

NATIONAL Assessment Centre Services: [wef 1 Jan 05] **NA18036801-01**

Date In: 19/3/18-10:41	Job description	Date & Time Completed	Done by
Ref No: NA18005177/24	SAS e-filing		
Veh No: SDD78660	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/3/18-18:25	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: SKX 2678 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% P: 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:	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

NA1801720	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TE (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 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 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	19/03/2018 10:41
Date Of Accident	17/03/2018 18:25
Exact Location Of Accident	JUNC NICOLL HWY TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD7866D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFI S/O ABDUL MUNAF
NRIC No	S1342929D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91177866
Alternative Phone No	OFFICE-91177866

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 8 SEATER MOONROOF CVT
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100416236-02000
Cover Note Number	

Driver

Name of Driver	MOHAMED RAFI S/O ABDUL MUNAF
NRIC No	S1342929D
Date Of Birth	02/07/1959
Occupation	INDOOR
Date Of Driving Pass	17/10/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91177866
Fax Number	
Contact Number	OFFICE-91177866
EMail Address	NOEMAIL

Address	67A CEYLON ROAD
Postcode	423470
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
Was any injured conveyed to hospital by ambulance?	
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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180318/2002. REMARK: AIR-CON NOT WORKING AFTER THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX2638R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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:

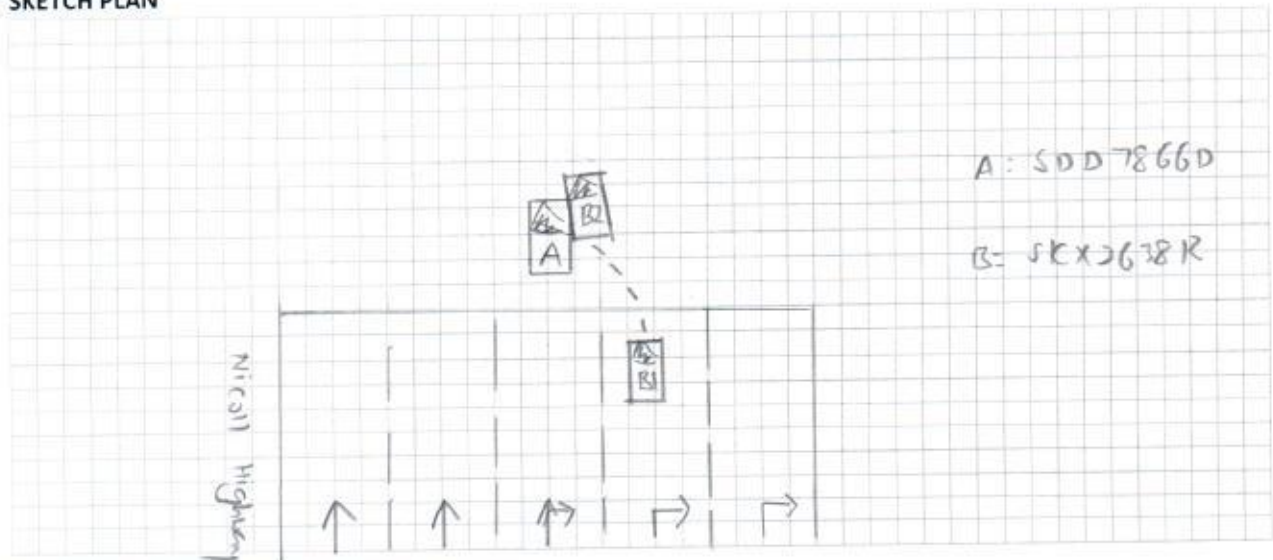
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180318/2022.

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.:



Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Station Diary No.:
8

Date/Time Report Made:
18/03/2018 00:43

Informant's Particulars

Name of Informant:
AISHAH PARVEEN D/O MOHAMED
RAFI

Address:
APT BLK 78 MARINE DRIVE #14-38 SINGAPORE 440078

ID Type / ID No.:
NRIC NO / S9336985H

Contact No.:
Home/Office:

Mobile: 94251371

Email:

Nationality:
SINGAPORE CITIZEN

Type of Informant:
Driver

Sex: Female
Age: 24

Date of Birth:
01/10/1993

Language:

Institution / School Name:
SIM

Race:
Indian

Driving Licence Information:
Class: 3A

Date of Expiry:

Occupation:
Student

General Information of the Accident

Type of Accident:

Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
17/03/2018 18:25

Type of Loc:
X-Junction

Location:
Along Road 1 Traveling Toward Road 2
NICOLL HIGHWAY
MOUNTBATTEN ROAD
Nicoll Highway turning into Mountbatten Road

Road Surface:
Dry

Road Speed Lim

Weather:
Clear

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Traffic Flow:
Dual Carriage Way

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone convey
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SDD7866D	Car	TOYOTA	Previa		Slightly Damaged	0
	Car	TOYOTA		Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20180318/2002

Report No: T/20180318/2002



Police Station Of
Marine Parade
300 Marine
449296
Tel No

CONTINUATION OF REPORT

Driver Name	AISHAH PARVEEN D/O MOHAMED RAFI		ID No.	S9336985H
Related Vehicle	SDD7866D (Car)		Contact No.	94251371
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver Name	KOH SIEW LENG		ID No.	S1124881J
Related Vehicle	NIL		Contact No.	91556299
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 the above mentioned date and time, I was travelling from Bencoolen Mosque heading home at Marine Drive. I was the first car at the traffic light which was red. When the light turned green, I made a right turn towards Mountbatten Road. Suddenly, a car from the right hit onto my vehicle. The car then stopped. I also managed to stop my vehicle to prevent another accident. As the traffic light was turning to red, I overtake her vehicle and told her to follow me. We then stopped along Mountbatten Road.

Once we stopped, we took photos and exchanged particulars. She then told me that there was actually another car that was involved in the accident however the car had left. She then told me that she need to leave as she was in a hurry and would call me later.

At about 2130hrs, she called me and informed me that she is currently in a police station lodging a report and I told her that I would do the same.

Ever since the accident up till now, I am feeling okay except for some back pain and giddiness. I have vehicle camera in my car however I would need to download the footage first.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

T/20180318/2002

3 of 3

Report No. T/20180318/2002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Cognitive Walkthrough Exercise

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 3 NUR AMERA KHAIRYANI BINTE ALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

P / GIA /
Off Sgt TANG SIEW PING
Contact No.: 65476430



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
18/03/2018 00:43

Classification Of Case:

Authentication Stamp

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA 118036801 Vehicle Registration No: SDD 78 660
Name (as shown in NRIC) : Mohamed Rafi Sja Abdul Manaf NRIC/FIN/Passport No : S13429290
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 67A Ceylon Road Singapore (4234)
Contact (Tel) : _____ Mobile No. : 91177866
Email Address : _____
Date of Accident : 17/3/18 Time of Accident : 18:25
Place of Accident : Junc Nicoll Hwy twds Mountbatten Rd
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

My air-con not working after the accident. (add on statement)

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1342929D**


Name
MOHAMED RAFI S/O ABDUL MUNAF

Race
INDIAN

Date of Birth
02-07-1959

Sex
M

Country of Birth
INDIA



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1342929D**

Name
MOHAMED RAFI S/O ABDUL MUNAF

Birth Date **02 Jul 1959**

Issue Date **01 Oct 2012**




3057384



NRIC No. **S1342929D**



Short Group **O*** Date of issue **17-12-1998**

67A CEYLON ROAD
SINGAPORE 423470
 NRIC No: **S1342929D**

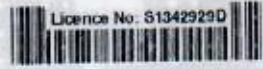
Date: **04/02/2013** No: **723541**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	10 Nov 1904
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	17 Oct 1961

Licence No. S1342929D



NP 428A



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.X.1

AUTOPLUS

CERTIFICATE NO. 2100416236-02000

OWN DAMAGE EXCESS S\$1000.00 (1)

WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SDD7866D

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Mohamed Rafi s/o Abdul Munaf

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

10 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

9 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

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 *

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN HONG LEONG FINANCE LTD

* 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 At Singapore 28 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-027

AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOCC