

NATIONAL Assessment Centre Services

SN0922880007

Date In: 6/8/22 9/12/19.08	Job description	Date & Time Completed	Done by
Ref No: NA/4022007662/13	SAS e-filing		
Veh No: TA12166	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 6/8/22 13:03	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: SMRS389Y 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

Client's Particulars	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
NA2205135	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Est. 1:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
Est. 2 / 3:	ON:		
	*N5: Courtesy Car / Tp. 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: Idao 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 Actual 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	08/08/2022 19:08 (SGT)
Reported by	Driver
Date of Accident	06/08/2022 13:03 (SGT)
Exact Location of Accident	Chiselhurst Grove, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1216C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSLIE TRANSPORT SERVICES
Company Reg No	5XXXX852A
Email Address	MUHAMMEDSYAUKAT97@GMAIL.COM
Mobile Phone No	(Phone) +65-90814025
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4a
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	5000

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110174592002

#### DRIVER

Name of Driver	MUHAMMED SYAUKAT BIN MOHAMED ABDUL NASSER
NRIC No	SXXXX227I
Date Of Birth	20/06/1997
Occupation	Outdoor

Date Of Driving Pass	13/06/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96535707
Alt. Phone Number	-
Email Address	MUHAMMEDSYAUKAT97@GMAIL.COM
Address	BLK 711 CLEMENTI WEST STREET 2 #02-217
Address complement	-
Postcode	120711
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	-
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5389Y
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**

**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

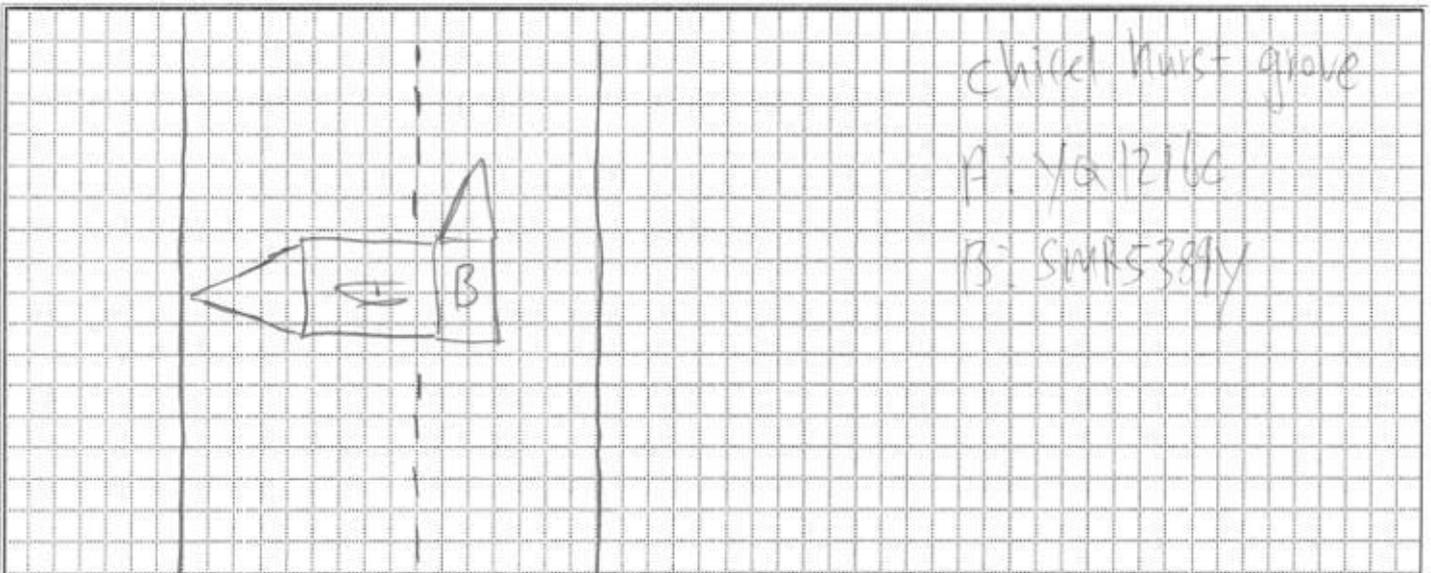


\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



**Describe Circumstance of the Accident**

me vehicle A was reversing, suddenly I felt an impact. My vehicle had collided with vehicle B.

**Declaration**

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



A handwritten signature in black ink.

A handwritten signature in black ink.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 8 / 22 (DD/MM/YYYY), TIME: 13 : 03 (HH:MM)

LOCATION: Chichehurst grove

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ1216C
- b) INSURANCE COMPANY: ISUZU
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) AUTO / MANUAL
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) work
- 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: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90814025
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Muhammad
- b) NRIC/FIN/PASSPORT: S97212241 (MALE / FEMALE)
- c) ADDRESS: Blk 711 Clementi West Street 2 #02-217 CONTACT: 96535707

\* d) DATE OF BIRTH: 20 / 6 / 1999 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/6/18

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: SMR5389Y 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: \_\_\_\_\_

\* No of passenger  
(including driver)  
(02) M

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = muhammad syakir hut 97@gmail.com

fax =

video =



MEMBER OF THE UOB GROUP

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Co. Reg. No. 197100152R

### 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)

**ORIGINAL**

<b>CERTIFICATE NO.</b>	DHOM110174592002	<b>Excess:</b>	\$800/-SECTION 1
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	YQ1216C		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	ROSLIE TRANSPORT SERVICES		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 9 July 2022 to 8 July 2023

**Engine#** 4JJ14C5117

**Chassis#** JAANNR85HK7100251

Goods carrying - Private Type [MZ 300]

**AUTHORISED DRIVER**

Any person who is driving on the Insured's order or with their permission

**LIMITATIONS AS TO USE**

(1) Use in connection with the Insured's business

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business

(3) Use for social domestic and pleasure purposes

**THE POLICY DOES NOT COVER**

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

\*Limitation 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).

**UNITED OVERSEAS INSURANCE LTD**

For the Company

FSCPP Date : 06/07/2022