

NATIONAL ASSESSMENT Centre Services, 101111401, 840921A0000

Date Recd: 25/10/2021 18:27	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: N/A/TU 210/0915/Y	E-mail: (by email, A/C email)		
Val No: STM 8577A	I-Motor Claim Form		
D.O.A: 22/10/2021 13:00	I-Motor W/O (W/Inlet 00 3111, TP 10/11)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Email to Owner/Insurer		

(1) (1) Reporting Only

TP Insurer:

Preferred Wksp / INO Asst 11 Wksp / OWI:

TP Insured/Owner: Val No: 8577A

NO () / Non-INO ()

Owner / Driver ()

Cover Type ()

Policy No ()

Period ()

Date:

Continued by ()

Insured/Driver Liability ()

(%) (Note: Est Status (WO)) NI 0-20%, PI 25-79%, PI 80-100%

Year of Registration ()

Warranty Y/N () / NO ()

Excess (\$)

Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly confidential & strictly NO report of repetition

() Total Loss Case: To e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Invoice Y/N () / NO () / Towing Co ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Injury:

N/A 2104/200

Driver/Owner:

Contract No:

Duration of Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Work Done ()	NO ()
2) All Damage ()	NO ()
3) All Repair ()	NO ()
4) All Follow-up ()	NO ()
5) All Follow-up with Survey ()	NO ()
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For Owner
For Insurer

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	25/10/2021 18:27 (SGT)
Date of Accident	22/10/2021 13:00 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3977A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NUR WAHDINI BIN ADNAN
NRIC No	SXXXX226I
Email Address	xinhuaworkshop@gmail.com
Mobile Phone No	(Phone) +65-87687425
Alternative Phone No	+65-87687425

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MPC0000043
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NUR WAHDINI BIN ADNAN
NRIC No	SXXXX226I

Date Of Birth	20/01/1992
Occupation	Outdoor
Date Of Driving Pass	16/06/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87687425
Alt. Phone Number	+65-87687425
Email Address	xinhuaworkshop@gmail.com
Address	BLK 802 WOODLANDS STREET 81 #02-81
Address complement	-
Postcode	730802
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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

PASSENGER 1

Name	SITI NURHIDAYAH BTE RAZALI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211023/7009

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBJ30L
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Vehicle Manufacturer	Mercedes
Vehicle Model	C200
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD NUR WAHDINI BIN ADNAN
Gender	Male
Phone No	(Phone) +65-87687425
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SJM3977A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SITI NURHIDAYAH BTE RAZALI
Gender	Female
Phone No	(Phone) +65-87525868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SJM3977A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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.
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

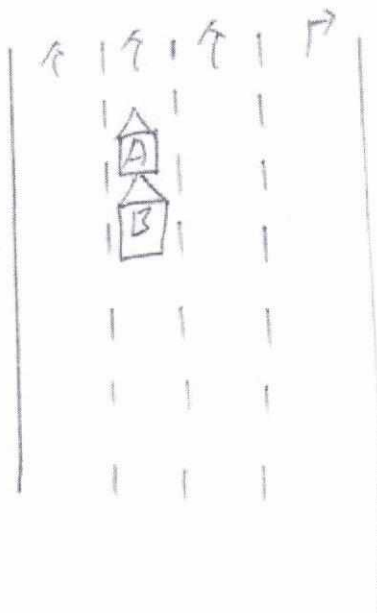
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Jalan
Borneo towards
PIE Chang.




A - SSM 3977 A
B - SBJ 30 L

Describe Circumstances of the Accident


Please refer to police report T / 2021/023 / 7009

Declaration

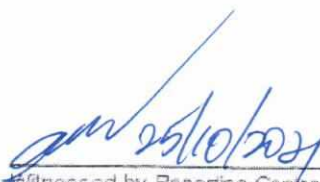
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Date of Accident : 22.10.2021 Accident Time: 1300 (24-HR-Format)
Accident Place : Along Jalan Enkaj towards PIE
Vehicle No. (Car Plate No.) : SJM 3977A Make/Model: Hyundai Avante
Insurance Company : Zadim Policy No: 021MPC0000043
Owner or Company Name / IC No. : Muhammad Nur Wahdini B/M Adnan 592022262
Owner or Company Contact No. : 87687425 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : Same as owner
DRIVER'S Date of Birth : 20.01.1992 DRIVER'S License Pass Date: _____
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : Blk 802 Woodlands St 81, #02-81, S(730802)
DRIVER'S Contact No./ Alt No. : 1) 87687425 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : A6679B @ gmail . com
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): 01 Driver (Muhammad Nur Wahdini B/M Adnan 592022262)
01 Passenger (Siti Nurhidayah Bge Razali 592198285 female)
Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose
Any injury (If YES, Please state): yes : male driver (Muhammad Nur Wahdini B/M Adnan)
female passenger (Siti Nurhidayah Bge Razali)

Other Party Driver's Particular (if any)

Vehicle No	: <u>SBJ 30L</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Mercedes C200</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:

xinhua workshop @ gmail . com



**SINGAPORE
POLICE FORCE**



T/20211023/7009

1 of 4

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

Report No: T/20211023/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 10:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NUR WAHDINI BIN ADNAN			Address: 802 WOODLANDS STREET 81 #02-81 SINGAPORE 730802		
ID Type / ID No.: NRIC NO / S9202226I			Contact No.: Home/Office:		Mobile: 87687425
Nationality: SINGAPORE CITIZEN			Email: wadbangau@gmail.com		
Sex: Male	Age: 29	Date of Birth: 20/01/1992	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2021 13:00	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SBJ30L	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
SJM3977A	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211023/7009

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

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Report No. T/20211023/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3977A	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0000043	15/01/2021	14/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SITI NURHIDAYAH BYE RAZALI		ID No.	S9219828F
Related Vehicle	SJM3977A (Car)		Contact No.	87525868
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	23/10/2021		Date	23/10/2021
No. of Days granted Medical Leave	05		Degree of	Slight
Driver				
Name	MUHAMMAD NUR WAHDINI BIN ADNAN		ID No.	S9202226I
Related Vehicle	SJM3977A (Car)		Contact No.	87687425
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	23/10/2021		Date	23/10/2021
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

On 22/10/2021 at about 1300 Hrs, i was driving my vehicle SJM3977A along jalan Eunos towards PIE with my wife as a front seat passenger. While i drive near to the Junction of Jalan Eunos and Sim Ave, due to the traffic in front of me a car stopped so i follow and slow down my vehicle and come to a complete stopped. Suddenly i felt a great impact from behind and the impact surged my vehicle forward but i didn't collide with the in front vehicle. After the accident, i alighted my vehicle and discover that a car SBJ30L cannot stop on time and rear ended my vehicle rear portion and cause damage and dented to my vehicle rear section. I request to exchange particular but the lady driver refuse to exchange. I and my wife felt the pain on the neck and back due to the impact of the accident and today when we wake up the pain more worse so i and my wife consult doctor and was given 5 days MC for both of us from 23/10/2021 to 27/10/2021.



**SINGAPORE
POLICE FORCE**

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



T/20211023/7009

3 of 4

Report No. T/20211023/7009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211023/7009

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

4 of 4

Report No. T/20211023/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
23/10/2021 10:47

Classification Of Case:

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1986 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.: D21MPC0000043

COVER: Third Party Fire & Theft

- | | |
|---|--|
| <p>1. Index Mark and Registration Number of Vehicle : SJM3977A</p> <p>Chassis No : KMHIDU41BR9U654741</p> <p>2. Name of Policyholder : MUHAMMAD NUR WAHDINI BIN ADNAN</p> <p>3. Effective date of Insurance : 15 Jan 2021</p> <p>4. Expiry date of Insurance : 14 Jan 2022</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <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> <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.</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> | |
|---|--|

*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.

Hire Purchase Company **WSJ Credit Pte td**

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN 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
Date of Issue : 03/12/2020 15:38:13
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory

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