

NATIONAL Assessment Centre Services

Date In: 18/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/EQI 22000662/m4	SAS e-filing		
Veh No: SLZ5164Z	E-mail (within 3hrs, AM 2hrs)		
D.O.A: 17/01/2022 10:18	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: UNKNOWN	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) iT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) N1: 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 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 Submission	18/01/2022 18:06 (SGT)
Date of Accident	17/01/2022 10:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE JUST BEFORE THE MOULMEIN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5164Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NOORHIDAYAT BIN IBRAHM
NRIC No	SXXXX534I
Email Address	m.noorhidayatibrahim@gmail.com
Mobile Phone No	(Phone) +65-83223096
Alternative Phone No	+65-83223096

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-001223
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NOORHIDAYAT BIN IBRAHM
NRIC No	SXXXX534I

Date Of Birth	06/01/1995
Occupation	Indoor
Date Of Driving Pass	12/10/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83223096
Alt. Phone Number	+65-83223096
Email Address	m.noorhidayatibrahim@gmail.com
Address	BLK 638 YISHUN STREET 61
Address complement	#08-154
Postcode	760638
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	Hit by fallen tree / Other objects
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : L/20220117/2048

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TYRE
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD NOORHIDAYAT BIN IBRAHM
Gender	Male
Phone No	(Phone) +65-83223096
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UPPER BACK AND NECK PAIN
Injured person in which vehicle?	SLZ5164Z
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 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 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(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.

YJA

Policyholder's Signature / Date & Time

YJA

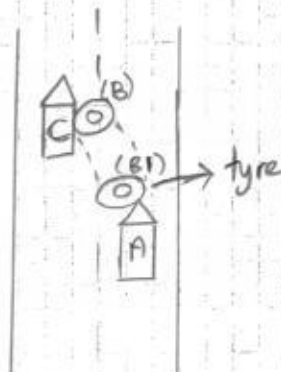
18/01/2022

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

Ru 18/01/22

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLZ 5164 Z

B = tyre

C = unknown

CTE towards SLE just before the Moulmein Exit.

Describe Circumstances of the Accident

— Refer to the police report : L/20220117/2048. —

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date &
Time



18/01/2022

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

 18/1/22

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



L/20220117/2048

1 of 2

POLICE REPORT (NP299)




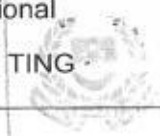
Report No. L/20220117/2048

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 17/01/2022 16:08	Vide Report No.	Station Diary No. 50		
Name Of Informant MUHAMMAD NOORHIDAYAT BIN IBRAHIM	Address APT BLK 638 YISHUN STREET 61 #08-154 SINGAPORE 760638			
ID Type / ID No. NRIC NO / S9500534I	Contact No. Home/Office	Mobile 83223096		
Nationality SINGAPORE CITIZEN	Email Address m.noorhidayatibrahim@gmail.com			
Occupation Property Officer	Sex Male	Age 27	Date of Birth 06/01/1995	Race Malay
Institution/School Name	Language			
Date/Time Of Incident 17/01/2022 10:15	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE CTE towards SLE just before the Moulmein Exit			

Brief details.

On 17th January 2022 at around 1018hrs I was travelling along CTE towards SLE in the first lane. I saw that there was an object in the second lane a distance away. When I was nearing the object a white SUV in the second lane hit the object causing it to fly towards my car. I immediately applied my emergency brakes but was unable to stop in time. My car ended up going over the object in a jerky motion. I pulled over to the side and saw that my front left bumper had a huge dent to it and my front left tire was punctured. My front left tire rims was also scratched. I also suffered upper back and neck pain due to this

Signature Of Officer Recording The Report: L / Sgt 2 ANGELO MARCEL THOMAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2022 16:08
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp (2) KRISTINE NG KAI TING Contact No.: 67360059 	Classification Of Case: SN 005
Authentication Stamp 	

IBCC: 63647559



**SINGAPORE
POLICE FORCE**



L/20220117/2048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220117/2048

incident. I went to Greenlink Medical Clinic and was given 2 days MC. I was also given a referral letter to KTPH by the doctor in the event that the pain doesn't go away. I wish to state that the object looked like a spare tire, the kind that lorries used.

Signature Of Officer Recording The Report:
L / Sgt 2 ANGELO MARCEL
THOMAS

Signature Of Informant:

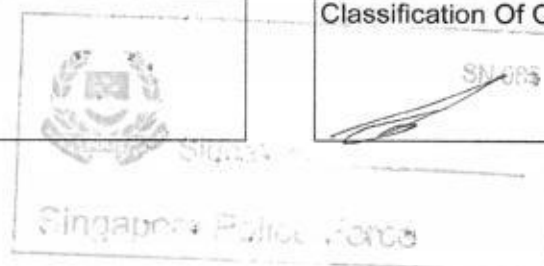
Signature Of Interpreter:
Not applicable

Date/Time:
17/01/2022 16:08

Officer In-Charge Of Case:
L / Woodlands Police Divisional
Investigation Branch /
Insp (2) KRISTINE NG KAI TING
Contact No.: 67360059

Classification Of Case:

Authentication Stamp



ACCIDENT STATEMENT (10:18 am)

ACCIDENT DATE: (17 / 01 / 2022) (DD/MM/YYYY), TIME: (10 : 18) (HH:MM)

LOCATION: ~~CTE~~ CTE towards SLE just before the Moulmein Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 5164Z
 b) INSURANCE COMPANY: EQ Ins
 c) POLICY NUMBER: DmPPH021-001223
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Shuttle (Auto / ~~Manual~~) (1496cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Muhammad Noorhidayat Bin Ibrahim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9500534I CONTACT: 8322 3096
 c) ADDRESS: Blk 638 Yishun Street 61 #08-154 (S) 760638.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: - AS ABOVE - (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (06 / 01 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/10/2017

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver (slight)
 7. a) REPORTED TO POLICE (YES / NO) (upper back & neck pain)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown MODEL: tyre
 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 = m.noorhidayatibrahim@gmail.com

Fax =

Video = Yes

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

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 Classic****Certificate No. : DMPPHQ21-001223****1. Index Mark and Registration Number of Vehicles**

SLZ5164Z

2. Name of Policyholder

MUHAMMAD NOORHIDAYAT BIN IBRAHIM

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

06/02/2021

4. Date of Expiry of Insurance

05/02/2022

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.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of 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. Limitation 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.

Hire Purchase : Tokyo Century Leasing (Singapore) Pte Ltd

A000211/MDivine Insurance Agency

Date of Issue : 03/02/2021 12:47

Authorised Signatory
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

