

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA119 008149**

Date In: 12/1/19 - 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/A/61920114/24	SAS e-filing		
Veh No: 5J19450	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/1/19 - 23:00	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars:	Veh No: 5L68624	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 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

NA1920486	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	17/01/2019 17:54
Date Of Accident	16/01/2019 23:00
Exact Location Of Accident	JUNC MANDAI RD & SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ9445U
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	201608540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994463
Cover Note Number	
Driver	
Name of Driver	NOR'AFIDAH BINTE RAHIM
NRIC No	S8631929B
Date Of Birth	05/11/1986
Occupation	INDOOR
Date Of Driving Pass	27/04/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94894985
Fax Number	
Contact Number	OFFICE-94894985
Email Address	NOEMAIL

Address	BLK 110 YISHUN RING ROAD #06-377
Postcode	760110
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 - CROSS JUNCTION
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190117/2108.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL8162H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY SENG KIAN
NRIC/Passport Number	S1322303C
Contact Number	96234703
Address	BLK 353 CHOA CHU KANG CENTRAL #03-317

Postcode 680353

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NOR'AFIDAH BINTE RAHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJJ9445U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No: T/20190117/2108

whole accident was captured by my vehicle built-in video recorder.

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.:

Date of Accident : 16/1/19 Accident Time: 23:00 (24-HR-Format)
 Accident Place : Mandai Rd
 Vehicle Reg. No. (Car Plate No.) : Honda STREAM
 Vehicle Make/Model : SJ29446V
 Insurance Company : BIG Policy No. 999994463
 Owner or Company Name /IC No. : Teah Car Pte Ltd / 2016085402
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : NOR'AFIDAH BINTE RAHIM / 58631929B
 DRIVER'S Date Of Birth : 5/11/1986 DRIVER'S License Pass Date 27 Apr 2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hire
 DRIVER'S Address : A1 BUK 110 YISHUN RING RD #06-377 CS 760110
 DRIVER'S Contact No. / Alt No. : 1) 94894985 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>① SLL8162H</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Honda</u>	Vehicle Make/Model: _____
Name Driver: <u>THY JENG KIM</u>	Name Driver: _____
IC No. Driver: <u>S1322303C</u>	IC No. Driver: _____
Driver's Contact & Add: <u>A1 BUK 353 CHOA CHU KANG</u>	Driver's Contact & Add: _____
<u>CENTRAL #03-317</u>	
<u>CS) 2368 (HP: 96234703)</u>	

* Injured Person ① Driver: NOR'AFIDAH BINTE RAHIM / 58631929B



**SINGAPORE
POLICE FORCE**



T/20190117/2108

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190117/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2019 15:09	Vide Report No.: L/20190116/0201	Station Diary No.: 21
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Informant's Particulars

Name of Informant: NOR'AFIDAH BINTE RAHIM			Address: APT BLK 110 YISHUN RING ROAD #06-377 SINGAPORE 760110		
ID Type / ID No.: NRIC NO / S8631929B			Contact No.: Home/Office: Mobile: 94894985		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 05/11/1986	Type of Informant: Driver		
Race: Bengali			Language: English		Institution / School Name:
Occupation: Assistant Manager			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: 16/01/2019 23:00	Type of Location: T-Junction
Location: Along Road 1 MANDAI ROAD				
Along Mandai Road going towards Yishun, before SLE(BKE) Slip Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJJ9445U	Car	HONDA		Brown	Seriously Damaged	0
SLL8162H	Car	HONDA		Black	Seriously Damaged	4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190117/2108

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190117/2108

CONTINUATION OF REPORT

Driver			
Name	NOR'AFIDAH BINTE RAHIM	ID No.	S8631929B
Related Vehicle	SJJ9445U (Car)	Contact No.	94894985
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/01/2019	Date Discharge	17/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TAY SENG KIAN	ID No.	S1322303C
Related Vehicle	SLL8162H (Car)	Contact No.	96234703
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.

On 16/01/2019 at about 11.00pm, I was driving home in my rented car SJJ9445U from Bukit Batok along Mandai Road going towards Yishun.

As I was about to cross the traffic light junction of SLE(BKE) slip road, the traffic light was green in my favour and I proceeded forward. As soon as I crossed the junction, one car from the opposite direction was turning right and hit onto the front right side of my car. The impact of the crash caused my car to move towards the opposite side of the slip road of SLE (BKE). After I composed myself, I stepped out of the car and called the staff of my car's rental company "Fresh Car Pte Ltd" who came down to the scene later. I only managed to take photos of the accident location and the other driver's car registration number SLL8162H. I tried to ask for his particulars but the driver just ignored me as he assessed his own passengers.

I felt giddy and feeling numb on the leg area. Ambulance was at scene and conveyed me to KTPH for medical treatment. I as given 4 days of MC. I was then given a case card by the staff of "Fresh Car" for me to lodge a police report, vide T/20190116/0201.



**SINGAPORE
POLICE FORCE**



T/20190117/2108

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20190117/2108

CONTINUATION OF REPORT

Sketch Plan

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.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL
RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/01/2019 15:09

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8631929B



Name

NOR'AFIDAH BINTE RAHIM

Race

BENGALI

Date of Birth

05-11-1986

Sex

F

Country/Place of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S8631929B

NOR'AFIDAH BINTE RAHIM

Birth Date 05 Nov 1986

Issue Date 27 Apr 2015



5677083



NRIC No. S86319298



Date of issue

05-12-2016

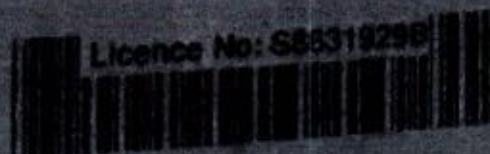
Address

APT BLK 110 YISHUN RING ROAD
#06-377
SINGAPORE 760110

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

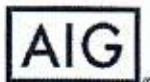
EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 27 Apr 2015



Licence No: S86319298

NP 423A



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)

MZ.400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJJ9445U	POLICY EXCESS	\$S2000.00 (Sect II)		
POLICY NO.	999994463	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PARF	NA		
		SJJ9445U			
		Fresh Cars Pte Ltd			
1) VEHICLE REGISTRATION NO.					
2) NAME OF INSURED					
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		07 September 2018			
4) DATE OF EXPIRY OF INSURANCE		06 September 2019			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*					
Any person who is driving on the Insured's order or with their permission. \$52,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience. The policy does not cover drivers who are below 21 years old and/or with less than 2 year driving experience.					
Geographical Limit : Covers the Republic of S'pore, West M'sia and part of Thailand within 80kms of the border between Thailand and West M'sia subjected to an excess \$3,000.00 under Section II.					
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*					
1) Use for social, domestic, pleasure purposes and business purposes of Insured					
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.					
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.					
The Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		NA			

*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 11 Sep 2018

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 595604

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL