

**NATIONAL Assessment Centre Services.** (part 1 of 2) **MINA/90178**

Date In: <b>04/03/2019 19:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>104/MIN9003999/Y</b>	SAS e-filing		
Veh No: <b>S 3760 CD</b>	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: <b>04/03/2019 08:05</b>	I-Motor Claim Form		
OID <b>(TP)</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **2G9899K** 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: ( )

Repairer's Instructions:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Assigned to: ( )

**MINA/90178**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): **WONG**

Additional Comments: ( )

Signature: ( )

Invoice Breakdown		
1) AR: Accidental Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Forfeiting against INC Only (wef 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
• NS: Courtesy Car / TPR Allowance	\$5	
• NG: Repair Co-ordination	\$10	
• NT: Post Repair Inspection	\$25	
• ND: DV / Collect Excess Coordination	\$5	
• TE (NI): TP (N-in INC) against INC	\$20	
• NI: Idea Mobile	\$0	
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	04/03/2019 19:01
Date Of Accident	04/03/2019 08:05
Exact Location Of Accident	ALONG PATERSON ROAD JUST AFTER ORCHARD RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S3760CD
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF POLAND
Co Reg No	-
Email Address	MRDANBASARI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96710593
Alternative Phone No	OFFICE-96710593

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100425558-03
Cover Note Number	

### Driver

Name of Driver	HAMDAN BIN BASARI
NRIC No	S6847501E
Date Of Birth	17/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710593
Fax Number	
Contact Number	OTHERS-96710593
Email Address	MRDANBASARI@GMAIL.COM

Address	BLK 877 WOODLANDS AVENUE 8 #05-280
Postcode	730877
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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9899K
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	V. UMA MAHASWARI
NRIC/Passport Number	S2668992I
Contact Number	93801758
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.
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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) in complying with requirements under any regulations, laws or court orders.

EMBASSY  
OF THE REPUBLIC OF POLAND  
IN SINGAPORE

435 Orchard Road  
#17-02/03 Wisma Atria  
Singapore 238877  
Tel: (65) 6235 9478  
Fax: (65) 6235 9479

Policyholder's Signature

Date & Time:

05.09.2019

14:00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5.9.19

14:00 hrs

Reporting Centre Personnel's Signature

Name:

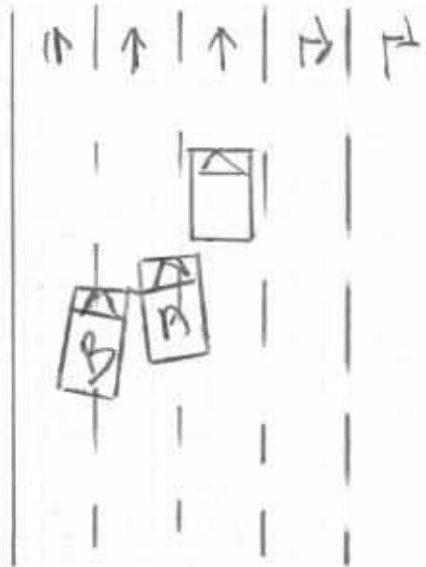
NRIC/FIN No.:

05/09/2019  
Ruph Anifora



SKETCH PLAN

ALONG PATERSON JUST  
A/F ORCHARD ROAD  
JUNCTION



A) S3760C  
B) SLG 9899K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date- 4 March 2019, Time- 08:00 hrs

I was driving along Paterson Road after Orchard Road Junction. As I was filtering to my left lane with Signal, I check my left lane was clear, as I was filtering to my left a car SLG 9899K suddenly come on my side and hit my front left side of my car.

EMBASSY  
OF THE REPUBLIC OF POLAND  
IN SINGAPORE

435 Orchard Road

3 Wisma Atria

Singapore 238877

Fax: (65) 6235 9479

DECLARATION

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

X *Kociszewska*

Policyholder's Signature

Date & Time:

05.04.2019

14:00 PM

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5.4.19

14:00 hrs

*[Signature]* 05/04/2019  
Reporting Centre Personnel's Signature  
Name: *Ref 2: WAB*  
NRIC/FIN No.:

*General*

## ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 03 / 2019) (DD/MM/YYYY). TIME: (08 : 05) (HH:MM)

LOCATION: Peterson Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S3760 CD  
b) INSURANCE COMPANY: AIU  
c) POLICY NUMBER: 2100425558-03  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA Odyssey  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Embassy of the Republic of Poland (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: 435 Orchard Rd, Wisang Atria, #17-02/03

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Hamdan Bin Bakar (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6847501 E CONTACT: 96710543  
c) ADDRESS: B1K 877, Woodlands Ave 2, #05-280  
S(730877)

\* d) DATE OF BIRTH: (17 / 12 / 1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL49899 K MODEL: Volkswagen  
b) DRIVER'S NAME: V. Uma Maheswari  
c) NRIC/FIN/PASSPORT: S2668992 I CONTACT: 93801758

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = mrdenbasari@gmail.com

VIDEO Yes

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6847501E



NAME  
HAMDAN BIN BASARI

RACE  
JAVANESE


DATE OF BIRTH  
17-12-1968

SEX  
M

COUNTRY OF BIRTH  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S6847501E

NAME  
HAMDAN BIN BASARI

Birth Date: 17 Dec 1968  
Issue Date: 18 Jul 2014



002327732C



1114628



APC No. S6847501E

Valid Until  
15-07-1993

APT BLK 877 WOODLANDS AVENUE 9 #05-280  
SINGAPORE 730877

S6847501E 02/03/2014

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 07 Mar 1990

96710593



NP-25A





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Embassy of the Republic of Poland  
Period of Insurance : 26 Aug 2018 To 25 Aug 2019  
Engine No. : K24W71011642  
Chassis No. : JHMRC1890FC203253

Vehicle No. : S3760CD  
Policy No. : 2100425558-03  
Endorsement No. :  
Issued Date : 23 Aug 2018

### ABOUT THE COVER

Make/Model : HONDA ODYSSEY 2.4A  
Engine Capacity/Tonnage : 2,354.00 CC  
Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2015  
Insuring with COE/PAF : No

Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their 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 Optional

\* 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)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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](http://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: NA

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).

0503620000

WANG YULUO CORRINE

BLK 440C CLEMENTI AVENUE 3 #25-26

SINGAPORE 123440

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPLLC



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 23 Aug 2018 / 15:34:03

Receipt Date/Time : 23 Aug 2018 / 15:34:03

**Tax Invoice/Receipt**

Receipt No. : AACSI001-SW078-180823-000007

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1	Road Tax Renewal - S3760CD Road Tax ( 26 Aug 2018 - 25 Aug 2019 ) 20180823153354256559	0.00	0.00	0.00
	Sub-Total	0.00	0.00	0.00
	Total Before Rounding	0.00	0.00	0.00
	Rounding Difference			0.00
	Total Amount Payable			0.00
	Paid By			
	Total			0.00
	Cash Change			0.00
	Tendered Amount			0.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.