

NATIONAL Assessment Centre Services. (w/1 Jsr/05) **MAA419047660**

Date In: 12/04/2018 11:17	Job description	Date & Time Completed	Done by
Ref No: N3A/AG/19006532/4	SAS e-filing		
Veh No: SGP 832P	E-mail (by date & time, AIC 2hrs)		
D.O.A: 12/04/2018 08:10	I-Motor Claim Form		
OID / TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wken		

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

TP Particulars: Yeh No: **GBE 2010B** 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 repairer.

() 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: _____

NA1902684

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$40.245
QC Checked by (Bagi-In-Charge):	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Forclaiming against INC Only (w/10 Jan 200)	
	6) TR: Re-Inspection	\$75
	7) NI: (du DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OID:	\$1
	* NI: Courtesy Car / TP Allowance	\$10
	* NI: Repair Coordination	\$25
	* NI: Post Repair Inspection	\$5
	* NI: DV / Collect Excess Coordination	\$20
	TP (NI): TP (on INC) * (w/10 Jan 200)	\$0
	9) 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	12/04/2019 11:17
Date Of Accident	12/04/2019 08:10
Exact Location Of Accident	YISHUN RING ROAD TOWARDS CHONG PANG(SLIP ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD832P
Insured/Policyholder	
Name Of Registered Owner	DANDELION MOYEU PTE LTD
Co Reg No	201230264N
Email Address	ZULHELMI_BUDIMAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-96925202
Alternative Phone No	OFFICE-67023360

Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	999994431/100857826-00008
Cover Note Number	

Driver

Name of Driver	ZULHELMI BIN BUDIMAN
NRIC No	S9328622G
Date Of Birth	13/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96925202
Fax Number	
Contact Number	OFFICE-67023360
Email Address	ZULHELMI_BUDIMAN@LIVE.COM

Address	BLK 167 PETIR ROAD #04-134
Postcode	670167
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	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2090B
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN HOCK SUAN
NRIC/Passport Number	S1143002C
Contact Number	83393887
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

1

• Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

Veh A: SKD 832P
Veh B: GBE 2090B

IMPORTANT NOTICE

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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) for complying with requirements under any regulations, laws or court orders.

** I AM AWARE 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 MOYEU PTE LTD
ROC NO : 201230264N

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/04/19
10.15hrs



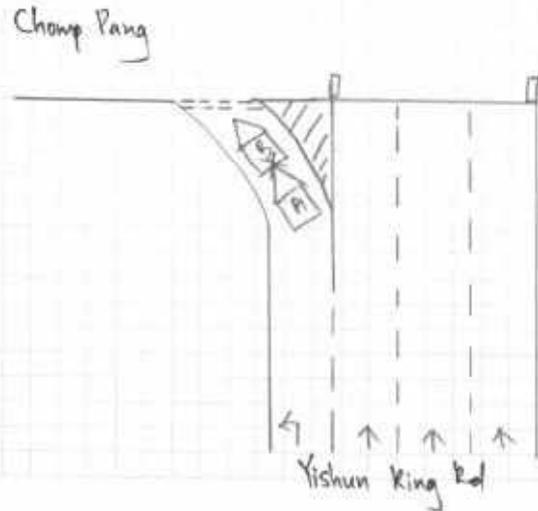
12/04/2019

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

SKETCH PLAN

Veh A: SKD 832P

Veh B: GBE 2090B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along slip Rd Yishun King Rd towards Chomp Pang.
 In front traffic was clear, Vehicle B moved, I followed. Sudden he make
 e-brake to complete stop, I could not stop in time and ^{Collided} ~~Collided~~ to his rear.

DECLARATION

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

DANDELION MOYEU PTE LTD

ROC NO : 201230264N

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/04/19

10:15 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: 12 APRIL 2019 (1) *Time of Accident: 0811 hrs
*Accident Location: YISHUN RING ROAD Towards Chomp Pang (Slip kd)

Vehicle Details

*Vehicle Number: SKD832P *Make & Model: BMW 523I

DANDELION MOYEU PTE LTD

Insured / Policyholder

*Owner Name: Zulhelmi BIN BUDIMAN POB NO: 201230264N *NRIC: 593286226
*Address: Bik 167 ACHIR ROAD #04-134
*Email: _____ *HP: _____
*Occupation: _____ (Indoor / Outdoor) *Tel/H/Other: off: 67023360

Driver () same as above

*Driver Name: Zulhelmi BIN BUDIMAN *NRIC: 593286226
*Address: Bik 167 ACHIR ROAD #04-134
*Date of Birth: 13/08/1993 *Driving Pass Date: 03/12/2013 *HP: 96925202
*Email: Zulhelmi_Budiman@live.com *Gender: Male / Female
*Occupation: Event Planner (Indoor / Outdoor) *Tel/H/Other: 96925302
*Driver an employee: Yes No If no, what is relationship with the policyholder: _____

Passengers Details

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

Insurance Company

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

Detail of other vehicle / Property 1

Vehicle No.: GBE 2090B
Make & Model: NISSAN NV200
Vehicle Category: _____
Name of Driver: TAN HOCK SUAN
NRIC : 51143002C
HP : 83393887
No. of Passengers (Including Driver): 2

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: 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: **S9328622G**

Name: **ZULHELMI BIN BUDIMAN**

Birth Date: **13 Aug 1993**

Issue Date: **03 Dec 2013**

00225 1769J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S9328622G**



Name: **ZULHELMI BIN BUDIMAN**

Race: **JAVANESE**

Date of birth: **13-08-1993** Sex: **M**

Country of birth: **SINGAPORE**



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

EFFECTIVE DATE

3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 03 Dec 2013

Licence No: S9328622G

NP 428A




WIC No: **S9328622G**



Date of Issue: **03-09-2008**

Address: **APT. BLK 167 PETIR ROAD
#04-134
SINGAPORE 670167**





HOTLINE TEL: (65) 6415-3000
FAX: (65) 6415-3713

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966
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. 999994431/100857826-00008	WINDSCREEN EXCES	S\$100.00	
	<small>(for policies with effect from 1st November 2002)</small>		
	SUM INSURED	S\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SKD832P		
2) NAME OF INSURED	Dandelion Moyeu 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 AUTO LEASE 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 in Singapore 30 Oct 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

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

Authorized Representative

ORIGINAL

59C09K