

NATIONAL Assessment Centre Services. (wef 1 Jan'03) MNA418454073			
Date In:	Job description	Date & Time Completed	Done by
28/4/2008 12:08	SAS e-filing		
Ref No: NBA/GA/1802/1451/4	E-mail (w/idea 3hrs, AIC 2hrs)		
Veh No: SKJ 1687D	I-Motor Claim Form		
D.O.A: 27/4/2008 18:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OID TP: Reporting Only	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: Vch No: SNE 14514		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 repairer.			
( ) Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )			
Remarks: (INC) (QW) (788) (616) ( )			
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury: ( )			
Date/Time: ( )			
Amount's Particulars:			
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	
Auditor's Comments:		5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:		For claiming against INC Only (wef 10 Jan 2003)	
2/3:		6) TR: Re-inspection \$75	
		7) NI: Idao DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		9) NI: Idao Mobile	
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## 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	28/11/2018 12:03
Date Of Accident	27/11/2018 18:45
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE EUNOS EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1687D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINJIA LAND LIMITED
Co Reg No	-
Email Address	LATIF6905@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97325051
Alternative Phone No	OFFICE-97325051

### Vehicle Particulars

Manufacturer	BMW
Model	X6
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003895-00-000
Cover Note Number	

### Driver

Name of Driver	ABDUL LATIF BIN SIRAJ NOR
NRIC No	S6905892B
Date Of Birth	20/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97325051
Fax Number	
Contact Number	OTHERS-97325051
Email Address	LATIF6905@GMAIL.COM

Address	BLK 482 PASIR RIS DRIVE 4 #02-397
Postcode	510482
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	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)	1

#### 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	SME1451U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY JIAN WEN, JASON
NRIC/Passport Number	S9115526E
Contact Number	87760311
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### 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**.
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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.

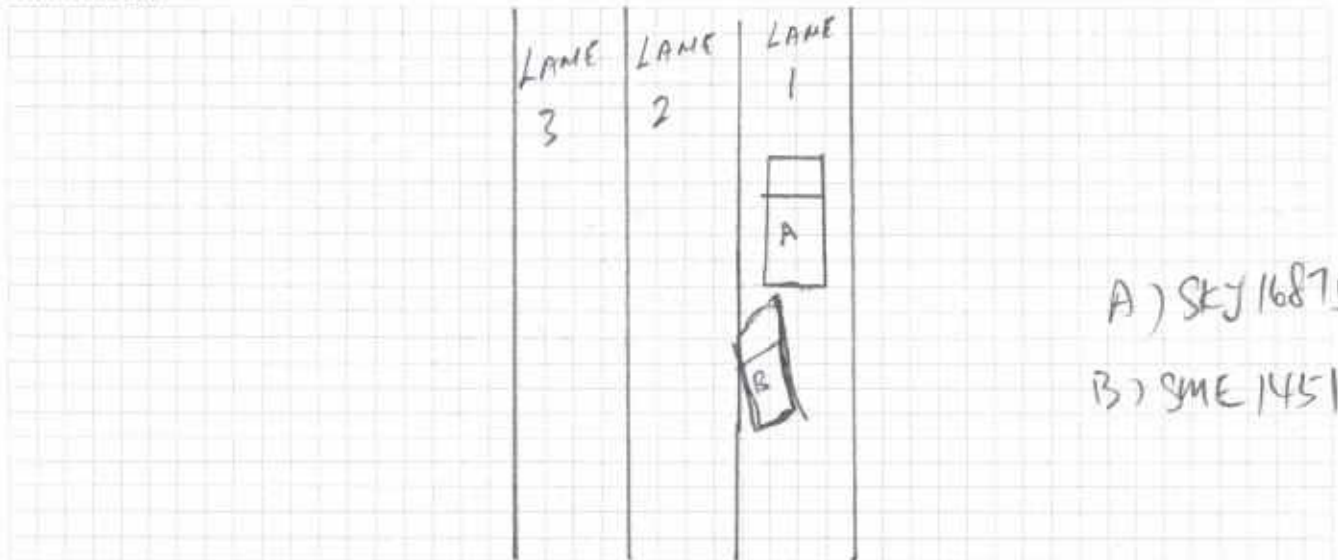
Policyholder's Signature  
Date & Time:

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

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

# PIE EUMOS TOWARDS CHANGI AIRPORT

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27-11-18, TIME 18.45 PM WHEN I WAS DRIVING TOWARD CHANGI AIRPORT. A LONG PIE EUMOS FIRST LANE, SUDDENLY FEW CAR IN FRONT OF ME SUDDEN STOP<sup>1</sup> AND I MANAGE TO ALSON STOP ON TIME BUT THE CAR PLATE NUMBER SME 1451 U THAT WAS BEHIND ME COULD NOT STOP AND HIT MY LEFT REAR. SO THE REASON FOR THE ACCIDENT CAUSE WAS THE OTHER PARTY HIT ME FROM BEHIND DUE TO DRIVE FAST AND COULD NOT STOP ON TIME WHEN THERE IS HAZARD.

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 27/11/2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: P1 E towards Otterlei before roundabout

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 1687 D  
b) INSURANCE COMPANY: GREAT AMERICAN INSURANCE COMPANY  
c) POLICY NUMBER: MOMVP 00000 3895-00-000  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: BMW X6 SUV  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: COME BACK FROM WORK  
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: ABDUL LATIF BIN SIRAS NOK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6905882/B CONTACT: 97325051  
c) ADDRESS: BLK H82, PASIR RIS DR. 4, #02-397  
S'PORE 510482

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ABDUL LATIF (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 20/01/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1991

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 \_\_\_\_\_

b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_

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: SME 1451 U MODEL: TOYOTA  
b) DRIVER'S NAME: TAY SIAM WAN, SASON  
c) NRIC/FIN/PASSPORT: S9115526 E CONTACT: 87760311

### 9. THIRD PARTY VEHICLE

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

email = latif6905@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6905892B



Name

ABDUL LATIF BIN SIRAJ  
NOR

Race

INDIAN

Date of birth

20-01-1969

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S6905892B

Name

ABDUL LATIF BIN SIRAJ  
NOR

Birth Date: 20 Jan 1969

Issue Date: 30 Aug 2003



NRIC No. S6905892B



Date of issue

22-04-2009

APT BLK 482 PASIR RIS DRIVE 4 #02-397  
SINGAPORE 510482

NRIC No: S6905892B

Date: 18/04/2011

No: 6738258

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

16 Aug 1991



License No: S6905892B

NP 428A



## 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, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVP000003895-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Sinjia Land Limited	Chassis Number	: WBAFG220X0L597197
NCD Entitlement	: 50% No Claim Discount	Engine Number	: 01528356N55B30A
Hire Purchase	: HONG LEONG FINANCE LIMITED	Registration Number	: SKJ1687D
Period of Insurance	: From 27/02/2018 (00:00) To 26/02/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Policyholder  
b) Any person who is driving on the Policyholder'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 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

Use only for social, domestic and pleasure purposes and for 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  
c) Use for carriage of goods (other than samples) in connection with any trade of business  
d) Use for any purpose in connection with Motor Trade

\* 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

Excess (Section 1)	: SGD 600.00	Workshop	: Any Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
ADDITIONAL EXCESS	: Please refer overleaf		

### Driver Details

Main Driver	: Any persons who is driving on the policyholder's order or with their permission
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Acorn International Network Pte Ltd
Date of Issue	: 22/10/2018

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  
jgoh