

NATIONAL Assessment Centre Services [Ver: 1.01/05]

Date In: 25/03/2019 14:03
 Ref No: NA/FCI19005276/K4
 Job No: SJR1165M
 DOA: 24/03/2019 08:15
 TP Insurer: Reporting Only
 Job description: SAS e-filing
 Date & Time Completed:
 Done by:
 E-mail (within 8hrs, AIG 2hrs)
 i-Motor Claim Form
 i-Motor W/O (Within: OI 2hrs, TP 4hrs)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Wksn

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
 TP Particulars: Vch No: SLV 4663C 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

NA1902177

Mainant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damage Portion:	3) TP: Towing Fee \$40/\$43	
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Adaptors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30	
2/3:	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	O1)*	
	*N3: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N/vn INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	25/03/2019 14:03
Date Of Accident	24/03/2019 08:15
Exact Location Of Accident	AIRPORT BLVD ROAD TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1165M
Insured/Policyholder	
Name Of Registered Owner	IG AUTOMOTIVE LOGISTICS PTE LTD
Co Reg No	200822162H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93857379
Alternative Phone No	OFFICE-93857379

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091024MSZH
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HILMI BIN JUMAHAT
NRIC No	S8812401D
Date Of Birth	20/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93857379
Fax Number	
Contact Number	OTHERS-93857379
Email Address	NOEMAIL

Address	BLK 869 TAMPINES STREET 83 #06-181
Postcode	520869
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?	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)	3
Passenger 1	NAME: : ISSAC GENDER: : MALE
Passenger 2	NAME: : LILAH GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED 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	SLV4663C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWANG TOH CHUEN
NRIC/Passport Number	
Contact Number	81399628
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:

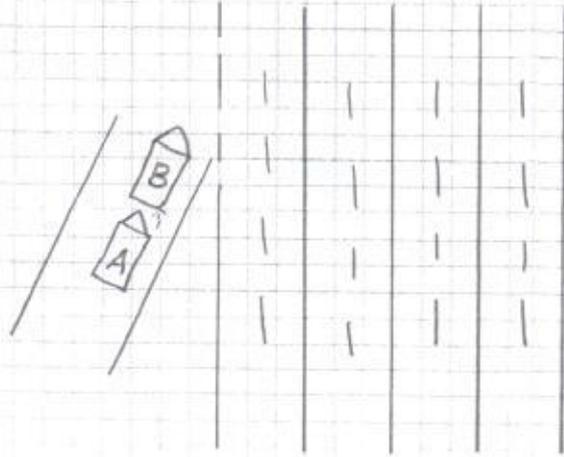
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/3/2019

SKETCH PLAN

Along Airport Blvd Road towards
Changi Airport

Veh A → SJR1165M
Veh B → SLV4663C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

off, so
As vehicle B inched forward, I thought he have already moved, I went ahead to move in front. Then I heard an impact at my front vehicle, I realised vehicle B have yet to move off, resulting in me hitting onto his vehicle.

DECLARATION

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



X

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.:

25/3/2019

VEHICLE NO: SJR1165M

MAKE & MODEL: Toyota Vellfire

DATE OF ACCIDENT	24 / 03 / 2019
TIME OF ACCIDENT	8:15 AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Along Airport Blvd Road towards Changi Airport
Exact Purpose use during accident	company use
NAME OF OWNER	IG Automotive Logistics Pte Ltd
TELP NO.	9385 7379
NRIC	200822162H
CLAIM TYPE	<input checked="" type="radio"/> OD / Third Party / Reporting Only
INSURANCE CO.	First Capital
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	D-18091024MSZH
NAME OF DRIVER	As above / If No; Muhammad Hilmi Bin Jumahat
NRIC	S8812401D Any Passenger; 2 - Issac - M
DATE OF BIRTH	20 / 04 / 1988 - Lilah - F
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	25 / 09 / 2008
GENDER	<input checked="" type="radio"/> Male / Female
CONTACT NO.	Office: - Home: -
ADDRESS	Blk 869 Tampines Street 83 #06-181 S(520869)
DRIVER OWN ANY VEHICLE	<input checked="" type="radio"/> No / Yes (Reg No):
RELATIONSHIP	<input checked="" type="radio"/> Employee / If No:
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Others,
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Others,
ANY INJURIES	<input checked="" type="radio"/> No / Yes (Who?):
CONTACT NO.	94566994
POLICE REPORT	<input checked="" type="radio"/> No / Yes (Where?):
VEHICLE (B) NO.	SLV4663C Any Passenger 0
NAME	Kwang Toh Chuen
CONTACT NO.	8139 9628
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S8812401D

Name: MUHAMMAD HILMI BIN JUMAHAT

Birth Date: 20 Apr 1988

Issue Date: 25 Sep 2008

001656670J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8812401D



Name: MUHAMMAD HILMI BIN JUMAHAT
محمد حلمي بن جمعة

Race: BOYANESE

Date of Birth: 20-04-1988 Sex: M

Country of Birth: SINGAPORE

S8812401D



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

Class	Description	PASS DATE
Class 1B	Motorcycles <= 200 CC	25 Sep 2008
Class 2A	Motorcycles between 201 CC and 400 CC	06 Jul 2012
Class 2	Motorcycles > 400 CC	12 Sep 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Apr 2017

S / No. 9000239362

S8812401D

Licence No: S8812401D

NF 428A

3305346

5226

NRIC No. S8812401D



Blood Group: Date of issue: 29-04-2003

Address: APT BLK 869 TAMPINES STREET 83 #06-181 SINGAPORE 520869

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : HIRED CARS - HIRER DRIVING
Type of Cover. : Comprehensive
Certificate No. : D-18091024MSZH
Vehicle No / Chassis No : SJR1165M / ANH208018210
Name of Insured : IG AUTOMOTIVE LOGISTICS PTE. LTD.
Period Of Insurance : 09.06.2018 To 08.06.2019
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,000.00 SECTION I
SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 21 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons 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.

Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic and pleasure purposes and business purposes of any person to 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.

* 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

Authorised Signature

LILIA/B0188/MZ406

Issued at Singapore on 17.05.2018