

NATIONAL Assessment Centre Services

Date In: 04/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/18016075/13	SAS e-filing		
Veh No: SKV 5799A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/09/18 1730	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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: NA6484C	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

NA1805608	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments:-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2/3:	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	04/09/2018 10:13
Date Of Accident	02/09/2018 17:30
Exact Location Of Accident	2 KAKI BUKIT AUTOHUB HEAVY VEH SIDE NEAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5799A
Insured/Policyholder	
Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	200915893N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97129731

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	ACT
Fleet Policy	NO
Policy Number	
Cover Note Number	100856554

Driver

Name of Driver	SAW YE KYAW SWA
Passport No/FIN	G7376958U
Date Of Birth	24/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97129731
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	2 LOYANG LANE #03-01 LOYANG INDUSTRIAL ESTATE
Postcode	508913
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	0

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	PA6484C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

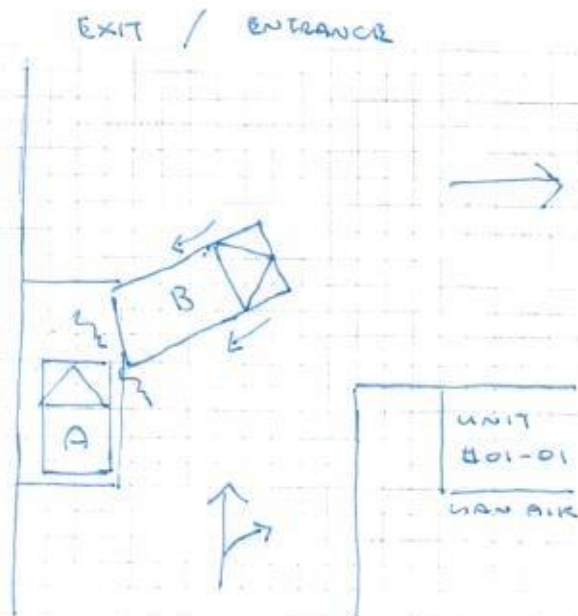
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

VEHICLE A - SKV5799A
VEHICLE B - PA6484C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THIS VEHICLE WAS STATIONARY PARKED IN THE CARPARK LOT. IT WAS HERE AT THE WORKSHOP FOR REPAIR WORK, AND ON 02/09/2018, AT ESTIMATED TIME 1730 HRS. A ACCIDENT HAPPENED WHEN A BUS WAS MAKING A REVERSE AND HIT ONTO MY VEHICLE WHEN REVERSING.

IT WAS THEN ACCIDENT REPORT TO BE MADE AND CLAIM FROM INSURANCE FOR THE DAMAGE.

VEHICLE A - SKV5799A

VEHICLE B - PA6484C.

DECLARATION

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

Policyholder's Signature
Date & Time: 04/09/18
First Response Pre
ROC No 2009155314

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

Reporting Centre Personnel's Signature
Name: 04/09/18
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118114414 Vehicle Registration No: SKV5799A
Name (as shown in NRIC) : SAW YE KYAW SWA NRIC/FIN/Passport No : G73769584
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 2 LOYANG LANE #03-01 LOYANG INDUSTRIAL ESTATE Singapore(508913)
Contact (Tel) : _____ Mobile No. : 97129731
Email Address : _____
Date of Accident : 02/09/18 Time of Accident : 1750
Place of Accident : 2 KAKI BUKIT AUTOMOBIL HEAVY VEH SIDE NEAR EXIT
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO VEH NO

Policyholder / Driver's Signature
Date:

Shyue 04/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Vehicle No.	SKV 5799A	Model / Make	mercedes SPRINTER
Date of Accident	02/09/2018		
Time of Accident	1730	HRS	
Location of Accident	2 KARL GUNT AUTOMOBIL HEAVY VEHICLE SIDE NEAR TO THE EXIT.		
Exact purpose use during accident	STATIONARY PARKED		
Name of Owner	HOPE FIRST RESPONSE PTE LTD		
Telephone No.	H/P: 9712 9731	Home :	Office :
NRIC	200 915893 N		
Address	LOYANH INDUSTRIAL ESTATE #03-01, 2 LOYANH LANE S(508913)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	100856554		
Name of Driver	As Above If <u>No</u> , SAW YE KYAW SWA		
NRIC	FIN 67376 958M	Any Passengers : NIL	
Date of birth	24 OCT 1973		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	16 MAR 2007		
Gender	Male / Female		
Contact No.	H/P: 9712 9731	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	<u>No</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	PA6484 JC	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT FRONT PORTION		
Camera Recorder	Yes / <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	NSI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@nsi.com.sg		

