

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 08/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/AIG19000424/13	SAS e-filing		
Veh No: SLR0777	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/01/19 1155	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: 5455864	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

NA1900258	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: [daa DA + SMRT Survey] \$160		
	8) NTUC Additional Services:-		
	OH*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments :-	*TP (N11): TP (Non INC) against INC	\$20	
	9) N12: [daa Mobile]	\$30	
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	08/01/2019 12:32
Date Of Accident	07/01/2019 11:55
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK277T
Insured/Policyholder	
Name Of Registered Owner	HASINAH BINTE MOHAMED AMIN
NRIC No	S9215459I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96329079
Alternative Phone No	OTHERS-96329079
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100494692-02
Cover Note Number	
Driver	
Name of Driver	HASINAH BINTE MOHAMED AMIN
NRIC No	S9215459I
Date Of Birth	05/05/1992
Occupation	INDOOR
Date Of Driving Pass	03/12/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96329079
Fax Number	
Contact Number	OTHERS-96329079
Email Address	NOEMAIL

Address	BLK 150 BEDOK RESERVOIR ROAD #08-1711
Postcode	470150
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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/20190107/7021

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5586G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ6434K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 HASINAH BINTE MOHAMED AMIN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLK277T

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:

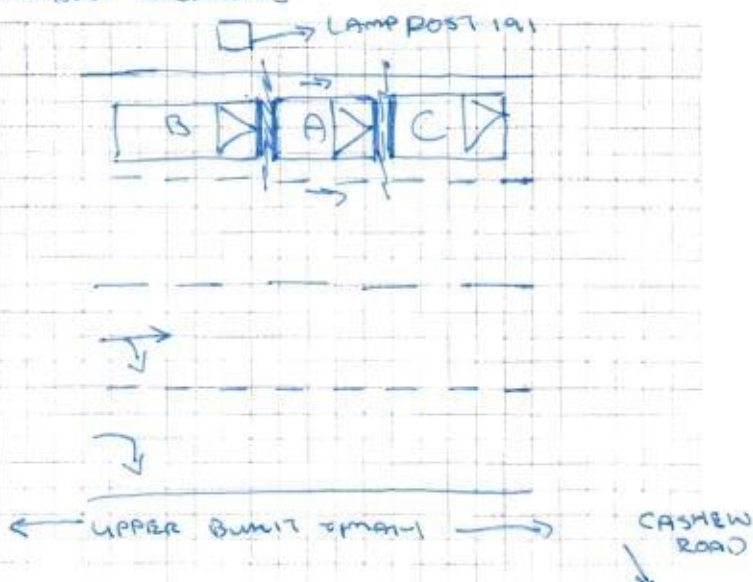
Driver's Signature
(If driver is not the policyholder)
Date & Time:

08/01/19

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

UPPER Bukit Timah Toward woodlands

Vehicle C
- SLQ 6434 K



AS PER POLICE REPORT

REPORT NUMBER:
T/20190107/7021

VEHICLE A
- SLK 277 T

VEHICLE B
- SG 5586 G

VEHICLE C
- SLQ 6434 K

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

shym 08/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190107/7021

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

1 of 3

Report No. T/20190107/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 18:45		Vide Report No.: J/20190107/0092		Station Diary No.:	
Informant's Particulars					
Name of Informant: HASINAH BINTE MOHAMED AMIN			Address: APT BLK 150 BEDOK RESERVOIR ROAD #08-1711 SINGAPORE 470150		
ID Type / ID No.: NRIC NO / S9215459I			Contact No.: Home/Office: Mobile: 96329079		
Nationality: SINGAPORE CITIZEN			Email: achinah@hotmail.com		
Sex: Female	Age: 26	Date of Birth: 05/05/1992	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2019 11:55	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5586G	Bus/Coach/Minibus			Green		0
SLK277T	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White		0
SLQ6434K	Car	TOYOTA		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190107/7021

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

2 of 3

Report No. T/20190107/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK277T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100494692-02	03/01/2019	02/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HASINAH BINTE MOHAMED AMIN	ID No.	S9215459I
Related Vehicle	SLK277T (Car)	Contact No.	96329079
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/01/2019	Date Discharge	07/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I HAVE VIDEOS EXCEEDING 2MB WHICH INCLUSIVE OF FRONT AND REAR VIEW. AND HAD PASSED THE VIDEOS iRoad 32GB SD CARD TO SSGT MOHAMED FIRUZ OF TP HQ. THE INCIDENT HAPPENED NEAR TO LAMP POST 191 (UPPER BUKIT TIMAH ROAD TOWARD WOODLANDS)

I WAS TRAVELLING ON THE EXTREME LEFT LANE OF UPP BUKIT TIMAH ROAD TOWARD WOODLANDS DIRECTION.

I STOPPED AT THE RED TRAFFIC LIGHT JUNCTION ALONG UPP BUKIT TIMAH, THEN SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, AND THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT OF ME. THE ACCIDENT HAPPENED NEAR TO A LAMP POST MARKED WITH 191.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A SMRT BUS WITH LICENCE PLATE NUMBER (SG 5586 G) THAT COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD AND HIT ONTO VEHICLE (SLQ 6434 K) DUE TO THE IMPACT CAUSED BY (SG 5586 G). IT WAS A CHAIN COLLISION INVOLVING OF 3 VEHICLES.



**SINGAPORE
POLICE FORCE**



T/20190107/7021

3 of 3

Report No. T/20190107/7021

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 / TPB /
TAN CHIN YONG
Contact No.: 65476178

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:
07/01/2019 18:45

Classification Of Case:

Vehicle No.	SLK 227 T	Model / Make	mitsubishi atrage
Date of Accident	07/01/19		
Time of Accident	11 56	HRS	
Location of Accident	UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	HASINAH BINTI MOHAMED AMIN		
Telephone No.	H/P: 96329079	Home:	Office:
NRIC	592154591		
Address	BLK 150 BEDOK RESERVOIR ROAD #05-1711 S(470130)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	2100494692-02		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth	05 MAY 1992		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	03 DEC 2013		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	HASINAH BINTI MOHAMED AMIN, 96329079		
Name And Contact No.			
Police Report	No,	If Yes, Where?	TRAFFIC POLICE
Vehicle B No.	SG 5586 G	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	SLQ 6434 K	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	FRONT / REAR		
Camera Recorder	Yes / No		
Email Address	achimah@hotmail.com		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		



S9215459I



HASINAH BINTE MOHAMED
AMIN

حسينه بنت محمد امين

MALAY

05-05-1992 F

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9215459I

Name:

HASINAH BINTE MOHAMED
AMIN

Birth Date: 05 May 1992

Issue Date: 03 Dec 2013



4042558

NRIC No: S9215459I



Date of Issue:
14-05-2007

APT BLK 150 BEDOK RESERVOIR ROAD #08-1711
SINGAPORE 470150

NRIC No: S9215459I

Date: 27/03/2017

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 03 Dec 2013



NP 428A



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Hasinah Binte Mohamed Amin
Period of Insurance : 03 Jan 2019 To 02 Jan 2020
Engine No. : 3A92UDP0601
Chassis No. : MMBSTA13AHH003708

Vehicle No. : SLK277T
Policy No. : 2100494692-02
Endorsement No. :
Issued Date : 03 Dec 2018

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Hasinah Binte Mohamed Amin - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720741

CYCLE & CARRIAGE - WW (MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPERV

78 Seletar Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.