

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MAA09047531

Date In: 11/04/2018 18:56	Job description	Date & Time Completed	Done by
Ref No: NBR11990065874	SAS e-filing		
Veh No: SLL69421	E-mail (w/old thrs, AIG thrs)		
D.O.A: 11/04/2018 09:00	1-Motor Claim Form		
OID: TP- Reporting Only	1-Motor W/O (Within OD thrs, TP thrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WHAR		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: CBU 9A79	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 ()	

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

MA1902668

Driver/Owner:	1) AR: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (\$100% INC \$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forclaiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Transport Allowance \$15	
	10) NI: Repairs Coordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (Nil) / TP (Non-INC) \$30	
	14) NI: Idas Mobile	
	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 18:56
Date Of Accident	11/04/2019 09:00
Exact Location Of Accident	ALONG SLE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6942L
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98672367
Alternative Phone No	OFFICE-67023360

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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?	YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100855728-00000
Cover Note Number	

Driver

Name of Driver	SALEHUDDIN BIN ABDULLAH SUNNY
NRIC No	S2656376C
Date Of Birth	26/10/1963
Occupation	INDOOR
Date Of Driving Pass	30/07/1982
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98672367
Fax Number	
Contact Number	OFFICE-67023360
Email Address	NOEMAIL

Address	BLK 17 GHIM MOH ROAD #05-77
Postcode	220017
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?	YES
Foreign Vehicle Registration Number	CBU9979 (PRIVATE CAR)
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)	2
Passenger 1	NAME: : RADIAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190411/2081

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	CBU9979
Vehicle Make/Model/Colour	TOYOTA AVANZA (MALAYSIA)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOVEN CHONG
NRIC/Passport Number	

Contact Number	82292166
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SLL 6942 L

Veh B: CBU 9979

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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

DANDELION PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

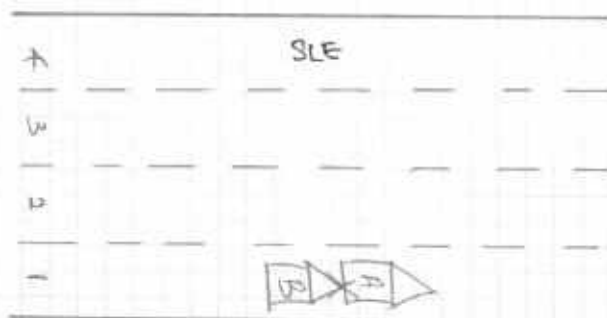
16 35 hrs
11.4.19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/04/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SLL 6942L

Veh B: CBU 9979



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To Police Report No. T/2019 0411/2081.

DECLARATION

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

DANDELION ED PTE LTD
ROC: 201314302M

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:

1635 hrs

11.4.19

11/04/2019



SINGAPORE POLICE FORCE



T/20190411/2081

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190411/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 14:04		Vide Report No.:		Station Diary No.: 120
Informant's Particulars				
Name of Informant: SALEHUDDIN BIN ABDULLAH SUNNY		Address: APT BLK 17 GHIM MOH ROAD #05-77 SINGAPORE 270017		
ID Type / ID No.: NRIC NO / S2656376C		Contact No.: Home/Office: Mobile: 98672367		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 26/10/1963	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2019 00:00	Type of Location: Expressway
Location: Along Road 1 SELETAR EXPRESSWAY Along SLE towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
CBU9979	Car				Slightly Damaged	0
SLL6942L	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190411/2081

Police Station Of Origin:

2 of 3

Clementi N.P.C

Report No. T/20190411/2081

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On 11/04/2019 at about 0900hrs, I was driving my car a Black Honda Vezel with vehicle registration number SLL 6942L along SLE towards CTE. I was on the 1st lane of a 4 lane road.

At that point of time I was driving my Grab car and there is a female passenger whom is heading to Plaza Singapura. I was driving at a speed of 95km/h. As traffic was quite heavy, I kept quite a distance from the car in front. The car then did an emergency brake and I manage to slow down.

Unknowningly, there is a Silver Malaysian Toyota Avanza with vehicle registration number CBU9979 had hit me from the rear. The rear of my boot and bumper is dented in. I am still able to drive my car. This is a rented car from Dandelion Ed Pte Ltd. I have informed the car rental company and my insurance company is from AIG.

I have exchange particulars with the driver and his name is Joven Chong HP No: 8229 2166. There is no passenger in his vehicle and no one is injured. No traffic police or ambulance came to scene.

There is no in-vehicle camera in my car. I am not sure if there is any in-vehicle camera in his car. His car side right mirror is damaged as he tried to swerve.



**SINGAPORE
POLICE FORCE**



T/20190411/2081

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190411/2081

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:
D /
Sgt 3 NURAISHAH BINTE OSMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
11/04/2019 14:04

Classification Of Case:

St

Authentication Stamp
NP168



SIGNATURE

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 11-4-2019
*Accident Location: SLE

*Time of Accident: 0900

Vehicle Details

*Vehicle Number: SLL 6942L

*Make & Model: Honda Vezel

Insured / Policyholder

*Owner Name: Dandelion ED Pte Ltd *NRIC: 201314301 M

*Address: _____

*Email: _____ *HP: _____

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: off : 6702 3360

Driver () same as above

*Driver Name: SALEHUDDIN BIN ABULLAH BUNAY *NRIC: 52656376C

*Address: BLK 17 H 05-77 Glim moh Road

*Date of Birth: 26-10-1963 *Driving Pass Date: 30-7-1982 *HP: 98672367

*Email: _____ *Gender: Male / Female

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: Rachiah (Male/Female) *P/Name: _____ (Male/Female)

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: CBU 9979

Make & Model: Toyota Avanza (Malaysian)

Vehicle Category: _____

Name of Driver: Joven Chong

NRIC : _____

HP : 8229 2166

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins. (Yes) / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / NO

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / NO (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No *No. of passengers (include driver): _____

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2656376C**

Name: **SALEHUDDIN BIN ABDULLAH
SUNNY**

Birth Date: **26 Oct 1963**

Issue Date: **09 Sep 2015**



002471131H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2656376C**



Name

**SALEHUDDIN BIN ABDULLAH
SUNNY**

Race

MALAY

Date of birth

26-10-1963

Sex

M

Country of birth

MALAYSIA

S2656376C

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 30 Jul 1982



Licence No: S2656376C

NP 428A



3771363

NRIC No. **S2656376C**



Date of issue

20-09-2005

**APT BLK 17 GHIM MOH ROAD #05-77
SINGAPORE 270017**

NRIC No. **S2656376C**

Date: **10/04/2016**



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, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$1,500.00 (I & II)

CERTIFICATE NO. 999994436/100855728-00000

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SLL6942L

2) NAME OF INSURED

Dandelion ED Pte Ltd

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

14 Sep 2018

4) DATE OF EXPIRY OF INSURANCE

13 Sep 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 SWEE SENG CREDIT PTE LTD

* 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 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120



[Signature]

Authorised Representative

ORIGINAL

SSPYT7