

NATIONAL Assessment Centre Services

(Ref: Jan 05)

MAA418705196

Date In: 1/09/2018 18:09	Job description	Date & Time Completed	Done by
Ref No: 1/BA01805196	SAS e-filing		
Veh No: SLE 1526L	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 1/08/2018 09:20	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: FBL 9834P	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

1/01805090	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$90)		
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) N1: Idao 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: Idao Mobile	\$0		
Auditors' Comments:	Invoice dated	Fee Charged		
Cal 1:	Invoice dated	Fee Charged		
Cal 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 GlA 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	14/08/2018 18:09
Date Of Accident	14/08/2018 09:20
Exact Location Of Accident	FLYOVER PIE (JURONG/TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1526L
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91883891
Alternative Phone No	OFFICE-91883891

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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?	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	999994943
Cover Note Number	

Driver

Name of Driver	NORMAN B SAAD
NRIC No	S7690033G
Date Of Birth	14/05/1976
Occupation	INDOOR
Date Of Driving Pass	14/05/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91883891
Fax Number	
Contact Number	OTHERS-91883891
Email Address	NOEMAIL

Address	BLK 240 BUKIT BATOK ESAT AVENUE 5 #05-247
Postcode	659240
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?	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: : PASSENGER GENDER: : FEMALE

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 SKETCH PLAN

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	FBL9834P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NAZRI
NRIC/Passport Number	
Contact Number	94596412
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SJL 1528L

Veh B: FBL 9834P

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.

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

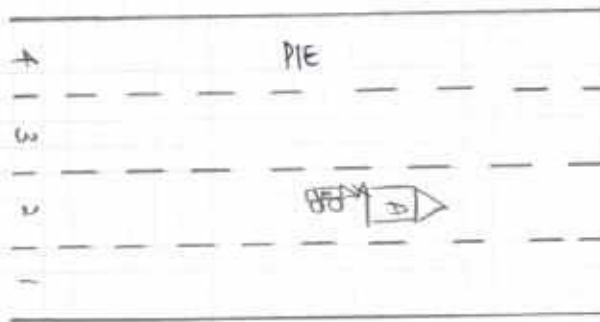
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Rogel W. A. H.*
NRIC/FIN No.:

SKETCH PLAN

Veh A: SJL152&L

Veh B: FBL9834P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along PIE, Traffic was heavy and moved slow. Suddenly ~~motorcycle~~ Motorcycle Veh B hit onto my rear.

DECLARATION

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

DANDELION ED PTE LTD
ROC: 201314301M

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.:

@1550
14/8/18

14/8/2018
Kelli W. H. H. H.

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 14 AUG 2018 (2) *Time of Accident: @0920HRS
*Accident Location: FLYOVER PIE (JURONG/THAS)

Vehicle Details

*Vehicle Number: STL1526L *Make & Model: CAMRY / TOYOTA

Insured / Policyholder

*Owner Name: DANDOLION ED PTE LTD *NRIC: -
*Address: 1 Brooke Road #02-02 KOPONT PLAZA S(429979)
*Email: - *HP: -
*Occupation: - (Indoor / Outdoor) *Tel / H / Other: -

Driver () same as above

*Driver Name: NORMAN B SARD *NRIC: S76900736
*Address: BLK 240 BUCC ROTOK EAST AVE 5 #05-247 S(50240)
*Date of Birth: 14/05/1976 *Driving Pass Date: 30 APR 2009 *HP: 91883891
*Email: - *Gender: Male / Female
*Occupation: GRAB (Indoor / Outdoor) *Tel / H / Other: -
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: RENTAL)

Passengers Details

*P/Name: Unknown (Male/Female) *P/Name: - (Male/Female)
*P/Name: - (Male/Female) *P/Name: - (Male/Female)

Insurance Company

*Insurer: - *Coverage: C / TPFT / TPO *Policy No: -

Detail of other vehicle / Property 1

Vehicle No.: FRL 9834P
Make & Model: -
Vehicle Category: MOTORCYCLE
Name of Driver: NARI
NRIC: S9036729Z
HP: 44596412
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: -
Make & Model: -
Vehicle Category: -
Name of Driver: -
NRIC: -
HP: -
No. of Passengers (Including Driver): -

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: -
*Weather conditions: Clear / Raining / others: - *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: -
*Witness: Yes / No (Name: - NRIC: - HP: -)
*Accident reported to police: Yes / No *Summon against whom: -
*Injured party: Yes / No *No. of passengers (include driver): 2
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. **S7690033G**

Name **NORMAN B SAAD**

Age **14 May 1976**

Valid from **23 Sep 2003**

000857232H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7690033G**

Name **NORMAN B SAAD**

Race **JAVANESE**

Date of birth **14-05-1976**

Sex **M**

Country of birth **MALAYSIA**

S7690033G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Date
Class 2B	Motorcycles <= 200 CC	30 Aug 1999
Class 2A	Motorcycles between 201 CC and 400 CC	21 Nov 2000
Class 2	Motorcycles > 400 CC	04 Mar 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor vehicles <= 2500 kg	30 Apr 2009

S7690033G

S/Nr. 9000099756

Licensee No. **S7690033G**

NP 426A

4059346

NRIC No. **S7690033G**

Date of issue **19-06-2007**

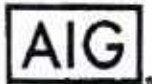
APT BLK 240 BUKIT BATOK EAST AVENUE 5 #05-247

SINGAPORE 659240

NRIC No. **S7690033G**

Date: **12/09/2012**

No: **7208557**



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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M2420

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999994943

(The below excess is subject to GST)

POLICY EXCESS S\$2000.00 (I & H)
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PAF Yes

S/L1528L
Dandelion ED Pte Ltd

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

17 May 2015
13 September 2018

Any person who is driving on the insured'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 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

- 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, speed testing, rallying, trial or speed testing.
2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

Swee Seng Credit Pte Ltd

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) 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 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 04 May 2018

AIG Asia Pacific Insurance Pte. Ltd.

000064-000
Direct Clients
78 Shenton Way
#07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY