

NATIONAL Assessment Centre Services

Date In: 2/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/EQ122010938/s-r3	E-mail (within 8hrs, AP 2hrs):		
Veh No: SLW 5889G	i-Motor Claim Form		
DOA: 1/11/2022 0750	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 6 Reporting Only	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: FBP 2031 P	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 (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: 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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2/3:	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	02/11/2022 15:55 (SGT)
Reported by	Both
Date of Accident	01/11/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEFORE CHIJ JUNCTION OF BARTLEY ROAD AND SERANGOON AVENUE 1 TOWARDS WOODLEIGH UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5889G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MANDAR BIN MOHAMED ALMASHOOR
NRIC No	SXXXX676F
Email Address	MOHDAV5366@GMAIL.COM
Mobile Phone No	(Phone) +65-97289472
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1968

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-005738

DRIVER

Name of Driver	SYED MANDAR BIN MOHAMED ALMASHOOR
NRIC No	SXXXX676F

Date Of Birth	16/06/1953
Occupation	Outdoor
Date Of Driving Pass	12/01/1974
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97289472
Alt. Phone Number	-
Email Address	MOHDAV5366@GMAIL.COM
Address	BLK 710 BEDOK RESERVOIR ROAD #05-3124
Address complement	-
Postcode	470710
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 and run / Vandalism / Damaged whilst parked
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	PASSENGER
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 ATTACHED REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP2031P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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.
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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 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.

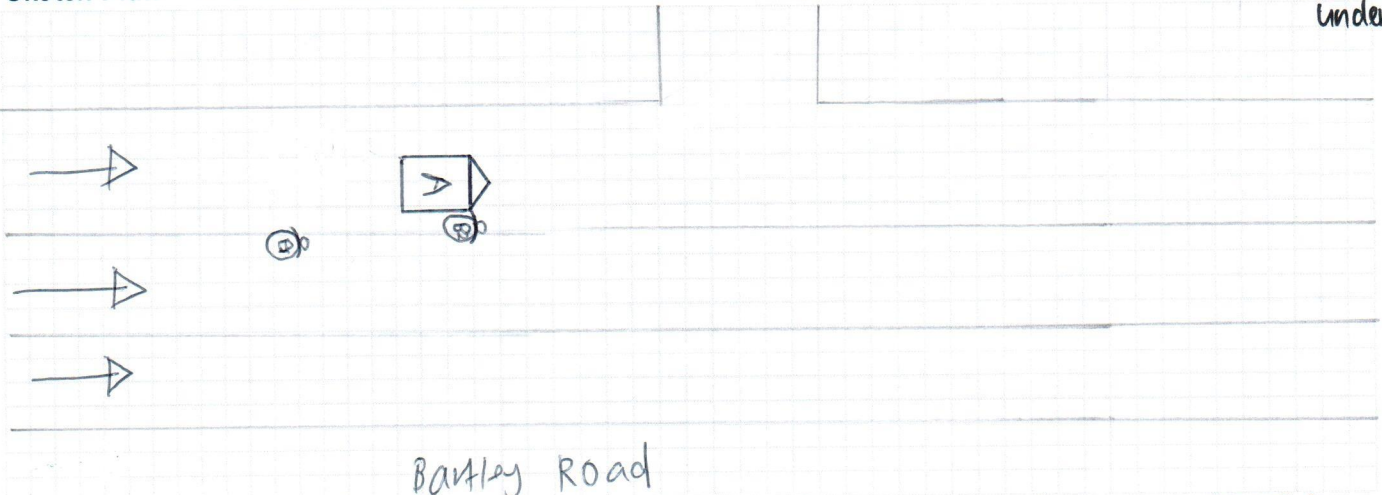
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Before CH15 Junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh underpass




(A) - SLW5889G
(B) - FBP2031P

— Refer to police report attached —

Report No. : T/20221102/7027

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration


Policyholder's Signature / Date &
Time

Dr. 2/11/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221102/7027

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

1 of 3

Report No. T/20221102/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 14:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYED MAHDAR BIN MOHAMED ALMASHOOR			Address: 710 BEDOK RESERVOIR ROAD #05-3124 SINGAPORE 470710		
ID Type / ID No.: NRIC NO / S0082676F			Contact No.: Home/Office: Mobile: 97289472		
Nationality: SINGAPORE CITIZEN			Email: MOHDAR5366@GMAIL.COM		
Sex: Male	Age: 69	Date of Birth: 16/06/1953	Type of Informant: Driver		
Race: Arab			Language: English		Institution / School Name:
Occupation: Designer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/11/2022 07:50	Type of Location: Straight Road
Location: BARTLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP2031P	Motorcycle					0
SLW5889G	Car	VOLKSWAGO N	PASSAT 2.0 TFSI AT W/OSR 3G24MY	Silver		1



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5889G	EQ INSURANCE COMPANY LTD.	DMPPHQ22-005738	26/07/2022	25/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SYED MAHDAR BIN MOHAMED ALMASHOOR		ID No. S0082676F
Related Vehicle	SLW5889G (Car)		Contact No. 97289472
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

On 01/11/2022 at about 0750hrs at before cross junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh Underpass. I was travelling along the left lane and came to a stop while waiting for the 'green' traffic light and suddenly, a vehicle (B) from my right lane cut across into my lane without checking his blind spot and collided onto my right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger inside my vehicle.

Vehicles involving in the situation:

(A)SLW5889G

(B)FBP2031P



**SINGAPORE
POLICE FORCE**



T/20221102/7027

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

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Report No. T/20221102/7027

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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

Date/Time:
02/11/2022 14:27

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 01/11/2022			Time: 0750 hrs			(hh:mm) 24 hr format		
Location Before CHW Junction of Bartley Road and Arangan Avenue 1 towards woodleigh underpass.								
Vehicle Number SLW 5889G								
Insured Name Syed Mandar Bin Mohamed Almasoor								
NRIC / FIN S 0082676F			Contact Number 9728 9472					
Make Volkswagen			Model Passat 2.0					
Are you claiming under your own insurance policy for repair to your vehicle?								
() Yes If No, Pls select: (/) Third Party () Reporting								
Insurance Company EQ								
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only								
Policy Number DMPPHQ 22- 005738								
Name of Driver (/) Same as Insured								
NRIC / FIN S 0082676F			Contact Number 9728 9472					
Date of Birth 16/06/1953								
Driving Pass Date 12/01/1974								
Occupation () Indoor (/) Outdoor								
Gender (/) Male () Female								
Email Address mchdar5366@gmail.com () NO EMAIL								
Address of Driver BIK 710 Bedok Reservoir Road #05-3124								
S(470710)								
Was driver an employee of the Insured's Company? () Yes (/) No								
If No, Relationship of the Driver with the Insured								
(/) Owner () Spouse () Friend () Relative () Children () Sibling								
Does the Driver Own Any Other Vehicle? () Yes (/) No								
If Yes, Vehicle Registration Number of Driver's Own Vehicle								
Insurance Company of Driver's Own Vehicle								
Weather Conditions (/) Clear () Raining () Others								
Road Surface (/) Dry () Wet () Others								
Was any foreign vehicle involved in this accident? () Yes (/) No								
Was anybody injured in the accident? () Yes () No								
If yes, injured detail								
Was there any video captured by Car Camera? (/) Yes () No								
Was the Accident reported to the Police? () Yes (/) No If yes attach police report								
DETAILS OF 3 rd party			Name / Nric			Contact		
Veh B FBP 2031P								
Veh C								
Veh D								
Veh E								
Veh F								

2 person including driver - 1 Female (P)

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. : DMPPHQ22-005738**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SLW5889G

2. Name of Policyholder

SYED MAHDAR BIN MOHAMED ALMASHOOR

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

26/07/2022

4. Date of Expiry of Insurance

25/07/2023

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
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 : DBS BANK LTD

A000137/I. Insurance

Date of Issue : 18/07/2022 11:32

Authorised Signatory
EQ Insurance Company Limited**Exp No. : DMPPHQ21-005312**