

NATIONAL Assessment Centre Services

Date In 10/09/18	Job description	Date & Time Completed	Done by
Ref No NA/GAI/18016433/13	SAS e-filing		
Veh No SKG53517	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/09/18 1020	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: RAILING	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

NA1805737

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : 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:-		
	OD:		
	*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 (Non 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	10/09/2018 14:16
Date Of Accident	08/09/2018 10:20
Exact Location Of Accident	BUKIT PANJANG RD SLIP RD INTO BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5351Y
Insured/Policyholder	
Name Of Registered Owner	CARZ WORLD PTE LTD
Co Reg No	201202222Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91786189

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	MOTOR TRADE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVL000000011-00-000
Cover Note Number	

Driver

Name of Driver	HARIZ FAHMI BIN MOHAMED NAFIS
NRIC No	S9203432A
Date Of Birth	08/02/1992
Occupation	INDOOR
Date Of Driving Pass	24/11/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91786189
Fax Number	
Contact Number	
EMail Address	AMIHARIZ02@GMAIL.COM

Address	BLK 485 SEGAR ROAD #04-516
Postcode	670485
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 PROPERTY
Weather Conditions	DRIZZLING
Road Surface	OILY

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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180910/7006

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	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING DIVIDER
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HARIZ FAHMI BIN MOHAMED NAFIS
Approximate Age	
Injuries Sustain	NECK,BACK & KNEE
Injured person in which vehicle?	SKE5351Y
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.

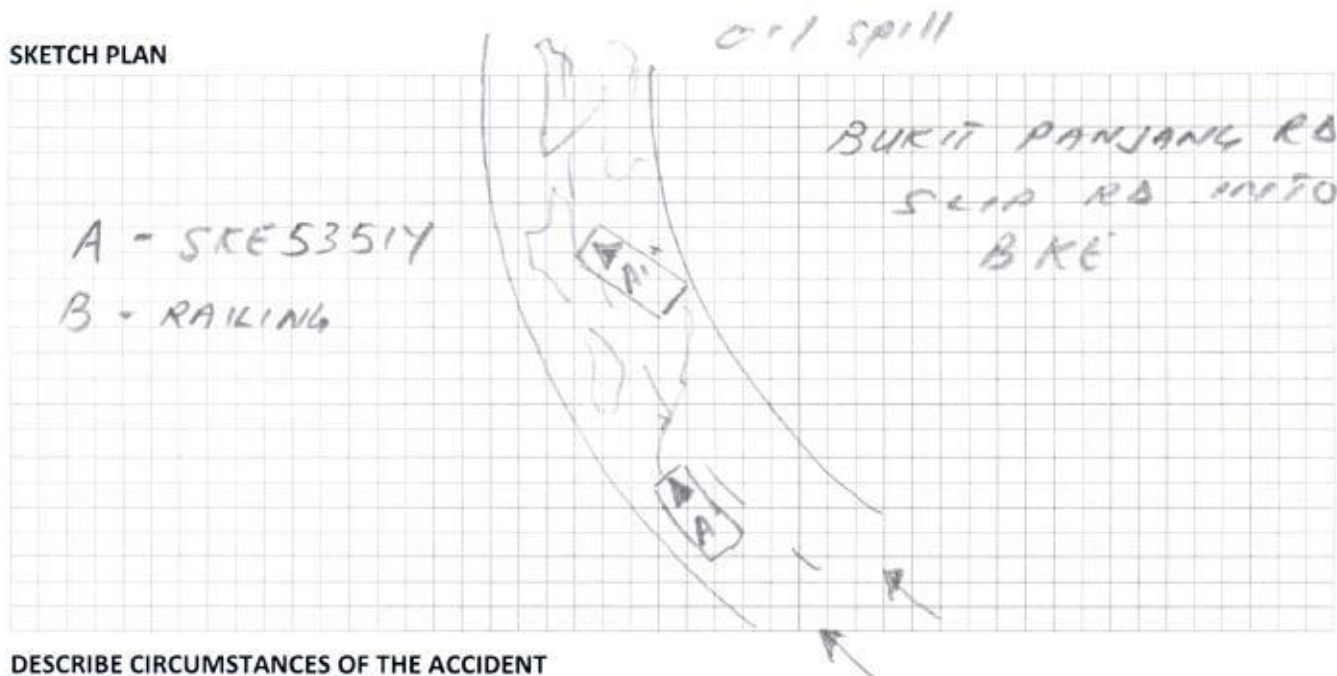


Policyholder's Signature
Date & Time:


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

 10/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: T/20180910/7006

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/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180910/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2018 12:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HARIZ FAHMI BIN MOHAMED NAFIS			Address: APT BLK 485 SEGAR ROAD #04-516 SINGAPORE 670485		
ID Type / ID No.: NRIC NO / S9203432A			Contact No.: Home/Office: Mobile: 94593937		
Nationality: SINGAPORE CITIZEN			Email: amihariz02@gmail.com		
Sex: Male	Age: 26	Date of Birth: 08/02/1992	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 08/09/2018 10:20	Type of Location: Bend
Location: BUKIT PANJANG ROAD				
Weather: Drizzling		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE5351Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180910/7006

CONTINUATION OF REPORT

Driver				
Name	HARIZ FAHMI BIN MOHAMED NAFIS		ID No.	S9203432A
Related Vehicle	SKE5351Y (Car)		Contact No.	94593937
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.

