

NATIONAL Assessment Centre Services. (001 1 2000) NNA477159801

Date In: 04/12/2017 16:43	Job description	Date & Time Completed	Done by
Ref No: NNA477159801	SAS e-illing		
Veh No: SJA 29517	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 02/12/2017 17:20	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (within OD 2hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SJB 8128 R	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:

() Work-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 online 6/88 0046	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

Human's Particulars:	Invoice Preparation Checklist		Amount	Amount (\$)
	Driver/Owner:	1) AR: Accident Reporting (\$30)		
	Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
	damaged Portion:	3) TP: Towing Fee \$40/\$45		
		4) FT: Follow-Through Survey \$120		
		5) FT: Follow-Through Survey (Resurvey) \$20		
		6) TR: Re-inspection \$75		
		7) NI: 1 day DA + SMRT Survey \$160		
		8) NTUC Additional Services		
		9) NI: 1 day Mobile		
C. Checked by (Bngr-In-Charge):	NI: Courtesy Car / Tpl Allowance \$5			
	NI: Repair Coordination \$10			
	NI: Post Repair Inspection \$25			
	NI: DV / Collect Excess Coordination \$5			
	TP (NI) / TP (Non-INC) against INC \$20			
	TP (NI) / TP (Non-INC) against INC \$20			
	Invoice dated	Fax Charged		
	Invoice Paid	Van 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 16:43
Date Of Accident	02/12/2017 17:20
Exact Location Of Accident	BUKIT BATOK AVE 4/BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA2951T
Insured/Policyholder	
Name Of Registered Owner	MASHUDI BIN MAUN
NRIC No	S7044901C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93845232
Alternative Phone No	OTHERS-93845232

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20176215

Driver

Name of Driver	MASHUDI BIN MAUN
NRIC No	S7044901C
Date Of Birth	15/12/1970
Occupation	INDOOR
Date Of Driving Pass	25/03/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93845232
Fax Number	
Contact Number	OTHERS-93845232
Email Address	NOEMAIL

Address	BLK 334 BUKIT BATOK STREET 32 #03-279
Postcode	650334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171202/2153 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT GIVEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB8723R
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

DETAILS OF INJURED PERSON 1

Name MASHUDI BIN MAUN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJA2951T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR FARHANA BTE MASHUDI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJA2951T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMAD NUR FARHAN BIN MASHUDI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJA2951T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4


Name NORLEHA BTE MOHAMED HASSAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJA2951T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? YES
Address
Postcode


SKETCH PLANIMPORTANT NOTICE

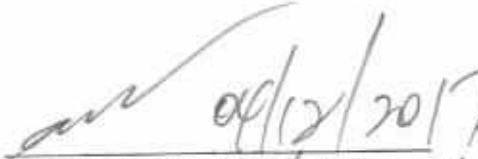

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

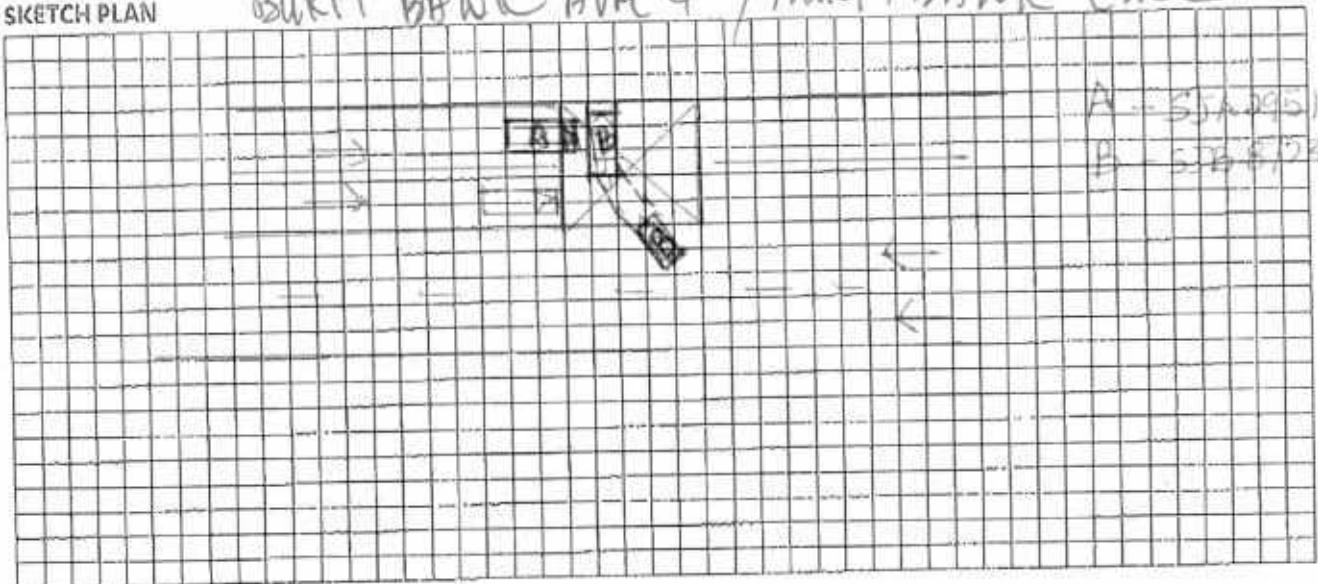

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

29. Nov. 2017 8:35

No. B922 P. 3

SKETCH PLAN

BUKIT BARU AVENUE / BUKIT BARU CIRCLE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report 7/2017/1202/2153

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 08/12/2017
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171202/2153

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20171202/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 21:39		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: MASHUDI BIN MAUN			Address: APT BLK 334 BUKIT BATOK STREET 32 #03-279 SINGAPORE 650334		
ID Type / ID No.: NRIC NO / S7044901C			Contact No.: Home/Office:		Mobile: 93845232
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 15/12/1970	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 17:20	Type of Location: Bend
Location: Along Road 1 BUKIT BATOK WEST AVENUE 4 BUKIT BATOK CENTRAL OUTSIDE BUKIT BATOK GSC AT THE YELLOW BOX, ENTRANCE GANTRY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJA2951T	Car	TOYOTA	VIOS E AUTO	Silver	Seriously Damaged	4
SJB8723R	Car	TOYOTA	AXIO	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJA2951T	GREAT AMERICAN INSURANCE COMPANY	MT20176215	11/11/2017	10/11/2018



**SINGAPORE
POLICE FORCE**



T/20171202/2153

2 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20171202/2153

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MASHUDI BIN MAUN	ID No.	S7044901C
Related Vehicle	SJA2951T (Car)	Contact No.	93845232
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH CHIN HUAT	ID No.	S0020287H
Related Vehicle	SJB8723R (Car)	Contact No.	98182467
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

Brief Details.

On 02.12.2017 at about 1722hrs, I was driving a Silver Toyota Vios (SJA2951T) along Bukit Batok West Ave 4 towards Bukit Batok Central. I was driving on the left of two lanes. As there were queues of vehicles on the right lane and my lane was free, I just drove straight. As I reached the Yellow Box just outside of Bukit Batok CSC entrance, a Dark Blue Toyota Axio (SJB8723R) suddenly just turned into the gantry. I could not stop in time therefore, my car hit onto the other car's front passenger left tyre area. My view was blocked by a vehicle on the right and I believed the Dark Blue Toyota Axio had turned in from the opposite road. Ambulance and Traffic Police were summoned. My wife was conveyed to NUH. After I exchanged particulars with the other driver and the Traffic Police has done with me, I went to NUH for assessment and I gotten 4 days MC. I only suffered bruises on my right knee. My car's front bumper was damaged and the front left passenger door's alignment was off. The Dark Blue Toyota Axio's front left passenger tyre was dented in and the car could not move.



**SINGAPORE
POLICE FORCE**



T/20171202/2153

3 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20171202/2153

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:

J /

Sgt 2 MOHAMMAD FIRDAUS BIN JAFFAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2-YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

02/12/2017 21:39

Classification Of Case:

Authentication Stamp

NP168



29 Nov. 2017 8:35

A

No. 8922 P. 1

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	2/12/17	TIME:	1720	(hh:mm) 24 hrs Format
LOCATION	BLK 334 Bukit Batok Ave 4 / Bukit Batok Central			
VEHICLE NUMBER	SJA 2951T			
INSURED NAME	Mashudi Bin Maun			
NRIC / FIN	57044901C	CONTACT:	93845232	
MAKE	Toyota	MODEL	Vios	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	GAI			
TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT				
POLICY NUMBER :	MT 20176215			
NAME DRIVER :	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	CONTACT: 93845232			
DATE OF BIRTH:				
DRIVING PASS DATE :				
OCCUPATION :	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER :	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	Blank	() NO EMAIL		
ADDRESS OF DRIVER:	BLK 334 Bukit Batok St 32 # 03-279 (650334)			
Number Of Passenger Include Driver:	5			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details : NUR FARHAN BIN MAHMOUD NORKHA BTE MOHAMMED				
Convey By Ambulance: (<input checked="" type="checkbox"/>) YES () NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report				
Police Report Number (if any)	T/20171202/2153			
Details Of 3rd Party	Name / NRIC	Contact		
Veh B	SJB 8723 R			
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 **License Number** **S7044901C**
Name
MASHUDI BIN MAUN

Exp. Date 15 Dec 1970
Valid Until 26 Jun 2003

 000001100

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7044901C

 **Name**
MASHUDI BIN MAUN

Race
JAVANESE

Date of birth
15-12-1970

Country/Piece of birth
SINGAPORE

Sex
M







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles < 350 CC	23 May 1993
Class 3	Motor cars < 2000 kg nett wt < 4 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg	14 Feb 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	25 Mar 2009

S7044901C S / No. 9000099149

NP 428A

License No. S7044901C

5619349

Barcode

NRIC No. S7044901C

Portrait Photo

Date of Issue
07-07-2016

Address
APT BLK 334 BUKIT BATOK STREET 32
#03-279
SINGAPORE 650334

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T16FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT20176215

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: MASHUDI BIN MAUN
Insured Nric/Passport No/ Roc	: S7044901C
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: TOYOTA VIOS E AUTO
Vehicle Registration No.	: SJA2951T
Year Of Manufacture	: 2007
Engine No.	: 1NZX645755
Chassis No.	: MR053HY9305035993
Engine Capacity/ Tonnage/ Seater	: 1497 cc
Hire Purchase	: CREDIT LINK PTE LTD
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 11/11/2017 TO: 10/11/2018
Excess (S\$)	: Section I : \$600 : Section II : Nil : Windscreen Excess : \$100
Great American Authorized Workshop	: YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

Date of Issue : 10/11/2017
Intermediary : Chue Zi Xuan Kyna
Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/16