

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 11/05/2018 13:47	Job description	Date & Time Completed	Done by
Ref No NA/AG18008660/K4	SAS e-filing		
Veh No SJT 86355	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/05/2018 18:00	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: GV5973K	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

NA1803076		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	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			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2 / 3:		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 (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 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	11/05/2018 13:47
Date Of Accident	08/05/2018 18:00
Exact Location Of Accident	THOMSON RD, B4 SLIP RD ONTO PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8635S
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	-
Email Address	NATALBYVAN1996@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299

Vehicle Particulars

Manufacturer	VOLKSWAGEN
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994694
Cover Note Number	

Driver

Name of Driver	BYVAN NATAL
NRIC No	S9646777Z
Date Of Birth	20/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94756299
Fax Number	
Contact Number	OTHERS-94756299
Email Address	NATALBYVAN1996@HOTMAIL.COM

Address	1 AMBER ROAD #19-01
Postcode	439845
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?	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)	2
Passenger 1	NAME: : OON YONG TAI, JEFFREY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180508/2150

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	GV5973K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSSAIN MIYAD
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BYVAN NATAL

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJT8635S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name OON YONG TAI, JEFFREY

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJT8635S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

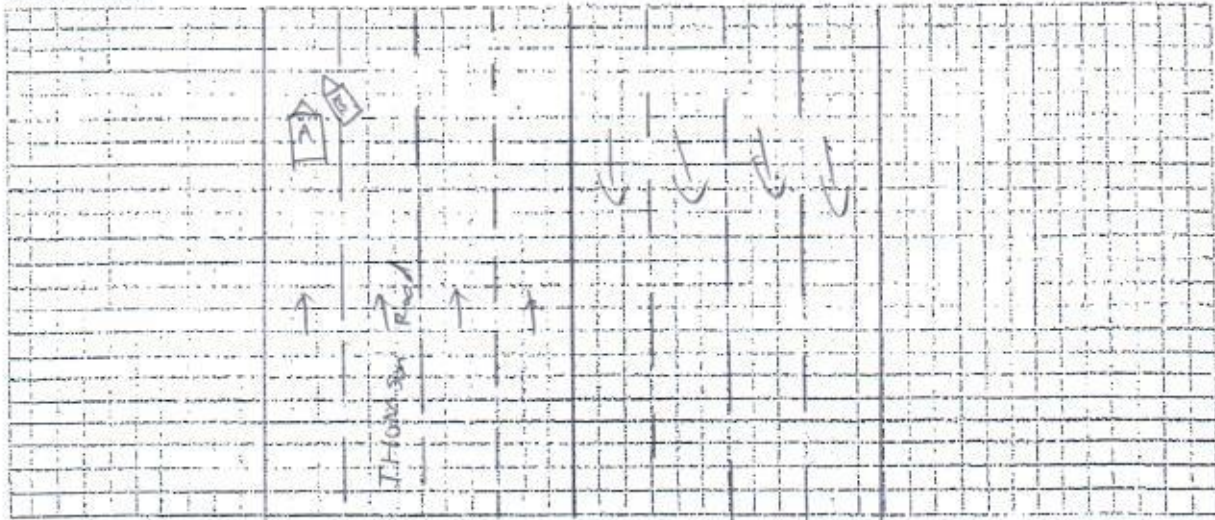

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Thomson Road before PIE (CHANGI) entrance

A: SST86355
B: GV597316

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180508/2150

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.:

11/5/2018

Police Station of Origin
 Eunus NPP
 629 Bedok Reservoir Road #01-1620
 SINGAPORE 470629

T/20180508/2150

(1)

SINGAPORE 470629
 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 19:45	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: BYVAN NATAL		Address: 1 AMBER ROAD #19-01 SINGAPORE 439845	
ID Type / ID No.: NRIC NO / S9646777Z		Contact No.: Home/Office: Mobile: 88217211	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 20/12/1996	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
ALONG THOMSON ROAD, BEFORE SLIP ROAD ONTO PIE TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV5973K	Lorry	TOYOTA		Silver	Slightly Damaged	3
SJT8635S	Car	VOLKSWAGO N	JETTA	Black	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

T/20180508/2150
(2)

Driver			
Name	HOSSAIN MINYAD	ID No.	G6820258U
Related Vehicle	GV5973K (Lorry)	Contact No.	84626534
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	BYVAN NATAL	ID No.	S9646777Z
Related Vehicle	SJT8635S (Car)	Contact No.	88217211
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	OON YONG TAI, JEFFREY	ID No.	S9747488E
Related Vehicle	SJT8635S (Car)	Contact No.	96772111
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned time and date, I was driving my vehicle(SJT8635S) along Thompson road. As I was driving along Thompson Road, I was on the most left lane as I wanted to enter the slip road onto PIE towards Changi. However, there was another lorry(GV5973K) which was beside me on the right lane, was trying to cut into my lane. While cutting into my lane, the rear left portion of the lorry had collided onto the front right portion of my vehicle. Afterwhich, I had signaled to him to stop ahead and we stopped our vehicles at the slip road of PIE. Subsequently, I had alighted from my vehicle and I had discovered that there were dents and scratches on the front right portion of my vehicle. The rear left portion of the lorry was slightly dented. I had exchanged particulars with the lorry driver, and we came to an agreement for insurance settlement of this accident and we left the accident location afterwards.

After the accident, I felt that my neck and right arm was in pain and as such I had went to Healthplus Clinic

T/20180508/2150
(3)

SINGAPORE 470029
Tel No: 1800-4439999

CONTINUATION OF REPORT

& Surgery clinic to seek medical assistance and I was given 3 days of MC. My passenger, Oon Yong Tai, Jeffrey had also felt pain in his neck area and had went to visit the same clinic and was also given 3 days of MC. My insurance company had informed me to lodge a police report. I would like to state that I had an in-car camera which had captured how the whole accident happened.

T/20180508/2150
(4)

Sketch Plan

Informant is not able to provide sketch plan

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 2 LEE WEI LIANG



Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2018 19:45

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE



SIGNATURE

X

Reprinted Detail on 11/5/2018
C 1315 HRS.

Date of Accident : 8/5/18 Accident Time: 1800 (24-HR-Format)
Accident Place : Thomson Road Before PIE (CHANGI) entrance
Vehicle Reg. No. (Car Plate No.) : ST 86353
Vehicle Make/Model : Volkswagen Jetta
Insurance Company : AIG Policy No. 999994694
Owner or Company Name / IC No. : Micro credit pte ltd / ROC: 200105045
Owner or Company Contact No. : 94756219 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : BYVAN NATAL
DRIVER'S Date Of Birth : 20/12/1996 DRIVER'S License Pass Date 24-6-16
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIREE
DRIVER'S Address : 1 Amber Road Amber Point #19-01
DRIVER'S Contact No. / Alt No. : 1) 8821 7211 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : natal byvan 1996 @ hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2
Was there any video Captured by car camera: YES \ NO passenger Male Jeffrey On
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GV 5973K</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota</u>	Vehicle Make/Model: _____
Name Driver: <u>Hossain Attar Miyad</u>	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Waiting for Police Report Serial Number?
not shown?
clearly. ✓

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9646777Z



Name

BYVAN NATAL

Race

CHINESE

Date of birth

20-12-1996

Sex

M

Country of birth

SINGAPORE

S9646777Z

4783778



NRIC No. S9646777Z



Date of Issue

17-10-2011

1 AMBER ROAD #19-01

SINGAPORE 439845

NRIC No: S9646777Z

Date: 24/10/2011

No: 6966126

REPUBLIC OF SINGAPORE

DRIVING

Licence Number:

S 964677Z

Name:

BYVAN NATAL

Birth Date: **20 Dec 1996**

Issue Date: **24 Jun 2016**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

24 Jun 20

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

NP 428A

Licence No: S9646777Z





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. 400

THIRD PARTY - COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJT8635S	POLICY EXCESS	S\$1500.00 Section (II)
POLICY NO.	999994694	WINDSCREEN EXCESS	NA
CHASSIS NO.	WVWZZZ1KZ9U021245	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PAF	Yes
2) NAME OF INSURED			SJT8635S
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			MICRO CREDIT (CAR LEASING) PTE LTD
4) DATE OF EXPIRY OF INSURANCE			26 March 2018
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			09 April 2019
<p>Any person who is driving on the insured's order or with their permission. S\$1,500.00 Section II Excess is applicable for driver who is <u>above</u> 22 years old and/or with minimum 2 years driving experience. S\$3,000.00 Section II Excess is applicable for drivers who is <u>below</u> 21 years old or with minimum 1 year driving experience. The policy does not cover drivers who are below 21 years old with less than 1 year driving experience.</p> <p>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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>The Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade.</p>			
LOSS OF USE	Not Included		
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 26 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
COWELL INSURANCE (AGENCY) PTE LTD
Trivex @ No. 8 Burn Road
#09-09
Singapore 369977

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC