

# NATIONAL Assessment Centre Services: [wef 1 Jan'08] SN09225000C

Date In: <u>21/05/2022</u> <u>18:06</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/11/220050474</u>	SAS e-filing		
Veh No: <u>GBH 9377M</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>21/05/2022</u> <u>11:30</u>	i-Motor Claim Form		
OD <u>6</u> / 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 Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>GBH 415K</u>	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) % [Note-Bst. 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:	Date & Time Completed
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: _____	
Date/Time	ACTIONS

<u>NBA/2201457</u> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engi-In-Charge): Auditors' Comments: L1: L2/3:	Invoice Preparation Checklist		Am (\$)	Am (\$)
	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) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) NI: 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				
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	27/05/2022 18:06 (SGT)
Date of Accident	27/05/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL HEIGHTS ESTATE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9377M
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MIKE MOTOR RECOVERY
Company Reg No	5XXXX668B
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-97204184
Alternative Phone No	+65-97204184

### 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 - Claiming third party
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	D18MCV0003112_03
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD IBRAHIM BIN ABDUL RAZAK
NRIC No	SXXXX319A

Date Of Birth	20/03/1977
Occupation	Outdoor
Date Of Driving Pass	30/12/2013
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97204184
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 844 JURONG WEST STREET 81 #02-209
Address complement	-
Postcode	640884
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

PLEASE REFER TO SKETCH PLAN

#### 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	GBJ415K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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:

x

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

Braddell Heights Estate



A) GBH 9377m  
B) GBJ 415K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was  
driving Braddell Heights Estate, suddenly  
vehicle (B) cut into my land and hit  
into left portion.

A: GBM 9577M

B: GBT 4LSK

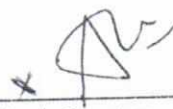
DECLARATION

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



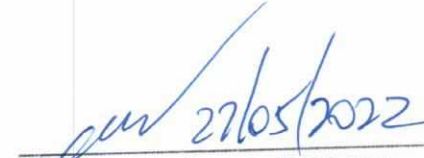
Policyholder's Signature Date  
& Time:

GIARMC SketchPlanForm\_V3



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



  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 05 / 2022 (dd/mm/yy)

Time of Accident: 11 : 30 (24-HR-FORMAT)

Vehicle No.: GBH 9377M Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Braddell Heights Estate

Policyholder's Name: Mike Motor Recovery I/C / UEN: 53152668B  
57707319A

Driver's Name / IC No.: Muhammad Ibrahim Bin Abdul Razak (As Above) ☐

Driver's Contact No.: 9720 4184 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: fullstop423@gmail.com Insurance Company: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle Was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 01

**\*Passanger Name:** \_\_\_\_\_ Gender: Male / Female \*Passanger

**Name:** \_\_\_\_\_ Gender: Male / Female

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBJ 415K

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_


\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact 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.

<b>CERTIFICATE NO.: D18MCV0003112_03</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: GBH9377M	
Chassis No	: JTFAT35Y10K211800	
2. Name of Policyholder	: MIKE MOTOR RECOVERY	
3. Effective date of Insurance	: 30 Oct 2021	
4. Expiry date of Insurance	: 29 Oct 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. <b>The Policy does not cover</b> a) Use for hire or reward or for racing, pace-making, reliability trail, 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>Excess Sect I: SGD850.00 Windscreen Excess: SGD100.00 Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE. ADDITIONAL EXCESS OF \$2500/- ON SECTION 1 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>		
<p>Agent/Broker : A000041/P &amp; C INSURANCE AGENCY Date of Issue : 14/10/2021 09:08:09 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>