

NATIONAL Assessment Centre Services

Ver. 1.0 Jan 2005

Date In: 11/04/2019 17:49

Ref No: NA/AIG19006502/K4

Veh No: SLV3422 M

D.O.A: 10/04/2019 23:50

OD: TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner / Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

FBD311.H 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

NA1902648

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Amic (\$)

Amic (\$)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

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: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*N3: Courtesy Car / Tp Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N'n INC) against INC \$20

9) N12: Idao Mobile \$30

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	11/04/2019 17:49
Date Of Accident	10/04/2019 23:50
Exact Location Of Accident	PIE (CHANGI) B4 KALLANG WAY EXIT (LP 531/50A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3422M
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84036556
Alternative Phone No	OFFICE-84036556

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994322
Cover Note Number	

Driver

Name of Driver	JAMALUDIN BIN ABDUL KADER
NRIC No	S7521731E
Date Of Birth	19/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84036556
Fax Number	
Contact Number	OTHERS-84036556
Email Address	NOEMAIL

Address	BLK 1 EUNOS CRESCENT #13-2513
Postcode	400001
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 - 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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190411/7010

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	FBD311H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ZULHAIRI BIN ABDUL RASHID
NRIC/Passport Number	S8616345D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JAMALUDIN BIN ABDUL KADER

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLV3422M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

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.



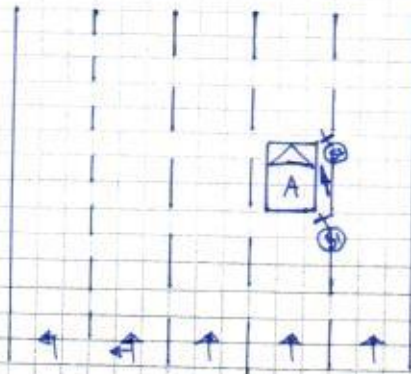
Policyholder's Signature
Date & Time:

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

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

PIE (Changi) Before Kallang Way Exit
(LP 531/50A)

Vehicle B: FBD 311 H



Refer to Police Reports : T/20190411/7010

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



Janxi

Centre Personnel's Signature



SINGAPORE POLICE FORCE



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190411/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 17:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JAMALUDIN BIN ABDUL KADER		Address: APT BLK 1 EUNOS CRESCENT #13-2513 SINGAPORE 400001	
ID Type / ID No.: NRIC NO / S7521731E		Contact No.: Home/Office: Mobile: 84036556	
Nationality: SINGAPORE CITIZEN		Email: dinnagaberantai@gmail.com	
Sex: Male	Age: 43	Date of Birth: 19/07/1975	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: GOJEK DRIVER		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: 10/04/2019 23:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY (CHANGI) BEFORE KALLANG WAY EXIT (LP531/50A)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBD311H	Motorcycle	SUZUKI		Black		0
SLV3422M	Car	KIA	CAREN		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV3422M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994322	26/12/2018	25/12/2019



**SINGAPORE
POLICE FORCE**



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190411/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZULHAIRI BIN ABDUL RASHID	ID No.	S8616345D
Related Vehicle	FBD311H (Motorcycle)	Contact No.	NIL
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	JAMALUDIN BIN ABDUL KADER	ID No.	S7521731E
Related Vehicle	SLV3422M (Car)	Contact No.	84036556
Hospital/Clinic	THE MEDICAL AND AESTHETIC CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION ALL THE WAY TO THE FRONT RIGHT PORTION.



**SINGAPORE
POLICE FORCE**



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190411/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/04/2019 17:15

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 04 / 2017 (DD/MM/YYYY), TIME: 23 : 50 (HH:MM)

LOCATION: PtG (Changi) Before Kallang Way Exit (LP531/50A)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV3A22M
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 99999 4322
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia Carex
 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: BIS MOTORING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201735055 D CONTACT: _____
 c) ADDRESS: 20 Benclemer Road #05-13/14 BS Benclemer Centre
(S) 339914

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAMALUDIN BIN ABDUL KADER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7521731E CONTACT: 84036556
 c) ADDRESS: APT BLK GUNOS Crescent #13-2513 (S) 400001

*d) DATE OF BIRTH: 19 / 07 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: FBD 311H MODEL: MOTORBIKE
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
 (Including driver)
(0/)

*No of passenger
 (Including driver)
()

*No of passenger
 (Including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 7060

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7521731E**

Name **JAMALUDIN BIN ABDUL KADER**

Birth Date: **19 Jul 1975**

Issue Date: **05 Jun 2003**

1000550236C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7521731E**

Name **JAMALUDIN BIN ABDUL KADER**

جمالودين بن عبدالكادر

Race **MALAY**

Date of birth **19-07-1975**

Country/Place of birth **SINGAPORE**

Sex **M**

87521731E

Land Transport & Aut PDVL/TDVL
33 ENG 88408
285188

VOCATIONAL LICENCE

Licence No: **S7521731E**

Name **JAMALUDIN BIN ABDUL KADER**

Issue Date: **11/5/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE **18 Apr 1996**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S7521731E**

NP 428A

5720097

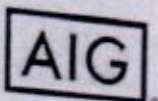
NRIC No. **S7521731E**

Date of issue **06-03-2017**

Address **APT BLK 1 EUNOS CRESCENT #13-2513 SINGAPORE 400001**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	11/05/2016



HOTLINE TEL (65) 6419-3000

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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE CERTIFICATE NO. POLICY NO.	COMMERCIAL MOTOR SLV3422M 999994322	(The below excess is subject to GST)	
		POLICY EXCESS	S\$1500.00 (Sect I & Sect II)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	YES
		SLV3422M	
		BIS MOTORING PTE LTD	
		26 December 2018	
		25 December 2019	

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

*Any person who is driving on the insured's order or with their permission.

Authorised driver must be between age 23 to 65 with at least 2 years driving experience.

Accident repair can be carried out at Munich Auto Care in the condition that all repairs have to be surveyed, appointed by AIG surveyors before proceeding with repair.

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 HONG LEONG FINANCE

*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, 1967 (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, 1967 (Malaysia).

Issued in Singapore 19 Dec 2018

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

Manila

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL