

NATIONAL Assessment Centre Services

Date In: 10/02/2022 13:08	Job description	Date & Time Completed	Done by
Ref No: NA / III 22001289/m4	SAS e-filing		
Veh No: GW6745R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/02/2022 08:30	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: GBL 1569H	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 2200352	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		
	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:-		
	OD:		
	*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		
Auditors' Comments :-	Invoice date/	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	10/02/2022 13:08 (SGT)
Date of Accident	08/02/2022 08:30 (SGT)
Exact Location of Accident	Lor 7 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW6745R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KMT ENGINEERING PTE. LTD.
Company Reg No	2XXXXX634E
Email Address	kmtengrg@singnet.com.sg
Mobile Phone No	(Phone) +65-97498520
Alternative Phone No	+65-90950480

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	2986

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D18MCMV0001989_03
Cover Note Number	-

DRIVER

Name of Driver	HOSEN MOHAMMAD SHARIF
Passport No/FIN	GXXXX366W

Date Of Birth	28/12/1991
Occupation	Outdoor
Date Of Driving Pass	21/11/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90950480
Alt. Phone Number	-
Email Address	kmtengrg@singnet.com.sg
Address	4C LORONG 10 GEYLANG
Address complement	-
Postcode	399038
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
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

PLS REFER TO THE ATTACHED 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	GBL1569H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MIAH RASHED
Passport No/FIN	GXXXX323R
Contact Number	(Phone) +65-83572628
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN 09222A0003 Vehicle Registration No: GW 6745R
Name (as shown in NRIC): Hosen Mohammad Sharif NRIC/FIN/Passport No: G 2102366W
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 4C Lorong 10 Geylang Singapore (397038)
Contact (Tel): _____ Mobile No.: 9095 0480
Email Address: kmtengray@singnet.com.sg
Date of Accident: 08/02/2022 Time of Accident: 08:30
Place of Accident: Geylang Lor 7.
Insurance Company: India International

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. Amend policy number to : D18MCV0001989-03.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Ruee
NRIC/FIN No.: _____
Date: 10/2/22

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

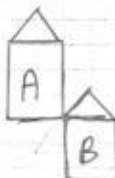
10/2/22

Sketch Plan

A = GW 6745R

B = GBL 1569H

Geylang Lorong 7.



Describe Circumstances of the Accident

I was travelling along Greyling Lor 7 road and suddenly i felt an impact from ~~behind~~ ^{right rear side}.
It was vehicle B that had bang onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Shue

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

R 10/2/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 02 / 2022 (DD/MM/YYYY), TIME: 08 : 30 (HH:MM)

LOCATION: Geylang Lorong 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 6745R
 b) INSURANCE COMPANY: India International Ins.
 c) POLICY NUMBER: FFUE34Y503001670 D18MCV0001989-03
 d) POLICY TYPE: (COMPREHENSIVE) (THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Dyna Auto/Manual (2986cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) (COMMERCIAL) / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 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: KMT Engineering Pte. Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200616634E CONTACT: 9749 8520
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HOSEN MOHAMMAD SHARIF (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2102366W CONTACT: 9095 0480
 c) ADDRESS: 4C Lorong 10 Geylang

* d) DATE OF BIRTH: 28 / 12 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) (OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/11/2020

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) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 1569 H MODEL: _____
 b) DRIVER'S NAME: MIAH RASHED
 c) NRIC/FIN/PASSPORT: G12089323R CONTACT: 8357 2628

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)

(2)

1) colleague (m)

* No of passengers
 (including driver)

()

* No of passengers
 (including driver)

()

Email = kmtengrg@singnet.com.sg


fax =

video = NO

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 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.: D18MCV0001989_03	COVER: Third Party Only										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">1. Index Mark and Registration Number of Vehicle</td> <td style="width: 60%;">: GW6745R</td> </tr> <tr> <td>Chassis No</td> <td>: JTFUF34Y503001670</td> </tr> <tr> <td>2. Name of Policyholder</td> <td>: KMT ENGINEERING PTE. LTD.</td> </tr> <tr> <td>3. Effective date of Insurance</td> <td>: 01 Nov 2021</td> </tr> <tr> <td>4. Expiry date of Insurance</td> <td>: 31 Oct 2022</td> </tr> </table>		1. Index Mark and Registration Number of Vehicle	: GW6745R	Chassis No	: JTFUF34Y503001670	2. Name of Policyholder	: KMT ENGINEERING PTE. LTD.	3. Effective date of Insurance	: 01 Nov 2021	4. Expiry date of Insurance	: 31 Oct 2022
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Chassis No	: JTFUF34Y503001670										
2. Name of Policyholder	: KMT ENGINEERING PTE. LTD.										
3. Effective date of Insurance	: 01 Nov 2021										
4. Expiry date of Insurance	: 31 Oct 2022										
<p>Persons or Classes of Persons entitled to drive*</p> <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>											
<p>6. Limitations as to use*</p> <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 or for racing, pace-making, reliability trial, or speed-testing. b) 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>											
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.</p>											
<p>*I 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 : A000050/Sunmex Enterprise Date of Issue : 13/09/2021 15:53:01 M.Z. 300C - GOODS CARRYING ORGANIZATION	<p>For India International Insurance Pte Ltd</p>  _____ Authorised Signatory										

SUNMEX ENTERPRISE
 8 UNGGOK STREET
 #24-02
 SINGAPORE 079718
 TEL: 6220 5977 FAX: 6220 1558