		DSI MHA118 157079.	
Date In: 1/12/18-17:15	Jcb description	Date &Time Completed	Done by
Rei No: NA MILLISODIS bojzy	SAS e-filing		
Veh No: YH 7813E	E-mail (within Shrs, AIC 2	hrs)	
D.O.A: 4/11/18-09-50	i-Motor Claim Form		
Service of the servic	i-Motor W/O (Within:	DD 2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
mn.	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / H		1
Preferred Wksp / INC Assign Wksp / QW: (			Fax:
TP Particulars: Veh No: Volto:	n D	NC( )/Non-INC( )	
Owner / Driver: (	2011	Tel:	,
Policy No: ( ) Per	riod: (	) Cover Type: (	
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-	100%]
The property of the Company of the C	Warranty: YES ( )/NO		
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()		
General Remarks:		CESTS OF THE CONTRACTOR	17815 176 7 20 1
A STATE OF THE PROPERTY OF THE		and the state of t	Silver Silver
( ) Walk-In Customer : Customer's infor		& Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure			(15)
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO(	; Towing Co: (	. )
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	CONTRACTOR OF THE PROPERTY OF	7.17	A COLUMN TO A COLU
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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 witholding 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.

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

## ACCIDENT STATEMENT

Date Of Report 04/12/2018 17:15 Date Of Accident 04/12/2018 09:50

Exact Location Of Accident AMK INDUSTRIAL PARK 2

Country/State of Loss SINGAPORE

# DETAILS OF OWN VEHICLE

MASINDO LOGISTIC PTE LTD

YN7813E

200301939M

NOEMAIL

ISUZU

NPR85UH5A

WORKING

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

Co Reg No

Email Address

Mobile Phone No

Alternative Phone No.

OFFICE-89999999

Vehicle Particulars

Manufacturer

Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

REPORTING ONLY

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE

Type Of Coverage

NO

Policy Number

Fleet Policy

999994545/100862878

Cover Note Number

Driver

Name of Driver

MOHAMED SALEHUDIN BIN ABDUL RAHIM

NRIC No. S8222091G Date Of Birth 10/07/1982 Occupation OUTDOOR Date Of Driving Pass 30/11/2012

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85420149

Fax Number

Contact Number OFFICE-85420149

EMail Address NOEMAIL Address BLK 54 LORONG 5 TOA PAYOH

#07-194

Postcode 310054

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181204/2051.

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** 

UNKNOWN

Vehicle Registration Number

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

## 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
- 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, Goods Received Goods Received regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

contains unchecked

YN7813E

Policyholder's Signature Date & Time:

Driver's Signature

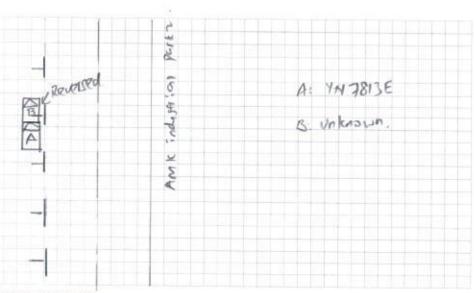
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to patce report- 7/2018/2011.	
No Logistic Pto	

DECLARATION

We declare the foregoing particulars are true in every respect. contains unchecked

YN7813E

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1 of 3

Report No. T/20181204/2051

# Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

	ne Report N 118 12:56	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars		Many March Street, Co., London, Street, Co.	
MOHAM ABDUL	RAHIM	IUDDIN BIN	Address: APT BLK 54 LORONG VISTA SINGAPORE 3	6 5 TOA PAYOH #07-194 TOA PAYOH 110054	
	/ ID No.: ) / S822209	91G	Contact No.: Home/Office: Mobile: 85420149		
National SINGAP	ity: ORE CITIZ	ŒN.	Email:		
Sex: Male	Age: 36	Date of Birth: 10/07/1982	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accident	and the latest the lat	With the same	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/12/2018 09:50	Type of Location:
Location: Along Road 1 ANG MO KIO Weather: Clear	INDUSTRIAL PARK 2	Road Surface:	R	load Speed Limit:
Traffic Flow:			T	raffic Volume:
Type of Collision:				nyone conveyed by mbulance: o

Details of V	ehicle Invo	lved				AT SHEET OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YN7813E	Lorry	ISUZU	NPR85UH5A		Seriously Damaged	1000

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





2 of 3

Report No. T/20181204/2051

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

### CONTINUATION OF REPORT

Driver		4116	The second second			
Name	MOHAMED SALEHUDDIN BIN ABDUL RAHIM			ID No		S8222091G
Related Vehicle	NIL			Conta	ct No.	85420149
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	of Days granted Medical Leave NIL		Degree o		NIL	

## Brief Details.

ME.

ON STATED DATE, TIME AND LOCATION, THERE WAS A BIG LORRY INFRONT PARKING INFRONT OF ME. I THEN GOING OUT FOR WORKING. THEN SUDDENLY, WHEN I CAME BACK TO MY VEHICLE I SAW MY FRONT WINDSCREEN WAS BROKEN INTO PIECES AND I SAW THERE WAS NO VEHICLE INFRONT OF





3 of 3

Report No. T/20181204/2051

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

## CONTINUATION OF REPORT

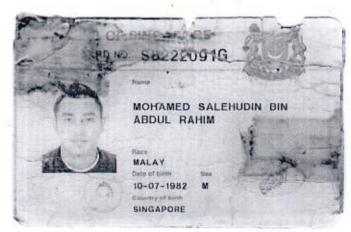
CI	col	ah	D	lan
01	æ	CH		an

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2018 12:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Carse 3000kg with =<7 passengers, exclusive 30 Nov 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A



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, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994545/100862878

OWN DAMAGE EXCESS WINDSCREEN EXCESS

\$\$800.00 (1)S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00 INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Masindo Logistic Pte Ltd

YN7813E

7 Jul 2018 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

6 Jul 2019 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTELLID

3A/5A Aliwal Street, Chenn Leonn Building

Singapore 199896 www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6869

Any person who is driving on the Insured's order or with their permission.

An additional Young and inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and Linnanied) who is below age 23 or has less than 2 years driving experience.

alease rafer to policy terms and conditions

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 in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Daimler Financial Services Africa & Asia Pacific

\* 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 In Singapore 6 Jul 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

030066-000

TAN INSURANCE BROKERS PTE LTD

31/5A ALIWAL STREET CHENN LEONN BUILDING SINGAPORE 199896

**Authorised Representative**