

NATIONAL Assessment Centre Services

Date In: 11/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/11/21008391/13	SAS e-filing		
Veh No: GBK9720A	E-mail (within 3hrs. AM, 2hrs)		
DOA: 10/08/21 1350	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: SKA90844	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

NA2103659	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	11/08/2021 12:51 (SGT)
Date of Accident	10/08/2021 13:50 (SGT)
Exact Location of Accident	10 Kaki Bukit Rd 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9720P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MIKE MOTOR RECOVERY
Company Reg No	5XXXX668B
Email Address	dayatbmy@gmail.com
Mobile Phone No	(Phone) +65-90119199
Alternative Phone No	+65-90119199

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MCV0001567
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD HIDAYAT BIN MOHAMMAD YUSOFF
NRIC No	SXXXX204G

Date Of Birth	28/02/1991
Occupation	Outdoor
Date Of Driving Pass	18/02/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87538954
Alt. Phone Number	-
Email Address	dayatbmy@gmail.com
Address	BLK 297B CCK AVE 2
Address complement	#13-74
Postcode	682297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD9084Y
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

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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.



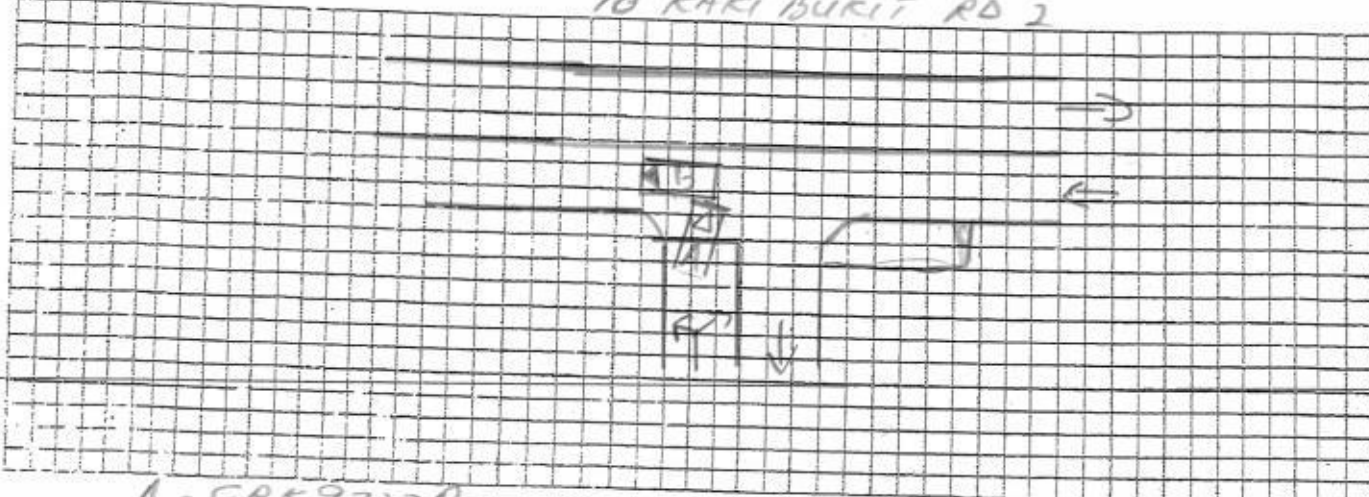
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

10 KARI BURIT RD 2



A - GBK920P

B - SKD9084Y


Describe Circumstances of the Accident

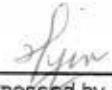
WHILE IM ABOUT TO MAKE A RIGHT TURN, THE GARAGE BIN
COVER MY BLIND SPOT, SO I INCH FORWARD AND LOOK TO THE
LEFT AS I LOOKED TO THE RIGHT I HAVE ALREADY HIT THE
CAR

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 10/8/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

 11/08/21
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10/08/21) (DD/MM/YYYY), TIME: (12:50) (HH:MM)

LOCATION: 10 KAH BUKIT RD 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK9710P
b) INSURANCE COMPANY: INDIA
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MIRG MOTOR RECOVERY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9019199
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMMAD HIDAYAT BIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: MOHAMMAD 903011 CONTACT: 87538754
c) ADDRESS: BLK 297B CLK AVE 2
#13-74 (682297)

* d) DATE OF BIRTH: (28/02/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/02/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD90844 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

video = yes, haven't retrieve

* No of passenger
(including driver)
(1)


* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

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.: D21MCV0001567		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBK9720P	
Chassis No	: JTFAT35Y30K216397	
2. Name of Policyholder	: MIKE MOTOR RECOVERY	
3. Effective date of Insurance	: 05 Feb 2021	
4. Expiry date of Insurance	: 04 Feb 2022	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their 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>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</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>	
Excess Sect I	: SGD850.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: N.A	
<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>		
<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).</p>		
Agent/Broker	: A000041/P & C INSURANCE AGENCY	
Date of Issue	: 25/02/2021 08:54:09	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		<p>For India International Insurance Pte Ltd</p>  <p>Authorized Signatory</p>