

Date In: 03/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/AWA18015985/13	SAS e-filing		
Veh No: SKW 70735	E-mail (within 8hrs, A/C 2hrs)		
DOA: 01/09/18 0240	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		

TP Particulars:	Veh No: <u>SGH3568J</u> INC () / Non-INC ()
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Policy No: () Period: () Cover Type: ()

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 ()

() 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:
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(Date: _____)	Date Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		

2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo (Repair Cost > \$3000)	()		
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7. Repair cost for phone [Repair Cost = \$50000]	()		
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Injury : _____

Date/Time	Actions
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[illegible][illegible][illegible]

	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
ADDITIONAL			

Invoice & Repairation Checklist	1st Bill	Add Bill
1) A.P. - Accident Prevention (\$20)		

Insured's Particulars :-	1) AR : Accident Reporting (\$50);	
	2) DA : Damage Assessment (\$100);	INC (\$80)

Driver/Owner:	3) TF : Towing Fee	\$40/\$45
	4) ET : Follow-Through Survey	\$120

5) FT : Follow-Through Survey (Resurvey)	\$30
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damaged Portion:	6) TR : Re-inspection	\$75
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7) N1 : [dac DA + SMRT Survey	\$160
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C Checked by (Engr-In-Charge):		8) NTUC Additional Services:		
		<u>OD</u>		

*N5: Courtesy Car / Tpt Allowance	\$5
*N6: Rental Coordination	\$10

Auditors' Comments :-	*No. Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25

*N8: DV / Collect Excess Coordination	\$5
TR (M1) - TR (K) - INC	\$20

9) N12: Idac Mobile	30
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2/3	Invoice dated	Fee Charged	
	Invoice #	Invoice #	

Invoice dated	Fee charged	Invoice #
11/1/00	\$1,000.00	1000
11/1/00	\$1,000.00	1001
11/1/00	\$1,000.00	1002
11/1/00	\$1,000.00	1003
11/1/00	\$1,000.00	1004
11/1/00	\$1,000.00	1005
11/1/00	\$1,000.00	1006
11/1/00	\$1,000.00	1007
11/1/00	\$1,000.00	1008
11/1/00	\$1,000.00	1009
11/1/00	\$1,000.00	1010
11/1/00	\$1,000.00	1011
11/1/00	\$1,000.00	1012
11/1/00	\$1,000.00	1013
11/1/00	\$1,000.00	1014
11/1/00	\$1,000.00	1015
11/1/00	\$1,000.00	1016
11/1/00	\$1,000.00	1017
11/1/00	\$1,000.00	1018
11/1/00	\$1,000.00	1019
11/1/00	\$1,000.00	1020
11/1/00	\$1,000.00	1021
11/1/00	\$1,000.00	1022
11/1/00	\$1,000.00	1023
11/1/00	\$1,000.00	1024
11/1/00	\$1,000.00	1025
11/1/00	\$1,000.00	1026
11/1/00	\$1,000.00	1027
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11/1/00	\$1,000.00	1087
11/1/00	\$1,000.00	1088
11/1/00	\$1,000.00	1089
11/1/00	\$1,000.00	1090
11/1/00	\$1,000.00	1091

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	03/09/2018 12:09
Date Of Accident	02/09/2018 22:40
Exact Location Of Accident	EAST COAST CARPARK E2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7073S
Insured/Policyholder	
Name Of Registered Owner	ROSANA BINTE ABDUL RAHMAN
NRIC No	S1491759D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98433584
Alternative Phone No	OFFICE-98433584

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVPCSB0317691701
Cover Note Number	

Driver

Name of Driver	ZULHILMI HARITH BIN SALLEHUDDIN
NRIC No	S9714443E
Date Of Birth	27/04/1997
Occupation	INDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84187218
Fax Number	
Contact Number	
Email Address	ZULHARITH97@GMAIL.COM

Address	BLK 126 SIMEI ST 1 #02-286
Postcode	520126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUNTIE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : SHARIFUNISA BINTE MOHD NAZIM GENDER: : FEMALE
Passenger 2	NAME: : SHIRAANII MAHAYINTHERAN 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

PLS REFER TO THE 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	SGH3568J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82519115
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZULHILMI HARITH BIN SALLEHUDDIN
Approximate Age	
Injuries Sustain	BACK,NECK & CHEST
Injured person in which vehicle?	SKW7073S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SHARIFUNISA BINTE MOHD NAZIM
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKW7073S
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:

