

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 02/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/A16/17072903/13	SAS e-filing		
Veh No: SKW9734E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/12/17 0200	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:)

TP Particulars: Veh No: **GX 75094** 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

NA1707452	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 (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (N-n INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$0		
Cat. 2 / 3:	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	02/12/2017 14:03
Date Of Accident	02/12/2017 02:00
Exact Location Of Accident	X-JUNC OF MANDAI AVE & SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SK9734E
Insured/Policyholder	
Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	200915893N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97129731

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER 316 CDI KA AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	999994976/100830569
Cover Note Number	

Driver

Name of Driver	MOHAMED NOOR FAIROZ BIN ABDUL RAHIM
NRIC No	S8523133B
Date Of Birth	15/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86832763
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

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 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.



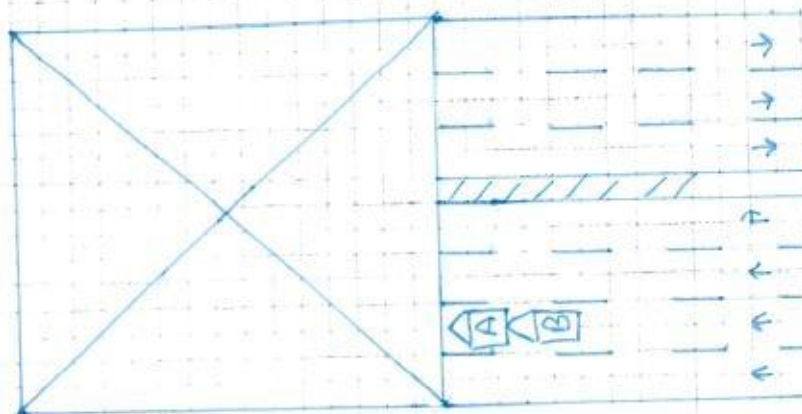
Policyholder's Signature
Date & Time:

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

02/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Mandai Ave And Sebanwang Road (x-Junction).



A - SKW 9734E

B - GX 7509U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A3 per police report no. 7/20171202/2042

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 & Time:

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



**SINGAPORE
POLICE FORCE**



T/20171202/2042

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20171202/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 11:45	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars

Name of Informant: MOHAMED NOOR FAIROZ BIN ABDUL RAHIM			Address: APT BLK 16 MARSILING LANE #12-187 SINGAPORE 730016		
ID Type / ID No.: NRIC NO / S8523133B			Contact No.: Home/Office: Mobile: 86832763		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 15/07/1985	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 02/12/2017 02:00	Type of Location: X-Junction
Location: Along Road 1 MANDAI AVENUE CROSS JUNCTION OF MANDAI AVENUE AND SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX7509U	Lorry	NISSAN	CABSTER	Grey		0
SKW9734E	AMBULANCE					3

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171202/2042

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20171202/2042

CONTINUATION OF REPORT

Driver			
Name	TAY CHOON ANN	ID No.	S1560168Z
Related Vehicle	GX7509U (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED NOOR FAIROZ BIN ABDUL RAHIM	ID No.	S8523133B
Related Vehicle	SKW9734E (AMBULANCE)	Contact No.	86832763
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/12/2017 at about 0200hrs, I was driving an ambulance bearing license plate SKW9734E and had stopped at the junction of Mandai Avenue and Sembawang Road due to the red traffic light. All of a sudden, a lorry (Grey Nissan Cabster bearing license plate GX7509U) came from behind and collided into the rear of the ambulance. After the collision, I went down to make a check on the lorry driver and asked him to alight from the vehicle. However, both the left and right doors of the lorry were jammed. I was conveying a patient to Khoo Teck Puat hospital at the time. As such, I contacted my ops centre and requested for another ambulance. A passing patrol car also stopped to render assistance until Traffic Police arrived. The Traffic Police officer conducted an alcolizer test on the lorry driver and I was told that he had been drinking. The lorry driver was subsequently arrested by another patrol car.

I wish to state that my medic and paramedic were injured during the accident, and will be having a medical checkup. The ambulance I was driving sustained dents at the rear doors. I also wish to state that the ambulance has front and rear in-car cameras installed and were recording at the time of the accident.