**S PASS**Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

HOPE AMBULANCE SERVICE PTE. LTD.

Sector: SERVICE

Name
SAW YE KYAW SWA
Occupation
AMBULANCE OFFICERS-Pass No.
0 90897560Date of Application
17-02-2016Date of Issue
14-03-2016Date of Expiry
17-03-2019

L6584853

0474
09/07/16**REPUBLIC OF SINGAPORE DRIVING LICENCE**Licence Number: **G7376958U**

Name:

SAW YE KYAW SWABirth Date: **24 Oct 1973**Issue Date: **08 Feb 2017**Valid Till: **15/03/2022**

002654656K

VISIT PASS

Immigration Regulations

Name

SAW YE KYAW SWA

Date of Birth	Sex	Nationality
24-10-1973	M	MYANMAR
FIN	Date of Issue	Date of Expiry
G7376958U	14-03-2016	17-03-2019

MULTIPLE JOURNEY VISA ISSUED**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.****YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	16 Mar 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 Mar 2007

S / No. 9000300132

G7376958U

NP 428A



Licence No: G7376958U



HOTLINE TEL: (65) 6416 3000
FAX: (65) 6415 3723

COVER NOTE

Cover Note No. 100656554		Date 12 Mar 2018	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
SCHEDULE			
Policyholder	Hope First Response Pte Ltd		
Age Condition	N/A	Registration No	SKV5799A
Policy Type	ACT	Make/Model	Mercedes Benz Sprinter 316 CDI
Effective Date	14 Mar 2018	CC/Tonnage	2.143.00
Expiry Date	13 Mar 2019	Engine No	65195532592925
Hire Purchase Company	NA	Chassis No	WDB90663325994424
		Year of Registration	2015
<p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none">1. Use only for social, domestic and pleasure purposes and for the Policyholder's business2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p> <p>MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)</p>			
CERTIFICATE OF INSURANCE			
I/We hereby certify that this cover note 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 at SINGAPORE

AIG ASIA PACIFIC INSURANCE PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD.

Authorised Representative

SSPYTF

The owner and vehicle particulars for Vehicle No. SKV5799A as at 17 Aug 2016 are as follows:

1.	Name	: HOPE FIRST RESPONSE PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200915893N
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SKV5799A
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 23 Sep 2015
8.	Original Registration Date	: 23 Sep 2015
9.	First Registration Date	: 23 Sep 2015
10.	Vehicle Type	: E63 - Road Tax Exempted Ambulance
11.	Vehicle Scheme	: Ambulance
12.	Attachment 1	: Emergency
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: MERCEDES BENZ
16.	Vehicle Model	: SPRINTER 316 CDI KA AUTO
17.	Year of Manufacture	: 2014
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 5
21.	Chassis/Trailer Chassis No.	: WDB9066332S994424
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 65195532592925
24.	Engine Capacity(cc)/Power Rating(kW)	: 2,143.0
25.	Unladen Weight(kg)	: 2980
26.	Maximum Laden Weight(kg)	: 3880
27.	Open Market Value	: \$135,962.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 0
32.	IU Label No.	: 40053457
33.	COE No.	: -
34.	COE Expiry Date	: -
35.	COE Category	: -
36.	Quota Premium/Prevailing Quota Premium	: -
37.	Actual Quota Premium/PQP Paid	: -
38.	Actual ARF Paid	: \$0.00
39.	CO2 Emission(g/km)	: -
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: 22 Sep 2035
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 23 Sep 2015
46.	Road Tax End Date	: 22 Sep 2016
47.	Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 22 Sep 2035.