

**NATIONAL Assessment Centre Services.**

[wef 1 Jan'05] *MLA 11902874v*

Date In: <i>13/19-15:21</i>	Job description	Date & Time Completed	Done by
Ref No: <i>118/11619003906124</i>	SAS e-filing		
Veh No: <i>014935A</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <i>13/19-16:00</i>	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: Vch No: *6014935VL* 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)**

Remarks:-	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**

Date/Time	Actions

*NA190162v* **Invoice Preparation Checklist**

Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Am't (\$)	Am't (\$)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill	Add Bill
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments :-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	02/03/2019 15:01
Date Of Accident	01/03/2019 16:00
Exact Location Of Accident	SLIP RD TPE TWDS LOYANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4775A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOPE AMBULANCE SERVICE PTE LTD
Co Reg No	200206426M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-61001911

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994460/100830090-00000
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ADIL BIN ZAINOL
NRIC No	S9200020F
Date Of Birth	01/01/1992
Occupation	INDOOR
Date Of Driving Pass	02/01/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91144004
Fax Number	
Contact Number	OFFICE-91144004
EMail Address	NOEMAIL

Address	BLK 930 TAMPINES STREET 91 #02-467
Postcode	520930
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 (including own vehicle) 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)	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

REFER TO STATEMENT.

### 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	GBH9334L
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 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:

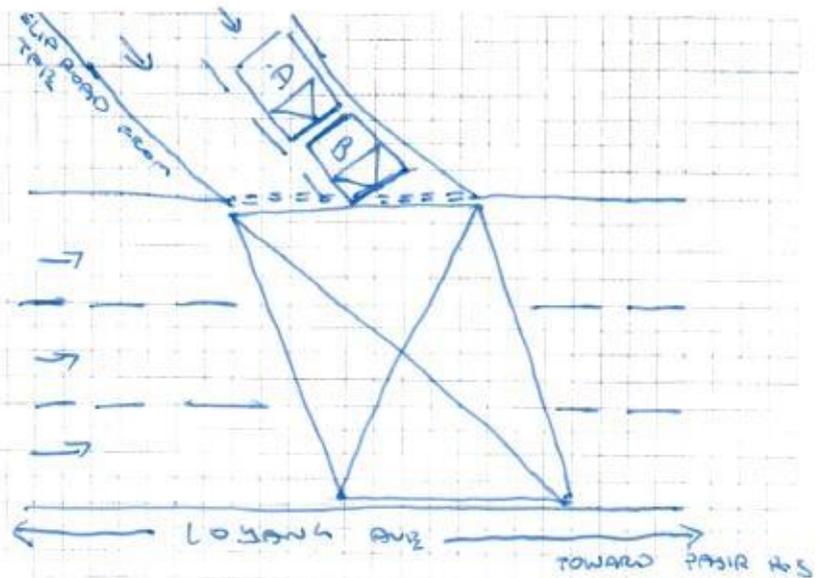
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

**SKETCH PLAN**

VEHICLE A  
- SJS 4775 A

VEHICLE B  
- GBH 9334 L



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING ALONG THE SLIP ROAD, FROM TRAIL INTO LOYANG AVE, I WAS ON THE LEFT LANE.
WHILE BEFORE MARCHING INTO THE MAIN ROAD (LOYANG AVE - TOWARD PASIR RIS DIRECTION) AS I MADE A EARLY CHECK ON THE ON-GOING VEHICLE ALONG THE MAIN ROAD AND DIDN'T NOTICE THE VEHICLE WERONT HAD MADE A STOP. AND COULDN'T STOP IN TIME AND HIT SLIGHTLY ONTO THE VEHICLE INFRONT.
AUGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (GBH 9334 L) THAT I COLLIDED TO.
AND AGREED WITH THE INSURANCE CLAIM PROCEDURE.
VEHICLE A - SJS 4775 A
VEHICLE B - GBH 9334 L

**DECLARATION**

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


  
 Policyholder's Signature: [Signature]  
 Date & Time:

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

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

Vehicle No.	SJJ 4775 A	Model / Make	TOYOTA WACE
Date of Accident	01/03/2019		
Time of Accident	1600	HRS	
Location of Accident	SLIP ROAD FROM TPE INTO LOSANG AVE TOWARD PASIR AIS DIRECTION		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	HOPE AMBULANCE SERVICE PTE LTD		
Telephone No.	H/P :	Home :	Office : 61601911
NRIC	200206426M		
Address	2 LOSANG LANE, S(505913)		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	AIC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If <u>No</u> MUHAMMAD ADIL BIN ZANOL		
NRIC	592000207	Any Passengers : NIL	
Date of birth	01 JAN 1992		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	02 JAN 2013		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 91144004	Home :	Office :
Address	BLK 930 TAMPINES ST 91 #02-467 S(520936)		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	GWH 9334 L	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		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		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9200020F



Name  
MUHAMMAD ADIL BIN ZAINOL

Race  
INDIAN  
Date of birth  
01-01-1992  
Country/Place of birth  
SINGAPORE

Sex  
M

S9200020F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9200020F  
Name: MUHAMMAD ADIL BIN ZAINOL

Birth Date: 01 Jan 1992  
Issue Date: 12 Mar 2015

002404112K

SG 50

5517617



NRIC No. S9200020F



Date of issue  
05-08-2015

Address  
APT BLK 930 TAMPINES STREET 91  
#02-467  
SINGAPORE 520930

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

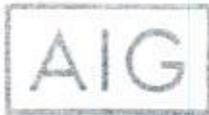
EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 02 Jan 2013



Licence No: S9200020F

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

<p>COMPREHENSIVE COMMERCIAL MOTOR</p> <p><b>CERTIFICATE NO.</b> 999994460/100830090-00000</p> <p>1) <b>VEHICLE REGISTRATION NO.</b> SJJ4775A</p> <p>2) <b>NAME OF INSURED</b> HOPE AMBULANCE SERVICE PTE LTD</p> <p>3) <b>EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b> 12 Aug 2018</p> <p>4) <b>DATE OF EXPIRY OF INSURANCE</b> 11 Aug 2019</p> <p>5) <b>PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b></p>	<p><b>OWN DAMAGE EXCESS</b> S\$1,000.00 (I &amp; II)</p> <p><b>WINDSCREEN EXCESS</b> S\$100.00</p> <p><small>(for policies with effect from 1st November 2022)</small></p> <p><b>SUM INSURED</b> S\$1.00</p> <p><b>INSURING WITH COE/PARF</b> YES</p>
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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 unnamed) who is below age 23 or has less than 2 years driving experience.

D E L E T E D

*Please refer 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 \***

1) 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** 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 At Singapore 6 Sep 2018

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

334025-000  
LIANG SEA JOHN MIDGE  
3 TAMPINES GRANDE  
#05-43A AIA TAMPINES  
SINGAPORE 525799  
SP-MIDGE-SEANTAN



\_\_\_\_\_  
Authorized Representative

ORIGINAL

SSCD8K