

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118082751

Date In: 27/6/18-10:57	Job description	Date & Time Completed	Done by
Ref No: NA11801172124	SAS e-filing		
Veh No: 5H3653K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/6/18-07:40	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: AW0868R	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: (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

NA1804067	Invoice Preparation Checklist		Am't (\$) In 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			
QC Checked by (Engr-In-Charge):	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:			
	OD:			
	*N5: Courtesy Car / Tpl 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			
Ref 1:	Invoice dated	Fee Charged		
Ref 2 / 3:	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	27/06/2018 10:57
Date Of Accident	26/06/2018 07:40
Exact Location Of Accident	KPE TWDS NICOLL HIGHWAY EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3653K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994657
Cover Note Number	

### Driver

Name of Driver	SOLOMON DONA JR
NRIC No	S9132877A
Date Of Birth	23/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428871
Fax Number	
Contact Number	OFFICE-87428871
Email Address	NOEMAIL

Address	BLK 720 WOODLANDS AVENUE 6 #09-602
Postcode	730720
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	COLLISION - HEAD TO REAR
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?	
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: : BELLA AZIZ GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180626/2119.

#### 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	AW6868R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :



## 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.

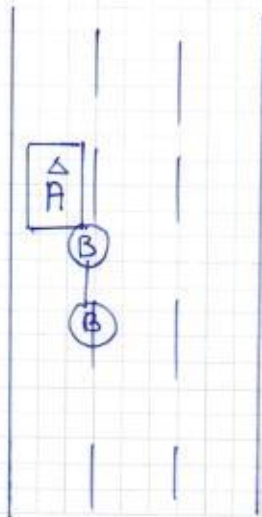


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



vehicle A/ SJH 3653K

vehicle B/ AW 6868P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling straight in my lane, suddenly I felt an impact from my vehicle rear. I wind down my window and advise the driver to stop at the road shoulder, however he did not stop but ride his bike away. vehicle 'B' has a passenger with him too.


Passenger 1: Bella AZ12 (Female)

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 06 / 18 (DD/MM/YYYY), TIME: 7.40 (HH:MM)

LOCATION: KPE TWDS NICOLL HIGHWAY EXIT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 3653K  
b) INSURANCE COMPANY: Alfa  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Latio  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
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: MARIC Car Rental Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 2016 206486 CONTACT: \_\_\_\_\_  
c) ADDRESS: 9 Tayong Lane #03-04  
9 Tayong Lane Simgar 787472

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Solomon Dong JR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9132877A CONTACT: 87428871  
c) ADDRESS: 720 WOODLANDS AVE 6  
#09-602 S730720

\*d) DATE OF BIRTH: 23 / 09 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 year

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

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: AW 6868R MODEL: motor bike  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = REPORTING@  
TOPQUE5.com  
Fax = 6452 4584





**SINGAPORE  
POLICE FORCE**



T/20180626/2119

1 of 3

Report No. T/20180626/2119

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
26/06/2018 18:02

Vide Report No.:

Station Diary No.:

**Informant's Particulars**

Name of Informant:  
solomon dona jr

Address:  
APT BLK 720 WOODLANDS AVENUE 6 #09-602 HDB-  
WOODLANDS SINGAPORE 730720

ID Type / ID No.:  
NRIC NO / S9132877A

Contact No.:  
Home/Office: Mobile: 87428871

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male  
Age: 26  
Date of Birth: 23/09/1991

Type of Informant:  
Driver

Race:  
Malay

Language:

Institution / School Name:

Occupation:  
Barber

Driving Licence Information:  
Class: 2B, 2A, 3A Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Non-Injury  
Hit and Run

Drink  
Drive:  
No

Date/Time of  
Accident:  
26/06/2018 07:40

Type of Location:  
Straight Road

Location:  
Along Road 1  
KALLANG PAYA LEBAR EXPRESSWAY

kpe towards Nicole highway exit

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 - Head To Rear

Anyone conveyed by  
ambulance:  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AW6868R	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	0
SJH3653K	Car	NISSAN	LATIO 1.5L T	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20180626/2119

2 of 3

Report No: T/20180626/2119

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Brief Details.**

on the above mention date time and location  
I was travelling at the said location. I was about to exit Nicole highway from middle. Another vehicle hit me from the back from the extreme left lane. The vehicle in front of me slowed down, so I had to slow down also. He didn't have time to slow down so he hit my back. I slowed down to ask him to stop but there was too much cars at the lane. Thus he just drove off. I honk at him but he didn't turn. I tried to catch up with him, after exiting Nicole highway I manage to catch up with him. I wind down my window asking him to stop at the side. He show me his hand was bleeding due to the accident then I ask him to stop at the side again asking him to pull over however he say never mind. Thus he just rode off. So I get my passenger to take the picture of the bike as my car doesn't have camera.





Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180626/2119

CONTINUATION OF REPORT

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:

TP /  
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/06/2018 16:02

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9132877A**

Name: **SOLOMON DONA JR**

Birth Date: **23 Sep 1991**

Issue Date: **16 Apr 2013**

002171193E



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9132877A**

Name: **SOLOMON DONA JR**



Race: **MALAY**

Date of birth: **23-09-1991**

Sex: **M**

Country of birth: **SINGAPORE**

S9132877A

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	11 Feb 2015
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	27 Jul 2016
Class 3A	MOTOR CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDALS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	16 Apr 2013

S / No. 9000250247

NP 426A

Licence No: S9132877A

3941935

NRIC No. **S9132877A**

Date of Issue: **09-10-2006**

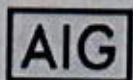
APT BLK 720 WOODLANDS AVENUE 6 #09-602  
SINGAPORE 730720

NRIC No: **S9132877A**

Date: **04/10/2010**

No: **6638799**



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, 1968

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

M.Z. 400

THIRD PARTY		(The below excess is subject to GST)	
CERTIFICATE NO.	COMMERCIAL MOTOR	POLICY EXCESS	SS\$1000.00 (Sect II)
POLICY NO.	SJH3653K	WINDSCREEN EXCESS	NA
	999994657	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	Yes
2) NAME OF INSURED		SJH3653K	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		MARIC CAR RENTAL PTE LTD	
4) DATE OF EXPIRY OF INSURANCE		25 April 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		24 April 2019	
<small>Any person who is driving on the insured's order or with their permission. SS\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience. SS\$2,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience. The policy does not cover drivers who are below 21 years old or less than 1 year driving experience.</small>			
<small>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.</small>			
6) LIMITATION AS TO USE*			
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			
<small>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst driving 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.</small>			
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, 1967 (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, 1967 (Malaysia).

Issued in Singapore 10 Apr 2018

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL