

Date In: <b>05/11/2018 15:09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/18/18020080/Y</b>	SAS e-filing		
Veh No: <b>SLK 887 J</b>	E-mail (within 8hrs, AIC 2hrs)		
DOA: <b>29/10/2018 19:45</b>	I-Motor Claim Form		
OID / TP: <b>Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SCH 33C** 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%. P: 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	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

Clientant's Particulars	Invoice Item / Description	Amount	Remarks
<b>NA1807129</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Ref: 1: 2/3:	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	* NS: Courtesy Car / Tpt Allowance	\$5	
* NG: Repair Co-ordination	\$10		
* N7: Post Repair Inspection	\$25		
* NB: DV / Collect Excess Coordination	\$5		
* TP (N11): TP (Non INC) against INC	\$20		
* N12: Idao Mobile	\$0		
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 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. 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	05/11/2018 15:09
Date Of Accident	29/10/2018 19:45
Exact Location Of Accident	STAMFORD ROAD TOWARDS FORT CANNING TUNNEL
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5851J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	DAN.NJOTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88117789
Alternative Phone No	OFFICE-67023360

#### Vehicle Particulars

Manufacturer	BMW
Model	X1
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100863298-00000
Cover Note Number	

#### Driver

Name of Driver	NJOTO DANASTRI SAHITA@NJOO SOEN HWA (YANG SHUNHUA)
NRIC No	S7711203J
Date Of Birth	24/04/1977
Occupation	INDOOR
Date Of Driving Pass	15/02/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88117789
Fax Number	
Contact Number	OTHERS-67023360
EMail Address	DAN.NJOTO@GMAIL.COM

Address	12B TANGLIN RISE
Postcode	247994
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: : UNKNOWN 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	SCH33C
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH THONG HEE (XU TONGXI)
NRIC/Passport Number	S7133180F
Contact Number	91541672
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SLE 5851 J

Veh B: SCH 33C

IMPORTANT NOTICE

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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:  
NRIC/FIN No.:

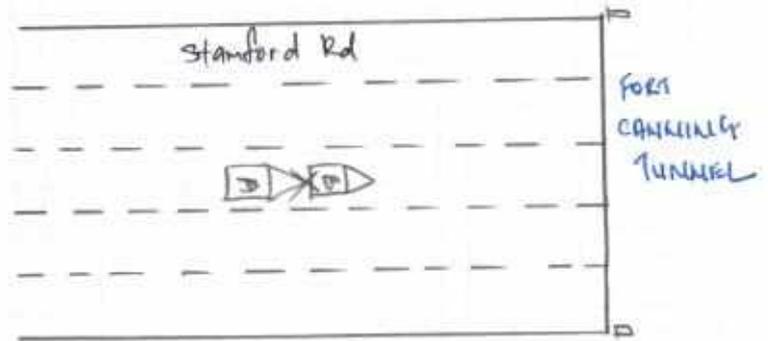
*Daf* 3/1/18 - 12:15pm

*Resdi Hartono* 05/11/2018  
*Resdi Hartono*

SKETCH PLAN

Veh A: SLE 8851J

Veh B: SCH 33C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29<sup>th</sup> Oct, I was driving along Stamford Road towards Fort Canning Tunnel. At about 19.42 hrs I stopped as traffic light turned red. When it turned green a couple of minutes later (est. 19.45 hrs), I was getting ready to drive, saw that all the cars on my left and right, all the cars surrounding me have left, driven off, I released my gear from N to D and released my footbrake. My car moved very slightly and very gently forward and might have very gently and lightly impacted the car in front, a Toyota Wish station wagon - SCH 33C. Which I immediately stopped, got out of the car and spoke to the driver of SCH 33C.

DECLARATION

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

DANDELION ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/11/18 - 12.15 pm.

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

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 29th OCT 2018 \*Time of Accident: 7.45pm  
\*Accident Location: Stamford Road towards Fort Canning Tunnel.

### Vehicle Details

\*Vehicle Number: SLE5851J \*Make & Model: BMW X1

### Insured / Policyholder

\*Owner Name: Dandelion ED Pte Ltd \*NRIC: 201314301M  
\*Address: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*HP: \_\_\_\_\_  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel/H/Other: off: 69023360

### Driver same as above

\*Driver Name: NJO TO DANASTRI SAHITA \*NRIC: 57711203J  
\*Address: 12 B, TANGLIN RISE SINGAPORE 287994  
\*Date of Birth: 24/04/1977 \*Driving Pass Date: 15/02/2013 (SGP) \*HP: 88117789  
\*Email: DAN.NJO TO@GMAIL.COM \*Gender: Male / Female  
\*Occupation: SALES EXEC (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: Unknown (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: AGI \*Coverage: C/TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SCH 33C  
Make & Model: TOYOTA WISH  
Vehicle Category: Station Wagon  
Name of Driver: KOH THONG HEE (XU TONGXI)  
NRIC : S713318DF  
HP : 91541672  
No. of Passengers (Including Driver): \_\_\_\_\_

### 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: Rear  
\*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): \_\_\_\_\_  
-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



Licence Number S7711203J

NJOTO DANASTRI SAHITA  
@ NJOO SOEN HWA

Birth Date 24 Apr 1977  
Issue Date 15 Feb 2013



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7711203J



Name  
NJOTO DANASTRI SAHITA  
@ NJOO SOEN HWA  
(YANG SHUNHUA)

Race  
CHINESE

Date of birth  
24-04-1977

Sex  
F

S7711203J



Country/Place of birth  
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 15 Feb 2013  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg



NP 428A

9311078



NRIC No. S7711203J



Nationality  
INDONESIAN  
Date of issue  
14-10-2013

Address  
12B TANGLIN RISE  
SINGAPORE 247994



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

### CERTIFICATE OF INSURANCE

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, 1969 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,500.00	( I & II )
	WINDSCREEN EXCESS	SS\$100.00	
CERTIFICATE NO. 999994436/100863298-00000	(for policies with effect from 1st November 2002)		
	SUM INSURED	SS\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SLE5851J		
2) NAME OF INSURED	Dandelion ED Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	14 Sep 2018		
4) DATE OF EXPIRY OF INSURANCE	13 Sep 2019		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			

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, 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.~~

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

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 189) 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000  
DIRECT CLIENTS 01.4.95  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

Authorized Representative

ORIGINAL

ESPYPF