

**NATIONAL Assessment Centre Services** (Call 1-800-451-5400) **SN082890004**

Date In: **09/08/2023 15:32** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NA2801362** E-mail (within 24hrs, A/C 24hrs)

Veh No: **SPX 460M** I-Motor Claim Form

D.O.A: **08/05/2023 01:03** I-Motor W/O (within 24hrs, A/C 24hrs)

QC **TP** Reporting Only I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/When

TP Insured:

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

TP Particulars: Veh No: **SN5288T** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: Time:

Insured/Driver Liability: ( ) (Note: Bld. Status (WO): 1% 0-30%, 1% 21-79%, 1% 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: ( )

Repair/Service: ( ) ( ) ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other: ( )

**NA2801362**

Invoice Preparation Charge:

1) A/R: Accident Processing (\$300)	
2) D/A: Damage Assessment (\$1000)	INC (\$50)
3) T/P: Towing Fee	\$100/\$40
4) P/E: Follow-Up through Survey	\$100
5) P/E: Follow-Up through Survey (Barramsey)	\$50
6) T/R: Towing Fee	\$70
7) N/E: New DA / RENT Survey	\$100
8) N/E: Additional Services	
9) O/E: Courtesy Car / Tel Allowance	\$50
10) N/E: Repair Coordination	\$100
11) N/E: Post Repair Inspection	\$50
12) N/E: DV / Collect Vehicle Coordination	\$10
13) T/P: TP (Non-INC) Vehicle INC	\$200
14) N/E: Mileage	
15) N/E: Mileage	
16) N/E: Mileage	
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99) N/E: Mileage	
100) N/E: Mileage	

Checked by (Engi-In-Charge):

Signature: ( )

Date: ( )



## 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	09/05/2023 15:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/05/2023 01:03 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX440M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED HEIKEL BIN MOHAMED
NRIC No	SXXXX275I
Email Address	victorwong18369@gmail.com
Mobile Phone No	(Phone) +65-87556205
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	M5
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	4395

### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22011568

### DRIVER

Name of Driver	MOHAMED HEIKEL BIN MOHAMED
NRIC No	SXXXX275I
Date Of Birth	01/06/1986
Occupation	Indoor

Date Of Driving Pass .....	04/06/2009
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87556205
Alt. Phone Number .....	-
Email Address .....	victorwong18369@gmail.com
Address .....	BLK 782B WOODLANDS CRESCENT #07-323
Address complement .....	-
Postcode .....	732782
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	NUR ISHANIA BINTE MOHAMED HEIKEL
Gender .....	Female

#### 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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLN5298J
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MOHAMED HEIKEL BIN MOHAMED
Gender	Male
Phone No	(Phone) +65-87556205
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SBX440M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	NUR ISHANIA BINTE MOHAMED HEIKEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SBX440M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## IMPORTANT NOTICE

## SKETCH PLAN

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 reudiate 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.

*W*

Policyholder's Signature / Date & Time

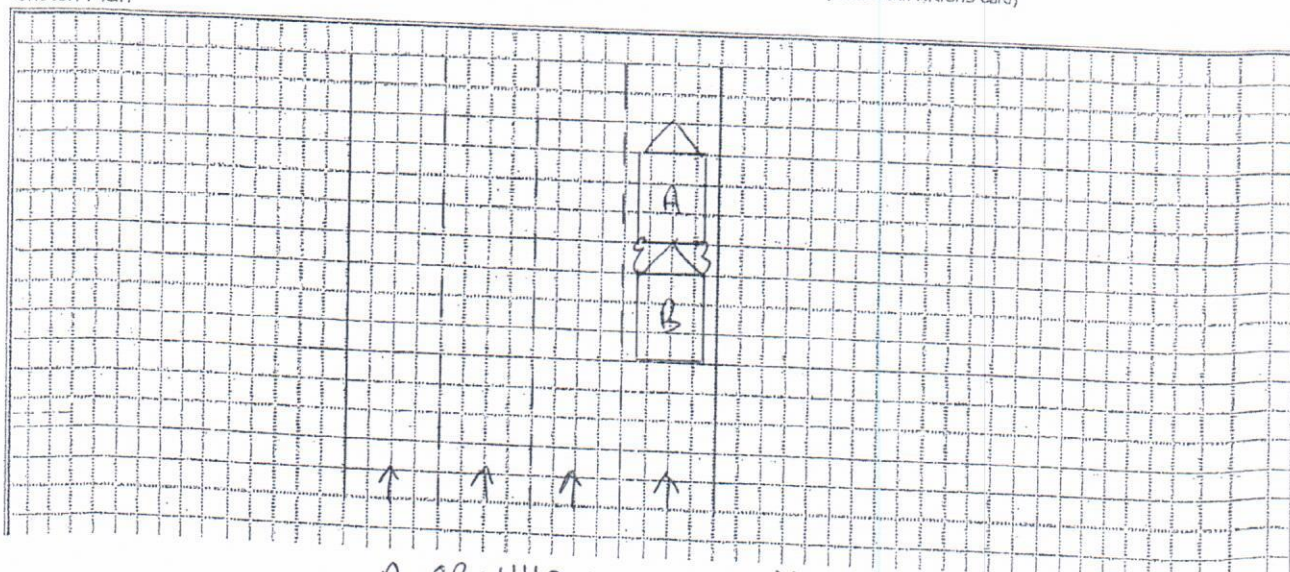
*W*

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

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

09/05/2023

### Sketch Plan



A: SBx 440m  
R: SLN5298J


Kranji Expressway


Describe Circumstance of the Accident

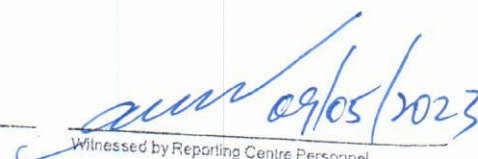
On the stated date and time, I was travelling straight along Kranji Expressway. Suddenly, I felt a huge impact from the rear of my vehicle. I got off and realised vehicle B had collided onto my rear.

Declaration

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

  
Policyholder's Signature / Date & Time

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

 09/05/2023  
Witnessed by Reporting Centre Personnel



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Date of Accident : 08/05/2023 . Accident Time: 0103 . (24-HR-FORMAT)  
Accident Place : Kranji Expressway .  
Vehicle Reg. No (Car plate No.) : SBX440M . CC: 4000 .  
Insurance Company : Eiga . Vehicle Make/Model: BMW M5 .  
Policy No. DMPA22011568 .  
Name of Registered Owner : Company / Individual Mohamed Heikel Bin Mohamed .  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8614275I .  
OWNER EMAIL ADDRESS: victorwong18369@gmail.com . Co Contact No: \_\_\_\_\_ Owner's Contact No: 87556205 .  
DRIVER'S Name : Mohamed Heikel Bin Mohamed . DRIVER'S NRIC No: S8614275I .  
DRIVER'S Date of Birth : 01/06/1986 DRIVER'S License Pass Date 04/06/2009 .  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self .  
DRIVER'S Address : 782B, Woodlands Crescent, #07-323, S(732782) .  
DRIVER'S Contact No./ Alt No. : 1) 87556205 . 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) .  
Email Address : victorwong18369@gmail.com .  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET .  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance .  
Number of Passengers (including Driver): 2 . Name & Gender: 1. Nur Ikhana Binti Mohamed Heikel  
Was the accident reported to the police? YES \ NO 2. Mohamed Heikel Bin Mohamed .  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) All .  
Other Party Driver's Particulars (if any)  
Vehicle Reg No: SCN5298J Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_ Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_ IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_ DRIVER'S Contact & add: \_\_\_\_\_  
REPORT FORM EXPLAINED IN : ENG \ SH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_  
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG22011568

Vehicle Registration Number : SBX440M

Cover Type : Superior Comprehensive

Policy Type : Private Car

Name of Policyholder/Insured : MOHAMED HEIKEL BIN MOHAMED

Commencement Date of Insurance : 18/08/2022

Expiry Date of Insurance : 21/08/2023

Excess	:	SUM INSURED .....	S\$	350,000.00
		EXCESS: SECT 1 (OUTSIDE S'PORE, INCL. FIRE & THEFT)	S\$	7,000.00
		EXCESS: (SECTION I).....	S\$	3,500.00
		EXCESS: WINDSCREEN	S\$	500.00

Finance Company/Hire Purchase Owner : AMS MOTORS PTE. LTD.

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

\* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) 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 (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.

Approved Insurer

*Jonas Boltz*

Authorized Signature

**FLASH**  
Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

A100053	DRAGON INSURANCE AGENCY	
Vehicle Chassis Number : WBSJF02010GA04853, Vehicle Engine/Motor Number : 21093221S63B44B PC1, 18/08/2022 20:06		