I was travelling on the right most lane of Bukit Panjang Road towards BKE and a silver/grey BMW cut into my lane without signalling and did not pick up speed, forcing me to change lane and overtake from the left of his vehicle. After passing his car, nearing to the bend, i felt my a strong pull on my steering wheel to the right and that's when I realised that my car had lost it's grip causing me to loose control and ram into the rails. I had tried to counter steer but to no avail. As my car end up facing the right direction, i moved off to a safer straight road to avoid a pile up as it was a bend. After stopping, a few mins later there was another accident that occurred at somewhat the same spot i spun.

There was an off duty police officer that assisted me to call the LTA marshall (Aetos) and EMAS. A while later an Aetos officer came to assist me. He came to informed me there was an oil spill and checked if it was from my car. However, the plate number and colour of bumper wasn't of my vehicle. After looking at the roads, we realised there was a trail of oil spill. That's when the aetos office said it could be someone had and accident there before me that caused the oil spill. The oil spill could be seen on the right lane of the dual carriage all the way to the merging lane.

I did not feel any pain upon impact, however, I am experiencing pain on my neck, whole of my back, and my knee.



**SINGAPORE
POLICE FORCE**



T/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180910/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/09/2018 12:36

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 09 / 2019) (DD/MM/YYYY), TIME: (10 : 21) (HH:MM)

LOCATION: Bukit Panjang Rd slip road towards BKE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF5351Y
b) INSURANCE COMPANY: GAIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Hariz Falmi Bin Mohamed Nafis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9203432A CONTACT: 91786185
c) ADDRESS: 485 Seleg Road #04-516 (S) 67485

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hariz Carz World Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20202222 CONTACT: 91786185
c) ADDRESS: 33 Ubi Ave 3 #01-09

*d) DATE OF BIRTH: (08 / 02 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
b) ROAD SURFACE: (DRY / WET / OTHERS Oil spill)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: RAILING MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

08/09/19

waiting for veh &
police report

Email = amihariz02@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9203432A



Name

HARIZ FAHMI BIN MOHAMED
NAFIS

حريز فاهمي بين محمد نفيس

Race

JAVANESE

Date of birth

08-02-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9203432A

HARIZ FAHMI BIN MOHAMED
NAFIS

Birth Date 08 Feb 1992

Issue Date 24 Nov 2011



002020765F

3999375



NRIC No. S9203432A



Date of issue

07-02-2007

APT BLK 485 SEGAR ROAD #04-516
SINGAPORE 670485

S9203432A

19/01/2014

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Nov 2011

NP 428A



Licence No: S9203432A

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1950
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number : MOMVL000000011-00-000 Cover : Motor Trade (Third Party Only)
Policyholder Name : Carz World Pte Ltd
NCD Entitlement : Nil
Period of Insurance : From 24/10/2017 (00:00) To 23/10/2018 (23:59) (Both Dates Inclusive)

SKE5351Y

Persons or Classes of Persons entitled to Drive

- a) Any Named Driver as stated in the policy or ;
- b) Any driver where Trade Plate number is used on the vehicle.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- a) Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing

* 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

Name of Intermediary : Carz World Pte Ltd

Date of Issue : 25/10/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

m1ow

**MOTOR TRADE THIRD PARTY ONLY
POLICY SCHEDULE**

INTERMEDIARY

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No.	: MOMVL000000011-00-000	Issue Date	: 25/10/2017
Intermediary	: Carz World Pte Ltd		
Insured	: Carz World Pte Ltd		
Address	: Ubi Ave 3 #01-09 Vertex Singapore 408868		
Period of Insurance	: From 24/10/2017 (00:00) To 23/10/2018 (23:59) (Both Dates Inclusive)		
Policy Version	: MVL_0116_V1.3		

Coverage Details

Sum Insured	: N/A
Premium Inclusive GST	: SGD 4,133.28

Cover Type	: Motor Trade (Third Party Only)
NCD Entitlement	: Nil
Number of Trade Plates / Named Drivers	: 7 *List of Trade Plate or Named Drivers is shown in the attachment slip
Type of Business	: Car Dealer
Demo Risk Cover	: Yes

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or attached hereto:

THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

1. Geographical Area limited to Singapore Only
2. It is limited to trial and demonstration usage that is related to the company's Motor Trade business
3. It is limited to operating hours from 9am to 11pm

Excess Applicable for Named Drivers
Section II Excess: S\$1,500.00

Premium based on 7 Named Driver whom:
- Is aged 22 years old and
- Have at least 2 years driving experience on the valid class of driving license

Named Drivers:-

5. Koh Zheng Xin: 12/03/1984: 06/05/2008



Policy No. : MOMVL000000011-00-000

INTERMEDIARY

Exchange Rate	: 1.00
Premium	: SGD 3,862.88
GST on Premium @ 7 %	: SGD 270.40
Total Due	: SGD 4,133.28

Signed for and on behalf of
Great American Insurance Company

A handwritten signature in black ink, appearing to be 'Chibana', written over a horizontal line.

Authorised Signatory
mlow