

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA117159432

Date In: 4/12/17-12:14	Job description	Date & Time Completed	Done by
Ref No: NA/AIG7022938/24	SAS e-filing		
Veh No: SKV578K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/12/17-09:15	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: (Tel:	Fax:
TP Particulars:	Veh No: 575655D	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

NA1707471 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	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 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QP* *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: Idao 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	04/12/2017 12:14
Date Of Accident	03/12/2017 09:15
Exact Location Of Accident	CTE TWDS CITY AFTER CTE/PIE (TUAS) EXIT 8A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5778K
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 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	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	999994976/100830507
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ROSDHI BIN ROSLI
NRIC No	S8629751E
Date Of Birth	25/10/1986
Occupation	INDOOR
Date Of Driving Pass	25/02/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92266992
Fax Number	
Contact Number	OFFICE-92266992
Email Address	NOEMAIL

Address	BLK 662A EDGEDALE PLAINS #09-664
Postcode	821662
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	COLLISION - HEAD TO REAR
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)	4

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

REFER TO 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	SJT5655D
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	

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.**
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. The 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 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:

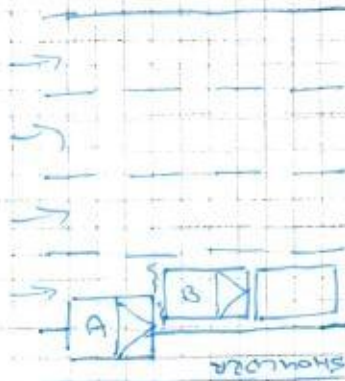

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE TOWARDS CITY AFTER CTE/PIE TUNAS EXIT 8A

VEHICLE A - SKV 5775K

VEHICLE B - SJT 5655D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE RIGHT SIDE SHOULDER LANE, WITH MY JIREN ON, ON EMERGENCY CASE ROUTING TO TTSH. WHILE DRIVING STRAIGHT AHEAD AFTER PASSING EXIT 8A (CTE/PIE TUNAS) I START TO FILTER IN AS MY INTENTION TO EXIT SOON IN TWO MORE EXIT. AND DUE TO THE HEAVY TRAFFIC THE VEHICLE INFRONT BRAKE AND SLOW DOWN, AND SUDDENLY STOPPED CAUSES ME NOT ABLE TO STOP IN TIME AND HIT SLIGHTLY TO THE REAR OF THE VEHICLE BEARING (SJT 5655D).

VEHICLE A - SKV 5775K

VEHICLE B - SJT 5655D

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.:

Vehicle No.	SKV5778K	Model / Make	MARZ SPRINTER
Date of Accident	03/12/2017		
Time of Accident	10 15	HRS	
Location of Accident	CTR TOWARDS CITY AFTER CTR/PK ROAD EXT 8A		
Exact purpose use during accident	ROUTINE TO HOSPITAL		
Name of Owner	HOPE FIRST RESPONSE PTE LTD		
Telephone No.	H/P: 9712 9731	Home :	Office :
NRIC	200915893N		
Address	2 LOGAN LANE #03-01 S(508913)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994926 / 100830507		
Name of Driver	As Above If No, MUHAMMAD ROSHAN BN ROSLI		
NRIC	586297512	Any Passengers :	3
Date of birth	25 OCT 1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	25 FEB 2009		
Gender	Male / Female		
Contact No.	H/P: 92266992	Home :	Office :
Address	BLK 662A EDGEPALE PLAINS #09-664		
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?	PUNGGOL NPC
Vehicle B No.	SST5655D	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	FRONT PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

The owner and vehicle particulars for Vehicle No. SKV5778K as at 25 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.	: SKV5778K
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 23 Sep 2015
8.	Original Registration Date	: 23 Sep 2015
9.	First Registration Date	: 23 Sep 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	: -
20.	Passenger Capacity	: 5
21.	Chassis/Trailer Chassis No.	: WDB9066332S992690
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 65195532583596
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	: \$135,962.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 40053449
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 Sep 2035
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 23 Sep 2015
46.	Road Tax End Date	: 22 Sep 2016
47.	Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 22 Sep 2035.

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhammad Rosdhi Bin Rosli residing at Block 662A Edgedale Plains #09-664, NRIC/FIN S8629751E has reported to the Police a non-injury traffic accident which occurred along CTE(CITY) nearby Exit 8A PIE(TUAS), right-most lane, on 03/12/2017 at 1015hrs involving the following vehicles:

- 1) Complainant's: SKV5778K (HOPE Private Ambulance Vehicle).
- 2) Other vehicle: SJT5655D (Grey color Honda City).

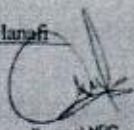
If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) T130078 Muhammad Hanafi

Date: 03/12/2017 Time: 2315hrs

S/D Ref: 80

Police Post/Unit: Punggol Neighbourhood Police Centre


Punggol NPC
21A Tebing Lane
S (828837)
Tel: 1800-PC/9000

Original - to be issued to Informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8629751E



Name

MUHAMMAD ROSDHI BIN ROSLI

Race

JAVANESE

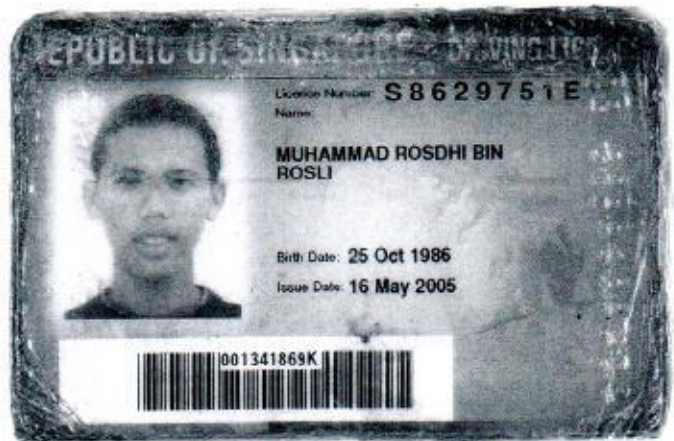
Date of birth

25-10-1986

Sex

M

Country/Place of birth
SINGAPORE



NRIC No. S8629751E

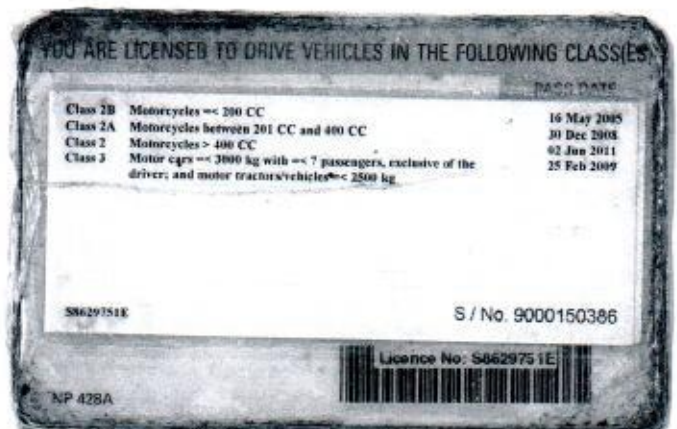


Date of issue
26-10-2016

Address

APT BLK 662A EDGEDALE PLAINS
#09-664
SINGAPORE 821662

5665095





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)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS S\$1,000.00 (1 & II)
CERTIFICATE NO. 999994976/100830507	WINDSCREEN EXCESS S\$100.00 S\$200.00 (for policies with effect from 1st November 2002)
	SUM INSURED S\$1.00
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF Yes <input checked="" type="checkbox"/> NO
2) NAME OF INSURED	SKV5778K
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	HOPE FIRST RESPONSE PTE LTD
4) DATE OF EXPIRY OF INSURANCE	12 Aug 2017
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	11 Aug 2018

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 or 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 N/A

* 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

SSCDSK