

NATIONAL Assessment Centre Services

(part 1 Jan 2005)

MA419026757

Date In: 26/02/2019 15:51	Job description	Date & Time Completed	Done by
Ref No: NBO/H1919002616/Y	SAS e-filing		
Veh No: SX 5545	E-mail (k) (101a 3hrs, AIC 2hrs)		
D.O.A: 25/02/2019 15:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SNE 913SE	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____	Accident: _____

MA1901484	1) AR: Accident Reporting (\$30)	
Client Particulars:	2) DA: Damage Assessment (\$100); INC (\$50)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) FT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wof 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11) : TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated _____	
	Invoice dated _____	
	Fees Charged _____	
	Fees 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	26/02/2019 15:51
Date Of Accident	25/02/2019 15:30
Exact Location Of Accident	ALONG ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5554S
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94687031
Alternative Phone No	OFFICE-94687031

Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994443/100864999-00001
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULKHAIRI BIN MAHFUL
NRIC No	S9130484H
Date Of Birth	03/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94687031
Fax Number	
Contact Number	OTHERS-94687031
Email Address	NOEMAIL

Address BLK 118 BEDOK RESERVOIR

Postcode

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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190226/2062

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 SME9135E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KEVIN YAP MING WEN

NRIC/Passport Number S8941379F

Contact Number 90905208

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS4617C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN JAIME LEI ANN
NRIC/Passport Number S7797024Z
Contact Number 91081227
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ZULKHAIRI BIN MAHFUL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLX5554S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

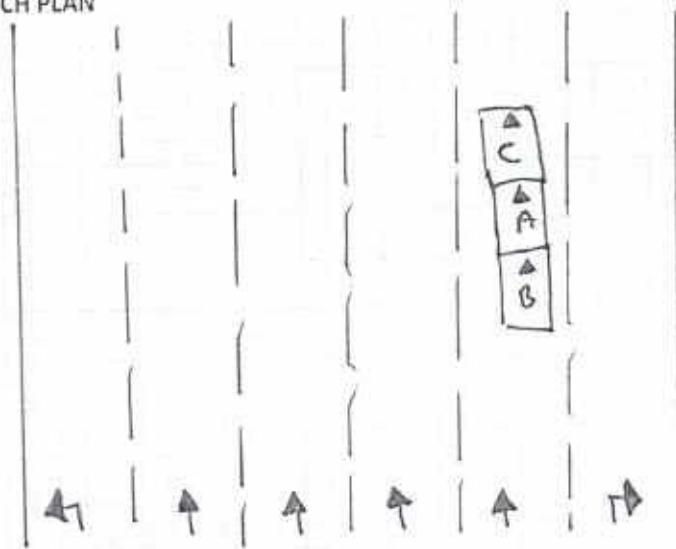
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



Ulu Pandang Road
 vehicle A: SLX 5554S
 vehicle B: SME 9135E
 vehicle C: SLS 4617C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report T/20190226/2062

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.:

26/02/2019
 Ros L. Lim



**SINGAPORE
POLICE FORCE**



T/20190226/2062

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190226/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 12:28	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars		
Name of Informant: MUHAMMAD ZULKHAIREE BIN MAHFUL		Address: APT BLK 118 BEDOK RESERVOIR ROAD #04-82 SINGAPORE 470118
ID Type / ID No.: NRIC NO / S9130484H		Contact No.: Home/Office: Mobile: 94687031
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 27	Date of Birth: 03/09/1991
Type of Informant: Driver		
Race: Malay		Language: English
Institution / School Name:		
Occupation: delivery driver		Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2019 15:30	Type of Location: T-Junction
Location: Along Road 1 ULU PANDAN ROAD heading towards bukit batok				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS4617C	Car	HONDA	Odyssey	Grey	Seriously Damaged	1
SLX5554S	Car	FIAT	Punto	Black	Seriously Damaged	0
SME9135E	Car	HONDA	HRV	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190226/2062

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190226/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tan Jaime Lei Ann	ID No.	S7797024Z
Related Vehicle	SLS4617C (Car)	Contact No.	91081227
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
Driver			
Name	MUHAMMAD ZULKHAIREE BIN MAHFUL	ID No.	S9130484H
Related Vehicle	SLX5554S (Car)	Contact No.	94687031
Hospital/Clinic	Wong Family Clinic and Surgery Pte Ltd	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	25/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Kevin Yap Ming Wen	ID No.	S8941379F
Related Vehicle	SME9135E (Car)	Contact No.	90905208
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 the 25/2/2019 at around 3.30pm, I was driving my car bearing registration number SLX5554S Fiat Punto black in colour along Ulu Pandan road heading towards Bukit Batok. I was driving at the center lane of the three lane road. As I was approaching the traffic junction, I slowed down to a stop behind another car bearing registration number SLS4617C Honda Odyssey grey in colour at the traffic light was red. While waiting for the traffic to change, out of sudden I felt an impact from the rear of my car that forced my car forward and collided with the car in front of mine. I went out to check and discovered a car bearing registration number SME9135E Honda HRV black in colour had collided to the rear of my car. All of us exchange particulars details and get the vehicle towed. I went to Wong Family Clinic and Surgery Pte Ltd



**SINGAPORE
POLICE FORCE**



T/20190226/2062

3 of 4

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20190226/2062

CONTINUATION OF REPORT

for consultation and was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20190226/2062

4 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190226/2062

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 ANWAR BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2019 12:28

Officer In Charge Of Case:

TP / AEIT /

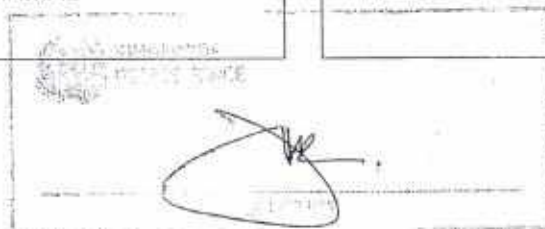
SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp

NP168



Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/02/19 (dd/mm/yy) Time of Accident: 15 : 30 (24-HR-FORMAT)

Vehicle No.: SLX5554S Vehicle Make & Model: FIAT PUNTO

Exact location of Accident: Ulu Pandang Road

Policyholder's Name / IC No.: Kwang Chun Pte Ltd / 20142474711

Driver's Name / IC No.: Muhammad Zulkhairree Bin Mahfal / 59130484H (As Above) ☐

Driver's Contact No.: 94687031 Company Contact No.: _____

Driver's Address: 21 Toh Guan Road East #01-03 Toh Guan Centre S(608609)

Insurance Company: ASIG Email address (if any): _____

Relationship between Owner & Driver: Employee or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Muhammad Zulkhairree Bin Mahfal

Injuries Sustain: Neck Injured Person in Which Vehicle: SLX5554S

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bedok North NPC

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SM E 9135 E (A)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: SLS 4617C (C)

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC Number: **S9130484H**

Name: **MUHAMMAD ZULKHAIRIE BIN MAHFUL**

Birth Date: **03 Sep 1991**

Issue Date: **02 Feb 2017**

002653026E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9130484H**

Name: **MUHAMMAD ZULKHAIRIE BIN MAHFUL**

Race: **MALAY**

Date of birth: **03-09-1991** Sex: **M**

Country of birth: **SINGAPORE**




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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

02 Feb 2017

Licence No: **S9130484H**



NP 428A

4537480



NRIC No: **S9130484H**

Date of issue: **13-02-2010**

Address: **APT BLK 118 BEDOK RESERVOIR ROAD #04-82 SINGAPORE 470118**





HOTLINE TEL (65) 6419-3000
FAX (65) 6415-3733

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 2.331

THIRD PARTY COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$3,000.00 (ii)

WINDSCREEN EXCES N/A

CERTIFICATE NO. 999994443/100864989-00001

(for policies with effect from 1st November 2002)

SUM INSURED S\$0.00

INSURING WITH COE/PARF NO

1) VEHICLE REGISTRATION NO.

SLX5554S

2) NAME OF INSURED

Kwang Chun Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

24 Aug 2018

4) DATE OF EXPIRY OF INSURANCE

23 Jul 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 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 20 Nov 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

032015-127

FAPL - ANG KOK CHIN

2 BUKIT MERAH CENTRAL #10-00 SPRING BUILDING SINGAPORE 160835

Authorised Representative

ORIGINAL

SSCFUJ