

NATIONAL Assessment Centre Services (int'l 1-800-)

NA1802670

Date In: 26/04/2018 10:32	Job description	Date & Time Completed	Done by
Ref No: NBA/06/18007675/Y	SAS e-tiling		
Veh No: SJX 4524C	Demol (white bus, A/C 3hrs)		
P.O.A: 15/04/2018 01:35	1-Motor Claim Form		
OD / TP (Reporting Only)	1-Motor VVO (written on back of report)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assl Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: _____ Tel: _____ Fax: _____

TP Particulars: Yell No: **SN 8840L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: _____ Time: _____

Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%; P: 21-79%; PI: 80-100%)

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-In-Guionair | Customer's information strictly Confidential & strictly NO matter of repairer.

() Total Loss Case | to e-mail Insurer URGENTLY.

Driver-In () / Towed-In () | Invoiced: YBS () / NO () | Towing Co: ()

Remarks:	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

NA1802670

Customer Particulars	Invoice Breakdown (GRT & U.S.)
Driver/Owner	1) ARI Accident Reporting (\$200)
Contact No:	2) DA1 Damage Allowance (\$100) INC (\$10)
Approved Person:	3) TP1 Towing Fee \$40/1hr
Checked by (Engr-In-Charge):	4) TP1 Follow Through Survey \$110
Additional Comments:	5) TP1 Follow Through Survey (Recovery) \$10
	6) TP1 Accident Report \$10
	7) NTUC Additional Survey \$10
	8) NTUC Additional Survey \$10
	9) NTUC Additional Survey \$10
	10) NTUC Additional Survey \$10
	11) NTUC Additional Survey \$10
	12) NTUC Additional Survey \$10
	13) NTUC Additional Survey \$10
	14) NTUC Additional Survey \$10
	15) NTUC Additional Survey \$10
	16) NTUC Additional Survey \$10
	17) NTUC Additional Survey \$10
	18) NTUC Additional Survey \$10
	19) NTUC Additional Survey \$10
	20) NTUC Additional Survey \$10

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	26/04/2018 10:22
Date Of Accident	15/04/2018 01:35
Exact Location Of Accident	JOHOR BAHRU IMMGRATION TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4524C
Insured/Policyholder	
Name Of Registered Owner	DANDELION MOYEU PTE LTD
Co Reg No	201230264N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82430243
Alternative Phone No	OFFICE-82430243

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
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	REPORTING ONLY
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	999994724/100857289-00004
Cover Note Number	

Driver

Name of Driver	HASZLEY HASSAN
NRIC No	S6943114C
Date Of Birth	09/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82430243
Fax Number	
Contact Number	OTHERS-82430243
EEmail Address	NOEMAIL

Address	BLK 686B WOODLANDS DRIVE 73 #03-64
Postcode	732686
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	2
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)	6
Passenger 1	NAME: : HASZEFNO HASSAN GENDER: : MALE
Passenger 2	NAME: : NORLIYANA SUHAINI GENDER: : FEMALE
Passenger 3	NAME: : NORAIDA SUHARTO GENDER: : FEMALE
Passenger 4	NAME: : DELISHA AMANDA GENDER: : FEMALE
Passenger 5	NAME: : QISHA QAISARAH GENDER: : FEMALE

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 PLAN

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	SLN8840L
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SKETCH PLAN

Veh A: SJK 4524C

Veh B: SLK 8840 L

IMPORTANT NOTICE

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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.

DANDELION MOYEU PTE LTD
ROC NO : 201230264N

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:

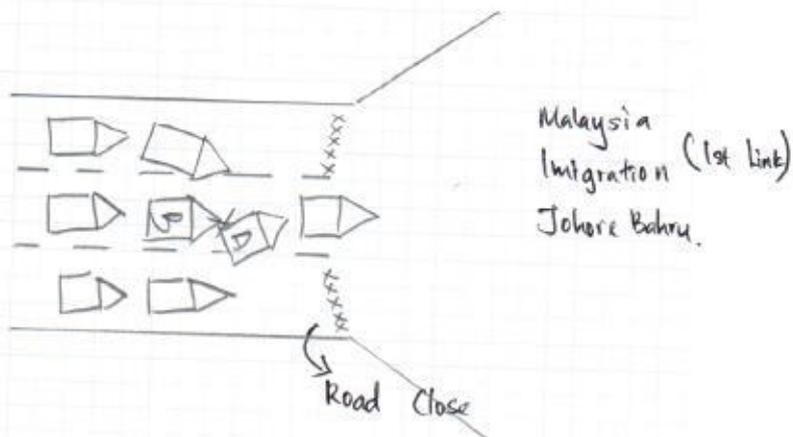
[Signature]
25/04/18
1735pm

[Signature] 25/04/2018
Name: *[Signature]*
NRIC/FIN No: *[Signature]*

SKETCH PLAN

Veh A: SJK 4524C

Veh B: SLN 8840L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 0135HRS ON THE 15 APRIL 2018,
 ON MY WAY BACK TO SINGAPORE, DRIVING ALONG
 AT JOHORE BAHRU IMMIGRATION CHECK POINT. I WAS
 DRIVING ON THE RIGHT LANE. AT THE ENTRANCE OF
 THE CHECKPOINT, ~~the~~ RIGHT & LEFT LANE WAS CLOSE.
 SO I ON MY SIGNAL LIGHT TO THE CENTRE LANE.
 AS I ENTER THE CENTRE LANE, A VEHICLE SLN 8840L
 HIT THE BACK OF MY LEFT SIDE DOOR.

DECLARATION

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

DANDELION MOYEU PTE LTD
 ROC NO : 201230264N

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.:

[Handwritten signature]
 25/04/18
 1735 pm

[Handwritten signature]
 28/04/2018
 ROSLI WAHAB

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 15/4/18 *Time of Accident: 0135 hrs.
*Accident Location: JOHORE BAHU IMMIGRATION (1st Line)

Vehicle Details

*Vehicle Number: SJK 4524 C *Make & Model: Honda Dooy

Insured / Policyholder

*Owner Name: Dandelion Moyeu Pte Ltd **DANDELION MOYEU PTE LTD**
ROC NO. 201230264M
*Address: _____ *HP: _____
*Email: _____ *Tel / H / Other: _____
*Occupation: _____ (Indoor / Outdoor)

Driver () same as above

*Driver Name: HASZLEY HASSAN *NRIC: E 6943114 / C.
*Address: APP BLK 688/D WOODLAND DRIVE 73.
*Date of Birth: 9/12/1969 *Driving Pass Date: 6/7/2015 *HP: 82430243
*Email: - N/A - *Gender: Male / Female
*Occupation: SELF-EMPLOYED (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: HASZLEEN HASSAN. (Male/Female) *P/Name: NORAIWA SUHARTO. (Male/Female)
*P/Name: NORLIYANA RUHAINI (Male/Female) *P/Name: DELSHA AMANDA (Male/Female)
QISHA QAISARAH

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLN 8840 L
Make & Model: TOYOTA WISH
Vehicle Category: MAY
Name of Driver: 3 YEW KIM HWEI (ROONEY)
NRIC : E 8206284 / 2
HP : 81010773.
No. of Passengers (Including Driver): 3

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

PUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6943114C**
 Name: **HASZLEY HASSAN**

Birth Date: **09 Dec 1969**
 Issue Date: **06 Jul 2015**

002447867H





REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S6943114C**



Name: **HASZLEY HASSAN**

Race: **MALAY**

Date of birth: **09-12-1969** Sex: **M**

Country/Place of birth: **SINGAPORE**




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

Class	Description	Effective Date
C	MOTORCYCLES NOT EXCEEDING 200 CC	26 Nov 2015
C	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2500 KILOGRAMS	06 Jul 2015

S / No 9000242537

Licence No. S6943114C



NP 429A

5257793



NRIC No. **S6943114C**



Date of issue: **30-12-2013**

Address:
**APT BLK 888B WOODLANDS DRIVE T3
 #03-64
 SINGAPORE 732988**



HOTLINE TEL: (65) 6419-0000
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, 1967
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$2,000.00 (I & II)
CERTIFICATE NO. 999994724/100857289-00004	WINDSCREEN EXCES	S\$100.00
	<small>(for policies with effect from 1st November 2002)</small>	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SJK4524C	
2) NAME OF INSURED	Dandelion Moyeu Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	28 Mar 2018	
4) DATE OF EXPIRY OF INSURANCE	13 Sep 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

Any person who is driving on the Insured's order or with their permission.

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 for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
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.
~~3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED
* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

* 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 12 Apr 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCDSK