

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

| | | | |
|------------------------------------|---|-----------------------|---------|
| Date In: 11/07/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG/2012606/13 | SAS e-filing | | |
| Veh No: SJA3959R | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 06/07/18 2040 | 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 <u>Fax / Hand to Owner/Wksp</u> | | |

Preferred Wksp / INC Assign Wksp / QW: (**EMZ**) Tel: () Fax: ()

TP Particulars: Veh No: **PC58JZ** 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 :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| 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 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2 / 3: | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services - | | |
| | On* | | |
| | *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 (N=11 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 | 11/07/2018 12:05 |
| Date Of Accident | 06/07/2018 20:40 |
| Exact Location Of Accident | TAMPINES AVE 2 TWDS BEDOK RESERVOIR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJA3959R |
| Insured/Policyholder | |
| Name Of Registered Owner | INH BUS TRANSPORT SERVICE |
| Co Reg No | 53241461J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | STREAM |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 999994641 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KAMALJIT KAUR |
| NRIC No | S8013525D |
| Date Of Birth | 18/04/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/01/2008 |
| Driving Experience | 10 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98377069 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | 27 PASIR RIS LINK #10-18 WATERCOLOURS |
| Postcode | 518151 |
| 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 | |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | THOMSON NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4529999 - FAX NO: 6 5535740 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180709/2056

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 | PC585Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | BAK AH WAH |
| NRIC/Passport Number | S1327147Z |
| Contact Number | 91220648 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | KAMALJIT KAUR |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SJA3959R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.:



Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180709/2056

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|
| Driver | | | |
| Name | BAK AH WAH | ID No. | S1327147Z |
| Related Vehicle | PC585Z (Bus/Coach/Minibus) | Contact No. | 91220648 |
| 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 | KAMALJIT KAUR | ID No. | S8013525D |
| Related Vehicle | SJA3959R (Car) | Contact No. | 98377069 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On 06 July 2018, at about 8.40pm, I was driving my vehicle (SJA3959R) along Tampines Avenue 2 after the Junction of Tampines Avenue 2 and Tampines Street 31. Suddenly, I saw a motorcycle swerving out from the slip road of Tampines Street 31 to Tampines Avenue 2. As such, I slowed down my vehicle. While I was slowing down, I felt an impact from the rear of my vehicle.

Thereafter, I alighted my vehicle and observed that a bus (PC585Z) had collided to my rear of my vehicle. I also observed that my rear vehicle suffers from dents and scratches. I then exchanged particulars with the other driver and carried on your journey. After the accident, I felt pain on my back. As such, I seek medical treatment at Changi General Hospital and I was given 8 days of MC .

I wish to state that I do not have any rear in vehicle camera. As I was feeling unwell after the accident I did not lodge the police report within 24 hour. I am lodging this police report in compliance with the road traffic act and for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20180709/2056

3 of 3

Report No. T/20180709/2056

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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: E / Sgt 1 CHENG XINLIANG | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 09/07/2018 12:39 |
| Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220 | Classification Of Case: |

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE



SN 070

SIGNATURE

Date of Accident : 6/7/18 Accident Time: 2040 (24-HR-FORMAT)

Accident Place : Tampines Ave 2 twds Bedok Reservoir

Vehicle Reg. No (Car plate No.) : SJA3959R

Vehicle Make/Model : H/Stream

Insurance Company : AIG Policy No. 999994641

Owner or Company Names /IC NO: I N H Bus Transport Service

Owner or Company Contact No. : _____ Owner's HP _____ Company Tel _____

DRIVER'S Name & IC no. : Kamajit Kaur S8013525D

DRIVER'S Date of Birth : 18/4/80 DRIVER'S License Pass Date 11/1/08

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : 27 Pasir Ris Link #10-18 S' 518151

DRIVER'S Contact No./ Alt No. : 1) 98377069 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : em1autopteltd@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins

Number of Passengers (including Driver): 01

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: <u>PC5852</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC NO. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8013525D**
 Name: **KAMALJIT KAUR**

Birth Date: **18 Apr 1980**
 Issue Date: **11 Jan 2008**

001560665J




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8013525D**



Name: **KAMALJIT KAUR**

Race: **SIKH**
 Date of birth: **18-04-1980** Sex: **F**
 Country of birth: **SINGAPORE**

S8013525D

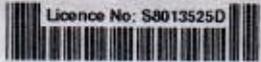


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | PASS DATE |
|---|--------------------|
| Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg | 11 Jan 2008 |

NP 428A

Licence No: S8013525D



4564860



NRIC No: **S8013525D**



Date of issue: **26-04-2010**

27 PASIR RIS LINK, WATERCOLOURS #10-18
SINGAPORE 518151

NRIC No: **S8013525D** Date: **16/06/2015**



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, 1989

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

THIRD PARTY FIRE & THEFT COMMERCIAL MOTOR

(The below excess is subject to GST)

CERTIFICATE NO. SJA3959R
POLICY NO. 999994641

POLICY EXCESS S\$1,500.00 Section II
WINDSCREEN EXCESS NA

SUM INSURED NA
INSURING WITH COE/PARF NA

1) VEHICLE REGISTRATION NO.

SJA3959R
I N H BUS TRANSPORT SERVICE

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

13 April 2018

4) DATE OF EXPIRY OF INSURANCE

12 April 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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 above 23 years old and/or with minimum 2 years driving experience.

S\$3,000.00 Section II Excess is applicable for drivers who is below 23 years old or with minimum 1 year driving experience.

The policy does not cover drivers who are below 23 years old with less than 1 year driving experience

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*

- 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.

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.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY APL Credit Pte Ltd

*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 16 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000
HUND
55 Lorong L Telok Kurau,
#02-59
Bright Centre
Singapore 425500
Tel: 64407787

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC