

NATIONAL Assessment Centre Services

Date In: 03/01/2018 17:45	Job description	Date & Time Completed	Done by
Ref No: NA/ALG18000184/k4	SAS e-filing		
Veh No: SLP 79055	E-mail (within 3hrs, AIC 2hrs)		
DOA: 02/01/2018 17:40	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: SJH 8743B	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

Claimant's Particulars :-	NA1800118	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		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:-		
		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 (N/A INC) against INC \$20		
		9) N12: Idac Mobile 30		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

Address	BLK 404 YISHUN AVE 6 #03-1230
Postcode	760404
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180103/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH8743B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

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:

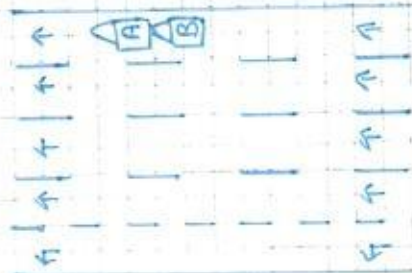

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

31/1/2018

SKETCH PLAN

CTE Toward SLE Before Braddell Exit



A - SLP 79055

B - SJH 8743B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180103/2014

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.:

3/1/2018



SINGAPORE POLICE FORCE



T/20180103/2014

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180103/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2018 02:38		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: ABDUL RAHMAN BIN MOHAMED ARIFIN			Address: APT BLK 404 YISHUN AVENUE 6 #03-1230 SINGAPORE 760404		
ID Type / ID No.: NRIC NO / S7121596B			Contact No.: Home/Office: Mobile: 81333700		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 03/07/1971	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ICA Officer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards SLE just before Braddell Road exit				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJH8743B	Car	NISSAN	LATIO	White		0
SLP7905S	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7905S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700016950	19/06/2017	18/06/2018



SINGAPORE POLICE FORCE



T/20180103/2014

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

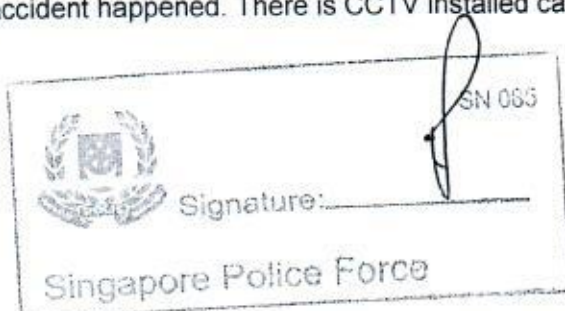
Report No. T/20180103/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY WEILIANG SHAWN	ID No.	S8505013C
Related Vehicle	SJH8743B (Car)	Contact No.	96376452
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	ABDUL RAHMAN BIN MOHAMED ARIFIN	ID No.	S7121596B
Related Vehicle	SLP7905S (Car)	Contact No.	81333700
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	03/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 02/01/2018 at about 1743hrs, I was driving my personal car bearing plate number SLP7905S (Red Mitsubishi Attrage) without any passenger on board travelling along CTE towards SLE just before Braddell Road exit. Whilst travelling at the said road on the extreme right lane (1st lane), the traffic was heavy and in slow moving. There is a car in front of me and had complete stopped. I had applied the brake and had keep the safety distance from the front car. A few second later, I felt a great impact from the rear (SJH8743B - White Nissan Latio) until I lost conscious for a short moment. I was not sure how long I had lost conscious during the accident happened. The driver who hit me from the rear came to my driver side and knock on to my window to wake me up. I gain conscious shortly after and managed to exchange our particulars. Later that day, I walk-in to Khoo Teck Puat Hospital to check on my injuries. I was given 7 days of outpatient sick leave. I wish to state that I had buckle up a seat belt before the accident happened. There is CCTV installed camera at the front and back of my car.



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Vehicle No.	SLP 79055		Model / Make	Mitsubishi Attrage
Date of Accident	2/1/18			
Time of Accident	17.40	HRS		
Location of Accident	CTE Toward SLE Before Braddell Exit			
Exact purpose use during accident	Private use			
Name of Owner	Abdul Rahman Bin Mohamed Arifin			
Telephone No.	H/P : 8133 3700	Home :	Office :	
NRIC	S7121596B			
Address	Blk 404 Yishun Ave 6 #03-1230 S(760404)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	1700016950			
Name of Driver	As Above If No,			
NRIC	Any Passengers : Nil			
Date of birth				
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	24 Dec 2010			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
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? Yishun North NPC		
Vehicle B No.	SJH 8743B		Any Passengers : Nil	
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	Rear Portion			
Camera Recorder	Yes / No			
Email Address	ratman2689@gmail.com			
PARTICULAR WORKSHOP	N-SI Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Amos			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7121596B



Name

ABDUL RAHMAN BIN MOHAMED
ARIFIN

Race

MALAY

Date of birth

03-07-1971

Sex

M

Country of birth

SINGAPORE

S7121596B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7121596B

Name

ABDUL RAHMAN BIN MOHAMED
ARIFIN

Birth Date 03 Jul 1971

Issue Date 02 May 2014



002300843H

3871335



NRIC No. S7121596B



Date of issue

27-04-2006

Address

APT BLK 404 YISHUN AVENUE 6
#03-1230
SINGAPORE 760404

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	18 Jan 1990
Class 2A	Motorcycles between 201 cc and 400 cc	18 Jan 1990
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	24 Dec 2010



Licence No: S7121596B

NP 428A



Name of Policyholder : ABDUL RAHMAN BIN MOHAMED ARIFIN
Period of Insurance : 19 Jun 2017 To 18 Jun 2018
Engine No. : 3A92UGB3651
Chassis No. : MMBSTA13AHH006064

Vehicle No. : SLP7905S
Policy No. : 1700016950
Endorsement No. :
Issued Date : 29 Jun 2017

Insuring with COE/PARF : Yes

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

ABDUL RAHMAN BIN MOHAMED ARIFIN - \$600 (Own Damage)

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE