

Date In: <b>21/5/18 15:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/GAZ18009146164</b>	SAS e-filing		
Veh No: <b>SGT 7277J</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>2015/18 17:50.</b>	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: **SBS 8392S.** 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 :-	MA1803169	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				1st Bill	Add. Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		20.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors' Comments :-		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 -			
		9) N11: TP (Non INC) against INC			
		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	21/05/2018 15:33
Date Of Accident	20/05/2018 17:50
Exact Location Of Accident	ALONG THE RD OF MALAYSIA TWDS MALAYSIA CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT7277J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AZIJAH BINTE M SYED SULAIMAN
NRIC No	S7126157C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91055779
Alternative Phone No	OTHERS-91055779

### Vehicle Particulars

Manufacturer	mitsubishi
Model	LANCER
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000002298-00-000
Cover Note Number	-

### Driver

Name of Driver	AZIJAH BINTE M SYED SULAIMAN
NRIC No	S7126157C
Date Of Birth	25/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91055779
Fax Number	
Contact Number	OTHERS-91055779
Email Address	NOEMAIL

Address	BLK 52 LENGKOK BAHRU #12-309
Postcode	150052
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?	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 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	SBS8392S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	+60167953575
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

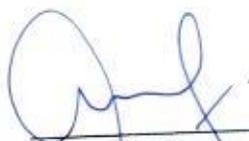
## SKETCH PLAN

### 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: 21/5/18



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/5/18



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary in the queue at along the road of Malaysia towards the checkpoint of Malaysia. While the traffic was moving slowly and before I could move my vehicle, vehicle B suddenly cut into my lane. Suddenly ,I felt an impact at the rear portion of my vehicle. When I got down of my vehicle , I realized vehicle B hit onto the rear right portion of my vehicle.

*Conf* 21.5.18.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 21/5/18

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/5/18

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

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	20.05.2018	(DD/MM/YY)
Time of accident	17:50	(HH:MM)
Exact location of accident	Along the road of Malaysia Towards Malaysia Checkpoint.	

## DETAILS OF VEHICLE

Vehicle registration number	SGT 7277J		
Vehicle make and model	Mitsubishi Lancer		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	Great American Insurance Company.		
Policy number	MOMVP 000002298-00-000		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Azijah Binte M. Muhamed Syed Sulaiman Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		
NRIC / Fin / Passport number	S 7126157C		
Contact	91055779 / 971212632		
Address	Blk. 52, Lengkok Bahru, #12-309, S (150052)		

## DRIVER

SAME AS INSURED ABOVE  (SKIP TO D.O.B)

Male  Female

Name			
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	25.07.1971		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	21.09.1998		

### GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	01 <span style="float: right;">(Inclusive of driver)</span>

#### PASSENGER 1

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### PASSENGER 2

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### PASSENGER 3

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### PASSENGER 4

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### PASSENGER 5

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### PASSENGER 6

Name	/	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

#### OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name	/	

#### WITNESS 1

Name	/	
------	---	--

#### WITNESS 2

Name	/	
------	---	--

THIRD PARTY VEHICLE 1

Vehicle registration number	SBS 8392S
Vehicle make model	
Name	Alim
NRIC / Fin / Passport number	
Contact	+6 016-795 3575

THIRD PARTY VEHICLE 2

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**INJURED PERSON 1**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7126157C



NAME  
**AZIJAH BINTE M MUHAMED SYED SULAIMAN**  
அசியா  
Race  
**INDIAN**  
Date of Birth Sex  
**25-07-1971 F**  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7126157C**  
Name:  
**AZIJAH BINTE M MUHAMED SYED SULAIMAN**  
Birth Date: **25 Jul 1971**  
Issue Date: **02 Oct 2003**

000884391E

1203049



NRIC No. **S7126157C**



Blood Group Sex of issue  
**A+ 25-09-1993**

APR 2004  
SINGAPORE  
Licence No. S7126157C

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Sep 1996



NP 428A

## 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)

### Policy Details

Certificate Number : MOMVP000002298-00-000	Cover : Private Car (Comprehensive)
Policyholder Name : Azijah Binte M Syed Sulaiman	Chassis Number : JMYSTCS3A7U009958
NCD Entitlement : 10% No Claim Discount	Engine Number : 4G18HY6545
Hire Purchase : ALPINE CREDIT PTE. LTD.	Registration Number : SGT7277J
Period of Insurance : From 30/05/2017 (00:00) To 29/05/2018 (23:59) (Both Dates Inclusive)	

### Persons or Classes of Persons entitled to Drive

- a) The Policyholder
  - b) Any person who is driving on the Policyholder'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 or so has been Vehicle 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

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business  
This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

\* 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

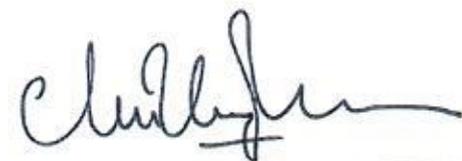
Excess (Section 1) : SGD 500.00	Workshop : Any Workshop
Excess (Section 2) : N/A	Off Peak Car : No
Windscreen Excess : SGD 100.00	NCD Protection : No
ADDITIONAL EXCESS : Please refer overleaf	

### Driver Details

Main Driver : Azijah Binte M Syed Sulaiman	
Named Driver 1 : Abdul Razak Bin Abdul Kader	
Named Driver 2 : N/A	
Named Driver 3 : N/A	
Name of Intermediary : LCH Lockton Pte. Ltd.	
Date of Issue :	

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

Signed for and on behalf of  
**Great American Insurance Company**



Authorised Signatory