

NTUC Assessment Centre Services

Date In 03/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/11123002315/W	SAS e-filing		
Veh No GBH 9377 M	E-mail (within 8hrs. Aft 2hrs)		
DOA 02/03/2023	i-Motor Claim Form		
OD/ TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

referred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

P Particulars: Veh No: GY 3315 H 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%; P: 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)

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Actions: ()

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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	03/03/2023 18:00 (SGT)
Reported by	Driver
Date of Accident	02/03/2023 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	North Coast Ave Infront of JTC Woodlands North Coast
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9377M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mike Motor Recovery
Company Reg No	5XXXX668B
Email Address	mikemotorrecovery@hotmail.com
Mobile Phone No	(Phone) +65-90119199
Alternative Phone No	-

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MCV0003112_04

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	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87506167
Alt. Phone Number	-
Email Address	mikemotorrecovery@hotmail.com
Address	Blk 844 Jurong West St 81
Address complement	#02-209
Postcode	640844
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 the attached report.

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	GY3315H
Vehicle Manufacturer	Nissan
Vehicle Model	Urvan
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Lim Kok Tee
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 03 / 2023 (DD/MM/YYYY) TIME: 16 50 (HHMM)

LOCATION: North Coast Ave, in front of JTC Woodlands North Coast

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBH 9377M

b) INSURANCE COMPANY: India

c) POLICY NUMBER: D18MCV0003112-04

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Toyota Dyna Auto / MANUAL

f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Work / towing

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: Mike Motor Recovery (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 53152668B CONTACT: 90119199

c) ADDRESS: Blk 601A Tampines Ave 9 #15-800 S(521601)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: Muhammad Ibrahim Bin Abdul Razak (MALE / FEMALE)

e) NRIC/FIN/PASSPORT: S7707319A CONTACT: 8750 6167

f) ADDRESS: 151844 Jwong West St 81 #02-209 S(640844)

g) DATE OF BIRTH: 20 / 03 / 1977 (DD/MM/YYYY)

h) OCCUPATION: (INDOOR / OUTDOOR)

i) YEARS OF DRIVING EXPERIENCE: 15 30 Dec 2013

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: GY 3315H

b) DRIVER'S NAME: Lim Kok Tee

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:



Email =

Phone =

Address =

mikemotorrecovery@hotmail.com

no of passengers
(including driver)
(1)

no of passengers
(including driver)
(3)

no of passengers
(including driver)
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SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~report~~ 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 ~~is~~ use 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~~ 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~~ 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

Handwritten sketch plan on a grid background. The sketch shows a road layout with a car labeled 'A' and another labeled 'B'. A large arrow points from the car towards the right. The text 'North Coast Ave' is written on the right side of the grid.

Handwritten notes on the right side of the grid:

- A = GIBH 9312 M
- B = GT 3315 H

Describe Circumstance of the Accident

at about 1650 hrs.

On 02/03/2023, I was driving my vehicle at the slip road of North Coast Ave when the vehicle GT 3315H stopped in front. I was not able to stop in time and the rear portion of my vehicle GBH 9377 M collided onto the ^{front} rear portion of the vehicle GT 3315H. No one was injured.

Declaration

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



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)


03/03/23

03/03/2023

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.

CERTIFICATE NO.: D18MCV0003112_04		COVER: Comprehensive
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 2022	
4. Expiry date of Insurance	: 29 Oct 2023	
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. The Policy does not cover 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 Section 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 &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF S\$2500/- ON SECTION I 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 & C INSURANCE AGENCY Date of Issue : 20/10/2022 13:42:14 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p>  <p>Authorised Signatory</p>