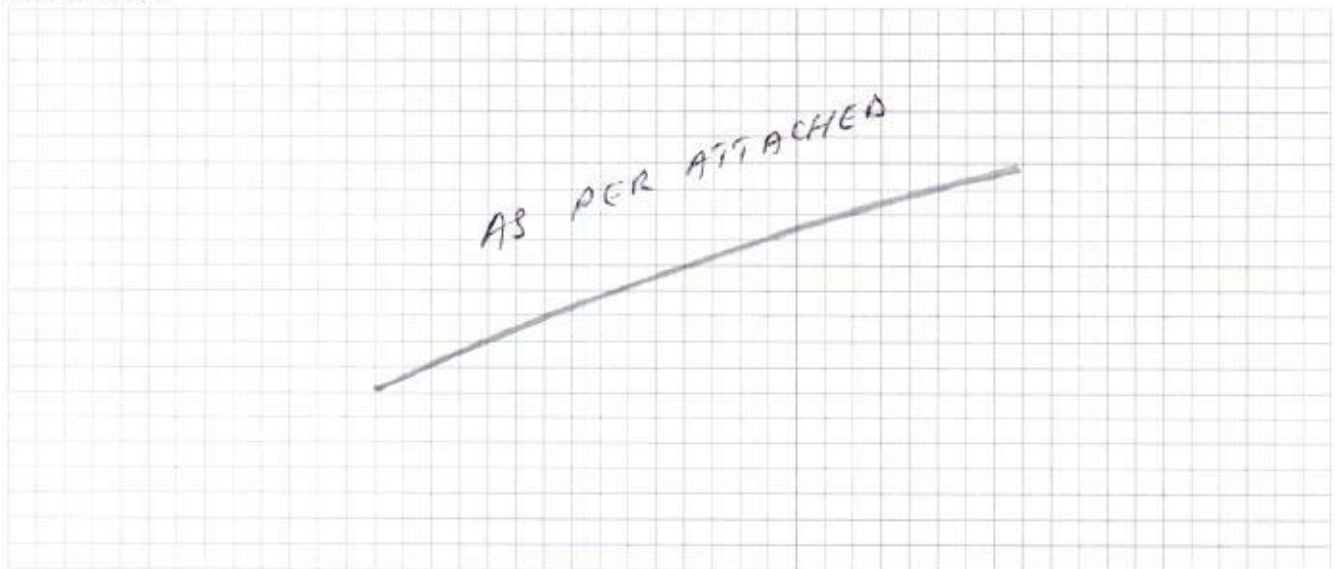


Driver's Signature
(If driver is not the policyholder)
Date & Time: 030918

 03/09/18

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching the carpark gantry at East Coast Carpark E2, a navy blue mitsubishi sedan, 86H3568J, from my left side hit my front left bumper. He was coming against the flow of traffic. I stopped the car and came out to look at the damages. Afterwards, I went back to my car to get my handphone to take picture. As I was getting my phone, the other driver drove off while sticking his hand right hand out of the window, waving me off, giving me the signal that he was going to move off. He exited the carpark and parked at the opposite road main road to avoid congesting the carpark. He then approached me and we exchanged numbers. He mentioned to settle tomorrow lunchtime (030918). I went to his car to take pictures of his damages and license plate. After taking pictures, I asked him for his car rental company. He just said it was his friend and then rushed off without giving me more details. I returned to my car afterwards.

DECLARATION

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

Policyholder's Signature
Date & Time:

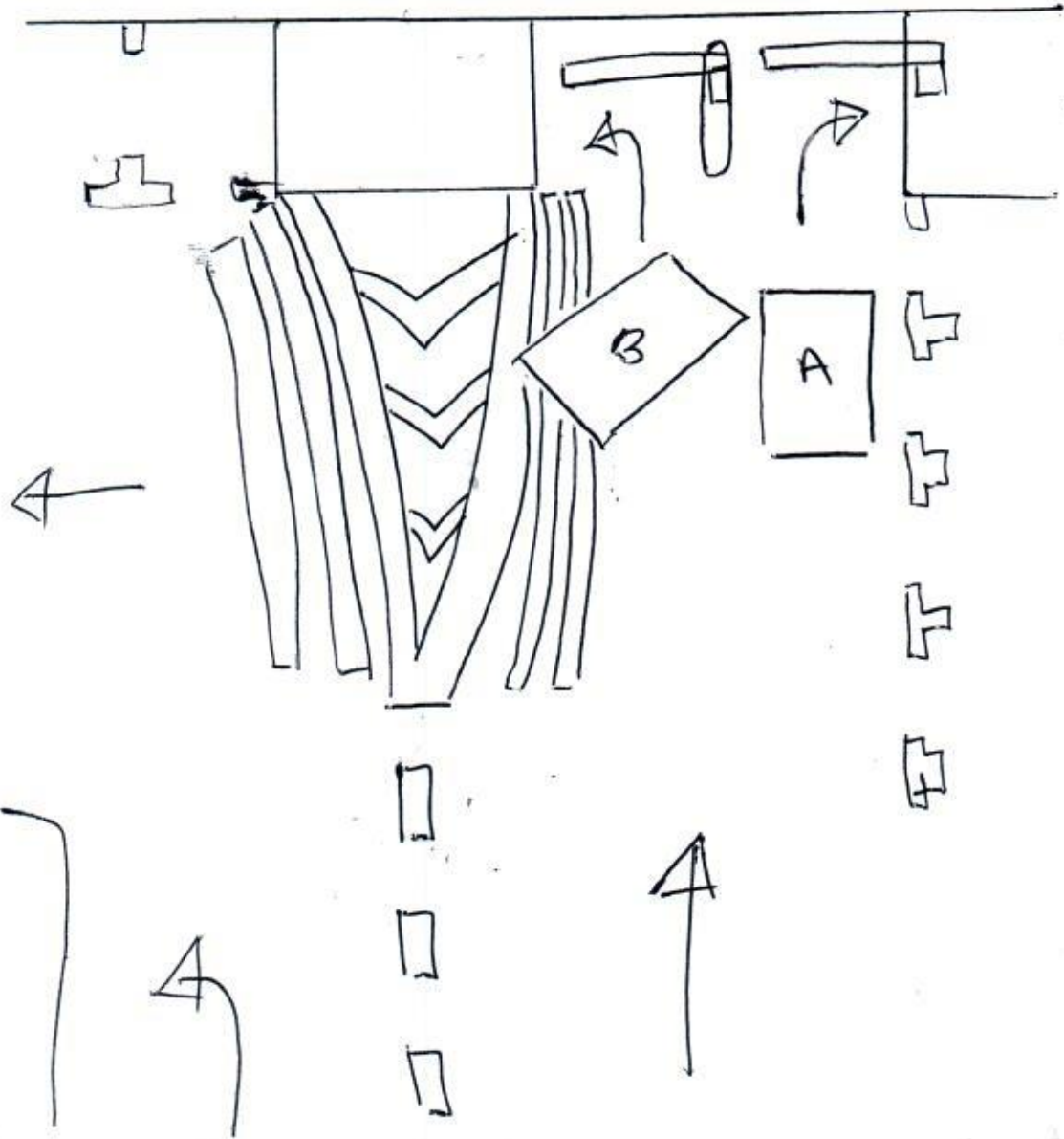

Driver's Signature
(If driver is not the policyholder)
Date & Time: 030918

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

EAST COAST CARPARK E2

020918
10.40pm

Car A is 8FW 7073 3
Car B - 8GH 3568 J



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9714443E**

ZULHILMI HARITH BIN SALLEHUDDIN

Birth Date: **27 Apr 1997**
Issue Date: **24 Jun 2016**

002581932C

SINGAPORE ARMED FORCES
IDENTITY CARD

Name: **ZULHILMI HARITH BIN SALLEHUDDIN**

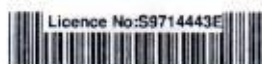
NRIC No: **S9714443E**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **24 Jun 2016**



NP 428A

GENALTO39GPIK029451980116

00000000201300

NRIC No / Colour: **S9714443E/ PINK**

Race: **MALAY** Blood Group: **B (+)** Sex: **M**

Date Of Birth: **27/04/1997** Country Of Birth: **SINGAPORE**

Service Status: **NSF** Military Rank Status: **ENLISTEE**

Address: **Blk 126 SIMEI STREET 1 #02-286 SINGAPORE 520126**

admin@mycar.sg

PRIVATE CAR

CERTIFICATE OF INSURANCE

MX1

R SB
A520SD0

Cov.Type : C

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE

THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE AVPCSB0317691701 MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968

ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE NO. AVPCSB0317691701

Cha No: KMHSU81BSGU537736

1. Index Mark and Registration Number of Vehicle SKW 7073 S
2. Name of Policyholder ROSANA BINTE ABDUL RAHMAN
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 12 November 2017
4. Date of Expiry of Insurance 11 November 2018
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

A. THE POLICYHOLDER.

THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR TO HIS EMPLOYER OR HIS PARTNER.

B. ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER :

1. USE FOR HIRE OR REWARD.
2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
3. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
4. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner : DBS BANK LIMITED

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers



INSURANCE AGENCIES PTE LTD

Blk 147 Potong Pasir Avenue 1 #02-93

Singapore 350147

Tel +65 6283 8611 Fax: +65 6283 7611

RCB /GST Registration Number: 200006391E

Examined By