME OF PASSENGER	① Fareed - male ② Zahm (male)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	30 / 11 / 2007	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 918 77740	Office: Home:
EMAIL:	muhamedfaiz@hotmail.com	
ADDRESS	Blk 13 Farrer Park Road #04-33 S(210013)	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.	INSURER:
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?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SMQ 5447T	Any Passenger:
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 RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / (NO)	

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)

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

CERTIFICATE NO.: D20MPC0003081

COVER: COMPREHENSIVE

<p>1. Index Mark and Registration Number of Vehicle : SJR786C</p> <p>Chassis No : JM6GJ1032G0237682</p> <p>2. Name of Policyholder : MOHAMED FAREEDU BIN MOHAMED HANIFFAH</p> <p>3. Effective date of Insurance : 31 May 2020</p> <p>4. Expiry date of Insurance : 30 May 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person other than the Policyholder 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> <p>6. Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, 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.</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>	<p>Insured & Name Drivers Excess Section I SGD 1,000.00</p> <p>Unnamed drivers Excess Section I SGD 1,500.00</p> <p>Windscreen Excess SGD 100.00</p> <p>Hire Purchase Company : Hong Leong Finance Limited</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>
--	---

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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD
Date of Issue : 22/05/2020 11:29:05
MX12 - Private Car (Insured Not Driving)

For India International Insurance Pte Ltd



Authorised Signatory