**SINGAPORE
POLICE FORCE**



T/20171202/2042

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20171202/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 CHAN XIANG DA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2017 11:45

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No: 65476438

SN 163

Classification Of Case:

Authentication
NP168



Signature:

Singapore Police Force

Vehicle No.	SKW9734E	Model / Make	Ambulance
Date of Accident	2/12/17		
Time of Accident	02.00am	HRS	
Location of Accident	Mandai Ave And Semkawang Road (X-Junction)		
Exact purpose use during accident	Work Use		
Name of Owner	Hope First Response Pte Ltd		
Telephone No.	H/P : 9712 9731	Home :	Office :
NRIC	200915893N		
Address	10 Sin Ming Dr S(575701)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994976/100830569		
Name of Driver	As Above (If No, Mohamed Noor Fairoz Bin Abdul Rahim)		
NRIC	58523133B	Any Passengers :	3
Date of birth	15/7/1985		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	27 Jul 2006		
Gender	Male	/	Female
Contact No.	H/P : 8685 2763	Home :	Office :
Address	Blk 16 Mersiling Lane #12-1B7 S(730016)		
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?	Pasir Ris NPC
Vehicle B No.	GX 7509 U	Any Passengers :	Nil
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	Witness Contact :		
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8523133B



Name

MOHAMED NOOR FAIROZ BIN
ABDUL RAHIM

Race

JAVANESE

Date of birth

15-07-1985

Country/Place of birth

SINGAPORE

Sex

M

S8523133B



REPUBLIC OF SINGAPORE DRIVING LIC

Licence Number: S8523133B

Name: MOHAMED NOOR FAIROZ BIN
ABDUL RAHIM

Birth Date: 15 Jul 1985

Issue Date: 18 Sep 2007

001520734A

5540455



NRIC No: S8523133B



Date of issue

14-12-2015

Address

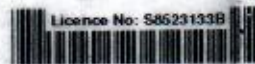
APT BLK 16 MARSILING LANE
#12-187
SINGAPORE 730016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles <= 200 cc	11 May 2005
Class 2A	Motorcycles between 201 cc and 400 cc	08 Aug 2006
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	27 Jul 2008

NP 428A



Licence No: S8523133B



HOTLINE TEL: (65) 6419-3000
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, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994976/100830569

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 ~~N/A~~

SKW9734E

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

334025-000

LIANG SEA JOHN MIDGE

3 TAMPINES GRANDE #05-43A AIA TAMPINES SINGAPORE 526799 SP-MIDGE

AIG ASIA PACIFIC INSURANCE PTE. LTD

Authorised Representative

ORIGINAL

SSCDSK

Transaction ref 20160908082449300097

The owner and vehicle particulars for Vehicle No. SKW9734E as at 08 Sep 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.	: SKW9734E
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 23 Nov 2015
8.	Original Registration Date	: 23 Nov 2015
9.	First Registration Date	: 23 Nov 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 AUTO
17.	Year of Manufacture	: 2014
18.	Primary Colour	: White
19.	Secondary Colour	: Red
20.	Passenger Capacity	: 5
21.	Chassis/Trailer Chassis No.	: WDB9066332S992692
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 65195532583597
24.	Engine Capacity(cc)/Power Rating(kW)	: 2,143.0
25.	Unladen Weight(kg)	: 2960
26.	Maximum Laden Weight(kg)	: 3880
27.	Open Market Value	: \$138,025.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 40053027
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	: 22 Nov 2035
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 23 Nov 2015
46.	Road Tax End Date	: 22 Nov 2016
47.	Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 22 Nov 2035.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Nov 2017 / 11:23:19

Receipt Date/Time : 06 Nov 2017 / 11:23:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171106-000739

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1	Road Tax Renewal - SKW9734E Road Tax (23 Nov 2017 - 22 May 2018) 20171106112317715055	0.00	0.00	0.00
	Sub-Total	0.00	0.00	0.00
	Total Before Rounding	0.00	0.00	0.00
	Rounding Difference			0.00
	Total Amount Payable			0.00
	Paid By			
	Total			0.00
	Cash Change			0.00
	Tendered Amount			0.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.