

NATIONAL Assessment Centre Services

Date In: 20/11/2017 17:07	Job description	Date & Time Completed	Done by:
Ref No: NA/AIG17022122/K4	SAS e-filing		
Veh No: SKT4184R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 19/11/2017 15:35	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		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: BARRIER	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

NA1707133	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
IC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
U. 1:	6) TR: Re-inspection \$75			
U. 2/3:	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*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			
	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 Authorised 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 ability.
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 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 Report	20/11/2017 17:07
Date Of Accident	19/11/2017 15:35
Exact Location Of Accident	GUARD HOUSE OF HAZEL PARK CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT4184R
Insured/Policyholder	
Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	200915893N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97129731
Alternative Phone No	OFFICE-97129731

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER 316 CDI KA A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994976/100830566
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZAKI BIN MOHAMED
NRIC No	S9046424H
Date Of Birth	04/12/1990
Occupation	INDOOR
Date Of Driving Pass	09/10/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96468344
Fax Number	
Contact Number	OTHERS-96468344
EEmail Address	NOEMAIL

Address	BLK 8 MARSILING DRIVE #06-34
Postcode	730008
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Vehicle No.	SKT 4184R	Model / Make	MERC SPRINT
Date of Accident	19/11/17		
Time of Accident	1535	HRS	
Location of Accident	GUARD HOUSE OF HAZEL PARK CONDOMINIUM		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	HOPE FIRST RESPONSE PTE LTD		
Telephone No.	H/P : 9712 9731	Home :	Office :
NRIC	200415893N		
Address	2 LOHANG LANE, #03-01 SC505913		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994976 / 100830566		
Name of Driver	As Above If No, MUHAMMAD ZAKI BIN MUHAMAD		
NRIC	S904642411	Any Passengers :	2
Date of birth	04 DEC 1990		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	09 OCT 2012		
Gender	Male / Female		
Contact No.	H/P : 9646 8344	Home :	Office :
Address	BLK 8 MARSLINE DR #06-34 SC730009		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	NO OTHER VEHICLE INVOLVE		Any Passengers :
Name of Driver			Contact No. :
Vehicle C No.			Any Passengers :
Vehicle D No.			Any Passengers :
Vehicle E no.			Any Passengers :
Vehicle F No.			Any Passengers :
Vehicle G No.			Any Passengers :
Witness Name	Witness Contact :		
Accident Portion	FRT		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

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.
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7. By the lodgment 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

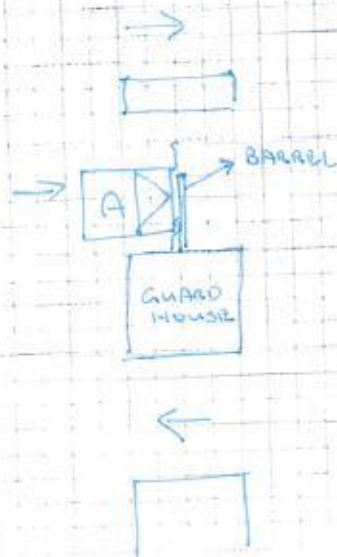

Policyholder's Signature
Date & Time:


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

 20/11/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SKT 4184 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS INTENDING TO ANSWER OF EMERGENCY CASE REPORTED IN HAZEL PARK CONDO.

WHILE WAITING AT THE GUARD HOUSE, DUE TO THE AMBULANCE VEHICLE IS TALL AND COULDN'T SEE THE BARREL AND I THOUGHT THE BARREL ALREADY LIFTED UP. SO I PROCEED TO GO FORWARD, AND I HIT ON THE BARREL OF THE GUARD HOUSE.

THERE WERE NO OTHER VEHICLE INVOLVED AND NO ONE WAS INJURED.

VEHICLE A - SKT 4184 R

DECLARATION

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

Geosafe First
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

20/11/2017

Transaction ref 20160818153820528316

The owner and vehicle particulars for Vehicle No. SKT4184R as at 18 Aug 2016 are as follows:

1.	Name	: HOPE FIRST RESPONSE PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200915893N
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SKT4184R
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 05 Jun 2015
8.	Original Registration Date	: 05 Jun 2015
9.	First Registration Date	: 05 Jun 2015
10.	Vehicle Type	: E63 - Road Tax Exempted Ambulance
11.	Vehicle Scheme	: Ambulance
12.	Attachment 1	: Emergency
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: MERCEDES BENZ
16.	Vehicle Model	: SPRINTER 316 CDI KA A
17.	Year of Manufacture	: 2014
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 5
21.	Chassis/Trailer Chassis No.	: WDB9066332S992474
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 65195532583600
24.	Engine Capacity(cc)/Power Rating(kW)	: 2,143.0
25.	Unladen Weight(kg)	: 2940
26.	Maximum Laden Weight(kg)	: 3880
27.	Open Market Value	: \$133,125.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 40052673
33.	COE No.	: -
34.	COE Expiry Date	: -
35.	COE Category	: -
36.	Quota Premium/Prevailing Quota Premium	: -
37.	Actual Quota Premium/PQP Paid	: -
38.	Actual ARF Paid	: \$0.00
39.	CO2 Emission(g/km)	: -
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: 04 Jun 2035
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 05 Jun 2016
46.	Road Tax End Date	: 04 Jun 2017
47.	Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 04 Jun 2035.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9046424H



Name

MUHAMMAD ZAKI BIN
MOHAMED

Race

MALAY

Date of birth

04-12-1990

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9046424H

Name

MUHAMMAD ZAKI BIN
MOHAMED

Birth Date: 04 Dec 1990

Issue Date: 09 Oct 2012



002112670C

3811534



NRIC No. S9046424H

Date of issue

15-12-2005

Address

APT BLK 8 MARSILING DRIVE
#06-34
SINGAPORE 730008

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Oct 2012



Licence No. S9046424H

NP 428A



HOTLINE TEL: (65) 6418-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994976/100830566

OWN DAMAGE EXCESS S\$1,000.00 (I & II)
WINDSCREEN EXCESS S\$400.00 S\$200.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes ☒ NO

SKT4184R

HOPE FIRST RESPONSE PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 12 Aug 2017

4) DATE OF EXPIRY OF INSURANCE 11 Aug 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

An Elderly Young and Inexperienced Driver (EYIDR) Excess of S\$2,500 (unless otherwise stated) applies to any drivers (named and unnamed) who is above age 69, below age 26 or has less than 2 years driving experience. If the EYIDR is not named in the policy, an additional S\$500 unnamed driver excess will be imposed.

DELETED
Please refer to policy terms and conditions

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.

6) LIMITATION 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 or pleasure purposes.
- The Policy does not cover
- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

* 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).

Issued in Singapore 6 Sep 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD

334025-000

LIANG SEA JOHN MIDGE

3 TAMPINES GRANDE #05-43A AIA TAMPINES SINGAPORE 528799 SP-MIDGE

Authorised Representative

ORIGINAL

SSCD6K