

NATIONAL Assessment Centre Services (M11 1244) **2008234K0005**

Date In: 20/04/2023 18:09	Job description	Date & Time Completed	Done by
Ref No: NBA/EG/23006914	SAS e-Mailing		
Yeh No: SJP 77906	E-mail (with email, AIC 2013)		
D.O.A: 19/04/2023 17:10	1-Motor Claim Form		
OD: TP Repeating Only	1-Motor W/O (with: 02, 03, 04, 05)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SJP 80634** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: Use Status (WO): W: 0-30%, F: 21-70%, 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 repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-in () / Towed-in () ; Invoice: YES () / NO () ; Towing Co: ()

- Remarks: (INC No: 0788, 0014) Date & Time Completed: () Done by: ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date	Action

Invoice Preparation Charge List	Amount	Ass'd By
1) AR: Accident Passings (330)	0	
2) DA: Damage Assessment (3100)	INC (356)	
3) TP: Towing Fee	500/545	
4) PF: Follow-Through Survey	5122	
5) PF: Follow-Through Survey (Emergency)	550	
6) TR: Re/Insured	375	
7) NI: New DA + SMIT Survey	5145	
8) NTUC Adjudical Fee/Instn		
ODI		
* NI: Courtesy Car / Tel Allowance	55	
* NI: Repair Coordination	315	
* NI: Post Repair Inspection	535	
* NI: DV / Collect Excess Coordination	51	
* TP (1) / TP (Non-INC) / Survey INC	320	
* NI: (1) / NI: (1)	10	
Invoice Total		

Checked by (Engi-In-Charge): ()

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	20/04/2023 18:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 12:10 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	TOWARDS CTE/ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7790G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMAD NORRAHMANI'IZHAMMUDDIN BIN SONNY
NRIC No	SXXXX003I
Email Address	izham_sonn@yahoo.com.sg
Mobile Phone No	(Phone) +65-86116351
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1499

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-004589

DRIVER

Name of Driver	MOHAMMAD NORRAHMANI'IZHAMMUDDIN BIN SONNY
NRIC No	SXXXX003I
Date Of Birth	21/12/1984
Occupation	Indoor

Date Of Driving Pass 14/09/2012
 Driving experience 10 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-86116351
 Alt. Phone Number -
 Email Address izham_sonn@yahoo.com.sg
 Address BLK 357 YISHUN RING ROAD #02-1844
 Address complement -
 Postcode 760357
 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 Side Swipe
 Weather Conditions Raining
 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
 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? 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 POLICE REPORT T/20230419/7033

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ8063U
 Vehicle Manufacturer Toyota
 Vehicle Model Estima

Vehicle Variant	-
Vehicle Colour	Black
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

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 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.

[Signature] 20/04/23
Policyholder's Signature / Date & Time

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

[Signature] 20/04/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

LENTOR AVENUE TOWARDS CTR / BATH MO KIO

Vehicle A : SJF 7790 G
Vehicle B : STJ 8063 U



Describe Circumstance of the Accident

As per police report

T/20230419/7033

A large rectangular area with horizontal lines, containing a large blue scribble that spans across most of the lines.

Declaration

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

x [Signature] 20/04/23
Policyholder's Signature / Date & Time

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

[Signature] 20/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230419/7033

1 of 3

Report No. T/20230419/7033

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2023 13:31	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMMAD NORRAHMAN'IZHAMMUDDIN BIN SONNY		Address: 357 YISHUN RING ROAD #02-1844 SINGAPORE 760357	
ID Type / ID No.: NRIC NO / S8441003I		Contact No.: Home/Office:	Mobile: 86116351
Nationality: SINGAPORE CITIZEN		Email: IZHAM_SONN@YAHOO.COM.SG	
Sex: Male	Age: 38	Date of Birth: 21/12/1984	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Occupational health and safety professional		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/04/2023 12:10	Type of Location: Straight Road
Location: LOWER SELETAR CLOSE				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
SJF7790G	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black		0
SJJ8063U	Car	TOYOTA	Estima	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230419/7033

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

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Report No. T/20230419/7033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF7790G	EQ INSURANCE COMPANY LTD.	DMPPHQ22-004589	11/06/2022	10/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMAD NORRAHMAN'IZHAMMUDDIN BIN SONNY		ID No.	S8441003I
Related Vehicle	SJF7790G (Car)		Contact No.	86116351
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

i was travelling along lentor avenue towards ang mo kio / CTE (city) when a black Toyota Estima SJJ8063U attempted to change into my lane without indicating his signal. The said vehicle then side swiped my car made a run for it although i did horned to instruct him to stop at the shoulder lane of CTE to change particulars and assess the damage. The said driver then made a run for it and exit from CTE at Ang Mo Kio ave 5. I do have dashcam video however the time is not sync and accurate.



**SINGAPORE
POLICE FORCE**



T/20230419/7033

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

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Report No. T/20230419/7033

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

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

Date/Time:
19/04/2023 13:31

Classification Of Case:

ACCIDENT STATEMENT

Date 19/04/2023
Time 12:10 pm
Location Lentor Avenue towards CTE / Ang Mo Kio

VEHICLE (A)
Name of owner 53F77906 Make & Model: Mitsubishi Lancer EX
NRIC / Company Registration No. MOHAMMAD NURBAHMAN 'IZHAMUDDIN BIN SUNNY
884410031
Email izham_sunni@yahoo.com.sg
Contact HP: 86116351 Tel: Fax:
Type of claim Own Damaged Third Party / Reporting Only
Purpose of use Private Commercial / Hire & Reward

Insurance Company EQ
Type of Policy Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number DM PPHQ22-004589

Name of driver As above / #No:
NRIC no 884410031
Date of birth 21/12/1984
Occupation 14/09/2012
Gender Indoor / Outdoor
Male / Female
Contact 86116351
Address B1357 YISHUN RING ROAD #02-1844 S(760357)
Driving Passed date 14/09/2012
Email izham_sunni@yahoo.com.sg
Relationship with the Insured Owner Children / Spouse / Employee / Others:
Does the driver own any other vehicle No / Yes: Vehicle no: Ins. Co:

Type of Collision Side swipe
Weather conditions / Road surface Clear / Raining - Dry / Wet / Others:
Any Police Report lodged No / Yes: Where? Online
Notice of Intended Prosecution Given? No / Yes: Against who?
Anybody injured in the accident? No / Yes: Who / Vehicle no?
Any other material or property damaged? No / Yes
Any foreign vehicle involved? No / Yes: Vehicle no:
Any video captured by car camera? No / Yes

VEHICLE (B) - THIRD PARTY SJJ8063U
Name of driver
NRIC / FIN no. / Passport number
Contact
Insurance Company

Details of Witness HP:

Other Vehicles
(C) Any Passenger:
(D) Any Passenger:
(E) Any Passenger:

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. : DMPPHQ22-004589

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$500.00

Unnamed Drivers: S\$1,000.00

YEID Additional: S\$3,000.00

1. Index Mark and Registration Number of Vehicles

SJF7790G

2. Name of Policyholder

MOHAMMAD NORRAHMAN'IZHAMMUDDIN BIN SONNY

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

11/06/2022

4. Date of Expiry of Insurance

10/06/2023

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 or permission.

EQI Motor Accident
Hotline

6311 3211



* 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 : Speed Credit Pte Ltd

A000137/I. Insurance
Date of Issue : 06/06/2022 09:39

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMPPHQ21-004359