

NATIONAL Assessment Centre Services. (ver 1 Jan 200)

Date In: 21/03/2018 11:21	Job description	Date & Time Completed	Done by
Ref No: NA/ANA18005250/144	SAS e-Milling		
Veh No: SJV6387K	E-mail (with 3 hrs, AIC 3 hrs)		
D.O.A: 20/03/2018 11:10	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (with 3 hrs, 3P 3 hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SJL 8220 Y	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: Customers 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 Appt. 6788 0016)

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Action

NA 1801801	Invoice Preparation Checklist	Amount (\$)	Actual (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$10/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Re-survey) \$20		
	6) TR: Re-inspection \$75		
	7) NT: Idav DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NT: Courtesy Car / Tpl Allowance \$5		
	10) NT: Repair Coordination \$10		
	11) NT: Post Repair Inspection \$25		
	12) NT: DY / Collect Unpaid Coordination \$5		
	13) TP (N11): TP (Run INC) against INC \$20		
	14) NT: Idav Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice valid	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	21/03/2018 11:21
Date Of Accident	20/03/2018 11:10
Exact Location Of Accident	VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6387K
Insured/Policyholder	
Name Of Registered Owner	ALDYN LIMOUSINE
Co Reg No	-
Email Address	ALDYNLIMO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97293322
Alternative Phone No	OFFICE-97293322

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVC2SB0004821700
Cover Note Number	

Driver

Name of Driver	NOTHMAN BIN ZAINUDDIN
NRIC No	S7024268J
Date Of Birth	30/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97293322
Fax Number	
Contact Number	OTHERS-97293322
Email Address	ALDYNLIMO@GMAIL.COM

Address	BLK 320 UBI AVENUE 1 #07-537
Postcode	400320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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

PLS REFER TO THE ATTACHED 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	SJL8220Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW HOK FEI
NRIC/Passport Number	S1206689I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

X

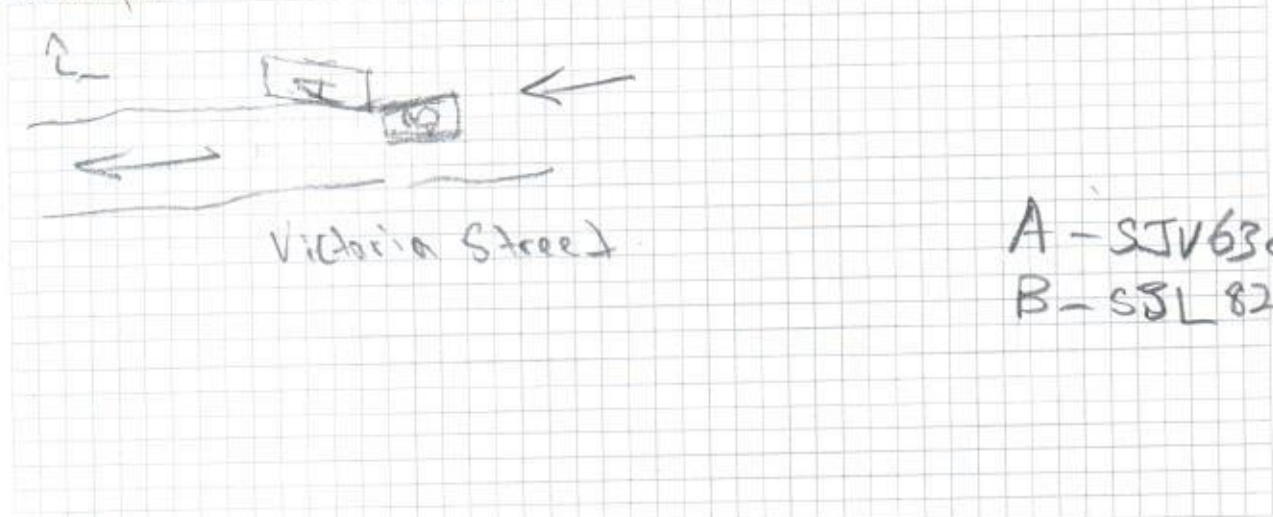


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - SJV6387K
B - SBL8220Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A have signal to change lane to the right.
Vehicle B suddenly hits on the left side of vehicle A bumper.

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.:

21/3/2018

Reported on 20/3/2018
@ 12:42 PM

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 3 / 2018) (DD/MM/YYYY), TIME: (11 : 10) (HH:MM)
LOCATION: Victoria Street.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 6387K
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97293322
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJL8220Y MODEL: _____
b) DRIVER'S NAME: CHEW HOK FIEI
c) NRIC/FIN/PASSPORT: S1206689I CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = aldynlimo.ops@gmail.com


fax = aldynlimo@gmail.com

aldynlimo@gmail.com

Waiting for Company Clap?

* Private Hire

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7024268J



NOTMAN BIN ZAINUDDIN
 نورمن بن زينوددين
 Place: **MALAY**
 Date of birth: **30-07-1970** Sex: **M**
 Country of birth: **SINGAPORE**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**
 Licence Number: **S7024268J**
 Name: **NOTMAN BIN ZAINUDDIN**
 Birth Date: **30 Jul 1970**
 Issue Date: **19 Aug 2003**




NRIC No. S7024268J

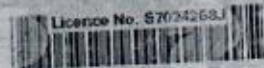



Date of issue: **28-11-2005**
 APT BLK 320 UBI AVENUE 1 #07-537
 SINGAPORE 400320
 NRIC No: **S7024268J** Date: **02/12/2009** Noc: **6315530**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Feb 1988
Class 2A	Motorcycles between 201 cc and 400 cc	13 Jan 1982
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1999

Licence No. **S7024268J**



NP 428A

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

BVC2SB0004821700

Chano: WDDHF4HB6AA112902

1. Index Mark and Registration
Number of Vehicle

SJV 6387 K

2. Name of Policyholder

ALDYN LIMOUSINE

3. Effective Date of Commencement of Insurance 03 August 2017
for the purposes of the Ordinance

02 August 2018

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

NAMED DRIVERS AS STATED IN POLICY SCHEDULE.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE FOR THE CARRIAGE OF PASSENGERS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS FOR FERRYING TOURISTS ONLY.

USE FOR SOCIAL DOMESTIC AND PLEASURE PURPOSES FOR FERRYING FAMILY MEMBERS ONLY.

THE POLICY DOES NOT COVER:

1. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

DEFINITION OF FAMILY MEMBERS : SPOUSE / CHILDREN / PARENTS / PARENTS-IN-LAW OF THE NAMED DRIVER(S) STATED IN THE POLICY SCHEDULE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : TAI THONG LEE TRADING PTE LTD

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Examined By