

NATIONAL Assessment Centre Services

(Ref: JAC-04)

MA117168463

Date In: 23/12/2017 09:44	Job description	Date & Time Completed	Done by
Ref No: N3A/01570243294	SAS e-filing		
Veh No: Ym 3C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/12/2017 12:15	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: Ym 672X

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

NA1707919

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OR:

*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	23/12/2017 09:44
Date Of Accident	22/12/2017 12:15
Exact Location Of Accident	KPE TOWARDS TPE AT 9KM MARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM3C
Insured/Policyholder	
Name Of Registered Owner	BIKEBULANCE
Co Reg No	52886984A
Email Address	BIKEBULANCE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90233228
Alternative Phone No	OFFICE-64255333

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	210047507-01000
Cover Note Number	

Driver

Name of Driver	ROZAIDEE BIN KELLION
NRIC No	S1738351E
Date Of Birth	30/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90233228
Fax Number	
Contact Number	OFFICE-64255333
Email Address	BIKEBULANCE@YAHOO.COM

Address	BLK 450F TAMPINES STREET 42 #03-386
Postcode	526450
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

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

PLEASE REFER TO SKETCH

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	YM672X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BUANG BIN ARICK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROZAIDEE BIN KELLION
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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: Perli Watta
NRIC/FIN No.: 9201 2401 2401

SKETCH PLAN

Ym3C ← [Diagram of two trucks facing each other] Ym672X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along K08 heading to TPE on 22/12/17 1215hrs on lane 3 about 60 km/h. Road was clear in front of me but Ym672X suddenly crashed into my rear of my truck Ym3C. The impact was so great till my head ~~panel~~ ~~banged~~ and Right Shoulder banged onto the cabin of my truck.


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:

 23/12/2017
Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC/FIN No.:

Vehicle No.	Nissan Cabstar Model / Make Ym'3c		
Date of Accident	22-12-2017		
Time of Accident	1215. HRS		
Location of Accident	KPE - TPE 91cm mark.		
Exact purpose use during accident			
Name of Owner			
Telephone No.	H/P: 90233228 Home: 64255333 Office:		
NRIC	52886980A		
Address	91 Jalan Chong Tel #03-38 (618686)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	ALG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver			
	As Above If No,		
NRIC	S17388351E		Any Passengers: NO.
Date of birth	30-11-66		
Occupation	Outdoor / Indoor		
Driving License Pass Date	8-10-2004.		
Gender	Male / Female		
Contact No.	H/P: 90233228 Home:		Office: 64255333
Address	450F Capinus St 42 #03-386		
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? DRIVER.		
Name And Contact No.	ROZAIDEG BIN KELLION. 90233228.		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	7m 672X.		Any Passengers: YES.
Name of Driver	Buang Bin Anick		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	See Below		
Camera Recorder	Yes / No		
Email Address	Bikebalance@yahoo.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	Tutor Automotive Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	SIL Huxia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1738351E**
Name: **ROZAIDEE BIN KELLION**

Birth Date: **30 Nov 1966**
Issue Date: **11 Dec 2003**

001046710H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1738351E**



Name: **ROZAIDEE BIN KELLION**

Race: **MALAY**
Date of birth: **30-11-1966** Sex: **M**
Country of birth: **SINGAPORE**

S1738351E


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

	PASS DATE
Class 2B Motorcycles <= 200 CC	07 May 1990
Class 2A Motorcycles between 201 CC and 400 CC	07 May 1990
Class 2 Motorcycles > 400 CC	19 Mar 2002
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Oct 2004

S1738351E

S / No. 9000018381

Licence No: S1738351E



NP 428A

4153032



NRIC No: **S1738351E**



Date of issue: **11-12-2007**

APT BLK 450F TAMPINES STREET 42 #03-386
SINGAPORE 526450

NRIC No: S1738351E Date: 12/01/2013 No: 6778930



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

NISSAN COMMERCIAL AUTO PROTECTOR

CERTIFICATE NO. 2100475407-01000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

1) VEHICLE REGISTRATION NO.

YM3C ✓

2) NAME OF INSURED

BIKEBULANCE

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

18 Jul 2017

4) DATE OF EXPIRY OF INSURANCE

17 Jul 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the
Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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.

APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr Sales - 913 Bl Timah Rd (Tel: 64604091/2/3)
2. Tan Chong Mtr Sales - 17 Lor 8 Toa Payoh (Tel: 63570753/4)
3. TC AutoClinic - No 1 Sixth Lok Yang Rd (Tel: 62622212)
4. Autolution Industrial - 19 Ubi Rd 4 (Tel: 64906666)
5. TC AutoClinic - 25 Leng Kee Rd (Tel: 67038511/2/3)

LOSS OF USE Loss of Use 7 Days (Up to 1.7 tons) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY ETHOZ Capital Ltd.
EMPLOYER'S LOAN

*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 Jul 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-360
TAN CHONG CREDIT PTE LTD-NAC
911 BUKIT TIMAH ROAD
TAN CHONG MOTOR CENTRE
SINGAPORE 589622
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

TCCKSL