

NATIONAL Assessment Centre Services

[AP: JAY/05]

MA468103379

Date In: 10/08/2018 16:44	Job description	Date & Time Completed	Done by
Ref No: NA/MA/80/4527/Y	SAS e-filing		
Veh No: SLR 5253C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/08/2018 04:30	i-Motor Claim Form		
<input checked="" type="radio"/> 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: SLA 988A	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

NA/804987	Invoice Preparation Checklist	Am't (\$) Int 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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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/a INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			

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	10/08/2018 16:14
Date Of Accident	09/08/2018 04:30
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5253C
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	SALAMSUHAIMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96738741
Alternative Phone No	OFFICE-96738741

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999994528/100863823
Cover Note Number	

Driver

Name of Driver	SUHAIMI BIN SALAM
NRIC No	S7426412C
Date Of Birth	01/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738741
Fax Number	
Contact Number	OTHERS-96738741
EMail Address	SALAMSUHAIMI@GMAIL.COM

Address	BLK 9 TECK WHYE LANE #12-242
Postcode	680009
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180809/2029

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA988A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HO VIN MENG
NRIC/Passport Number	S1491144H
Contact Number	96857291
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	SUHAIMI BIN SALAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLP5253C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

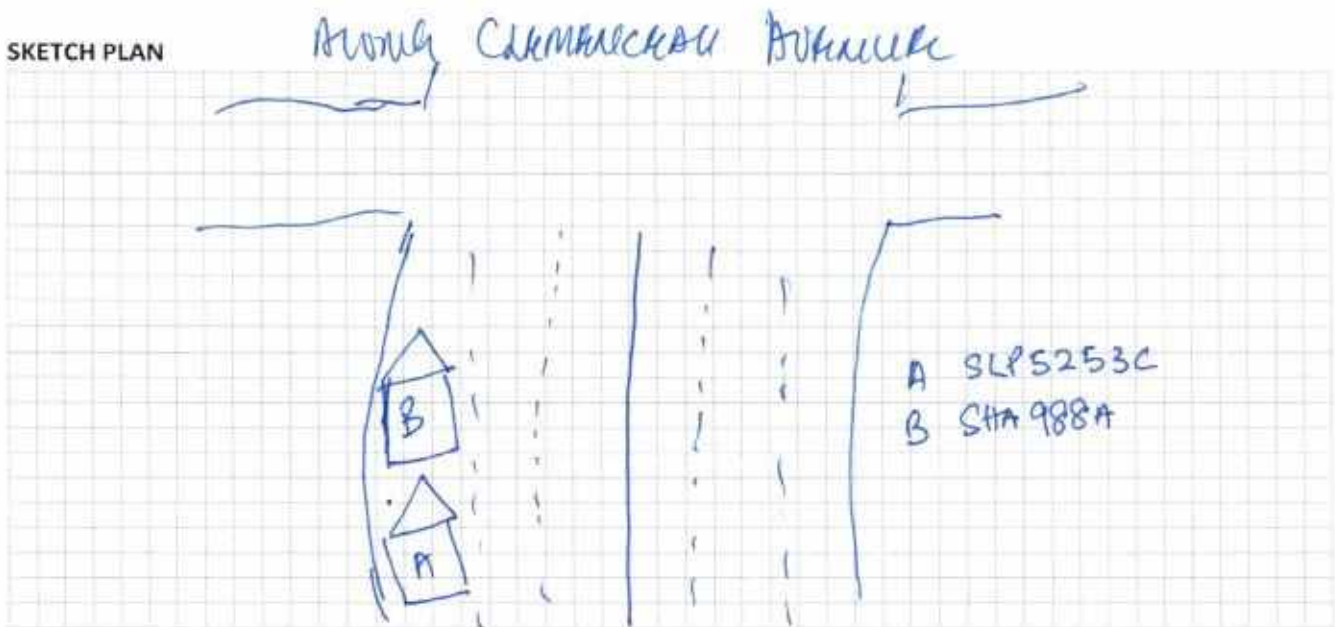


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/08/2018 around 04:30hrs, I was traveling on my vehicle (SLP5253C) along clemenceau Ave heading towards River valley Road. I was heading to Clark Quay to pick up passenger. As I was proceeding towards the traffic light junction between Clemenceau Ave and river valley Road, I filter to the left most lane in order to make a left turn. At the point of time, there was no other vehicle other than a vehicle (STA 988A) in front of me without hazard light or break light. As such I proceeded as normal. As I proceed nearer, I notice the vehicle was not moving. I tried to brake and however was not in time. My vehicle subsequently collided to the vehicle rear. My air bag was deployed due to the impact. I alighted to make check and discovered that I collided on to a taxi which was picking up passenger at that point of time. The front of my vehicle was dented inwards. and the rear of taxi was dented inwards.

POLICE REPORT 7/2080809/2029

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.:



SINGAPORE POLICE FORCE



T/20180809/2029

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180809/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2018 10:28	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars			
Name of Informant: SUHAIMI BIN SALAM		Address: APT BLK 9 TECK WHYE LANE #12-242 SINGAPORE 680009	
ID Type / ID No.: NRIC NO / S7426412C		Contact No.: Home/Office: Mobile: 96728741	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 01/09/1974	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/08/2018 04:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CLEMENCEAU AVENUE RIVER VALLEY ROAD Before traffic light junction of Clemenceau Avenue and Rivervally Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA988A	Car				Slightly Damaged	2
SLP5253C	Car				Slightly Damaged	0

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



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	SUHAIMI BIN SALAM	ID No.	S7426412C
Related Vehicle	SLP5253C (Car)	Contact No.	96728741
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2018	Date Discharge	09/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	HO VIN MENG	ID No.	S1491144H
Related Vehicle	NIL	Contact No.	96857291
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

Brief Details.

On 09/08/2018 around 0430hrs, I was traveling on my vehicle (SLP5253C)along Clemenceau Ave heading to wards River Valley Road. I was heading to Clark Quay to pick up a passenger. As I was proceeding towards the traffic light junction between Clemenceau Ave and River Valley Road, I filter to the left most lane in order to make a left turn. At the point of time, there was no other vehicle other than a vehicle(SHA988A) in front of me without hazard light or break light. As such I proceeded as normal. As I proceed nearer, I notice the vehicle was not moving. I tried to break and come to a stop, however, was not in time. My vehicle subsequently collided to the vehicles rear. My air bag was deployed due to the impact. I alighted to make check and discovered that I collided on to a taxi which was picking up passenger at the point of time. The front of my vehicle was dented inwards and the rear of taxi was dented inwards. I made a check with the 2 passengers and driver they informed that they are feeling fine. One of the passenger called for ambulance. I exchanged particulars with the driver. Subsequently, ambulance arrived and I was conveyed to SGH due the airbag's impact causing me to feel breathless. Traffic police subsequently arrived and I was informed that a IO will contact me and instruct on further actions to be done.

I received a call from IO Joe and was then instructed to lodge a police report.
I am unsure how many passenger the taxi is picking as I only notice 2 of them hanging around the scene.



**SINGAPORE
POLICE FORCE**



T/20180809/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20180809/2029

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:

J/

Sgt 2 HONG KEN NAM

Signature:

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/08/2018 10:28

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 09/08/2018 (DD/MM/YYYY), TIME: 04.30 (HH:MM)

LOCATION: Clemenceau Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP5253C
 b) INSURANCE COMPANY: ALG
 c) POLICY NUMBER: 999994528/100863823
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING for Grab
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: vin car (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Suhaimi B Salam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7426412C CONTACT: 96728741
 c) ADDRESS: B1C 9 Teck Whye Lane
#12-242

* d) DATE OF BIRTH: 01/09/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/4/2003

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

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: Choa Chu Kang Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 988A MODEL: Taxi
 b) DRIVER'S NAME: Ho Vin Meng
 c) NRIC/FIN/PASSPORT: S1491144H CONTACT: 96857291

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email = salam.suhaimi@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7426412C



Name
SUHAIMI BIN SALAM

Race
JAVANESE

Date of birth
01-09-1974

Country of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7426412C**

Name
SUHAIMI BIN SALAM

Birth Date: **01 Sep 1974**

Issue Date: **20 Jan 2011**




4872012



NRIC No. **S7426412C**



Date of issue
28-07-2012

APT BLK 9 TECK WHYE LANE #12-242
SINGAPORE 680009
NRIC No: **S7426412C**

Date: **20/10/2013 (R)**

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **24 Mar 2003**



Licence No: **S7426412C**



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

POLICY SCHEDULE

COMPREHENSIVE COMMERCIAL MOTOR

ATTACHMENT (II)

PERIOD OF INSURANCE : From : 19 Jul 2018 (both dates inclusive) To : 18 Jul 2019	POLICY NO. : 999994528/100863823 ENDORSEMENT NO. : 00000
INSURED : Vincar Leasing and Rental Pte Ltd	
ADDRESS : -	
BUSINESS/PROFESSION : Fleet Trade	
REGISTRATION NO. : SLP5253C	
MAKE & TYPE OF BODY : HONDA FREED 1.5G A	
YEAR OF REGISTRATION : 2017 CC/TONNAGE 1496.0	
SEATING CAPACITY : 4	
CHASSIS NO. : GB71020794	
ENGINE NO. : LEB5544763	
SUM INSURED : \$1.00	
INSURING WITH COE/PARF : Yes	
EXCESS :	
NAMED DRIVERS :	
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN : MayBank	SUBJECT TO ENDORSEMENT(S) : 1,15,18,25,26d,57,72(b),89,92,131,157,208,212(a),215(a) The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience. Issued in SINGAPORE on 25 Jul 2018

Person(s) Entitled To Drive :

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

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience.

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.



501980-000
VINCAR PTE LTD
1 CHANG CHARN ROAD
#05-02 OC BUILDING
SINGAPORE 159630

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative

ORIGINAL

SSCDSK