

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA19032038

Date In: 22/4/19-16:34	Job description	Date & Time Completed	Done by
Ref No: N9/ A1619032038	SAS e-filing		
Veh No: JLN 264E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/4/19-22:20	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: JLN 264E 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: ()

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

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Est Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: 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: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON*			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

HA19032038

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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 22/04/2019 16:54
Date Of Accident 16/04/2019 22:20
Exact Location Of Accident CTE (SLE) BEFORE AMK AVE 3 EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2664E
Insured/Policyholder
Name Of Registered Owner JIN & WEI ENTERPRISES
Co Reg No 52998339K
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91808931
Alternative Phone No OFFICE-91808931

Vehicle Particulars

Manufacturer HONDA
Model VEZEL HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident WORKING
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 999994251
Cover Note Number

Driver

Name of Driver GANNISON S/O VAIRAMUTHU
NRIC No S1741721E
Date Of Birth 30/06/1965
Occupation OUTDOOR
Date Of Driving Pass 25/06/1997
Driving Experience 21 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91808931
Fax Number
Contact Number OFFICE-91808931
Email Address NOEMAIL

Address	BLK 525 BEDOK NORTH STREET 3 #11-410
Postcode	460525
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : JONATHAN YUAN YANG HAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190417/2141.

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	SLM290T
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR SHAZLYNNAH BINTE ABDUL RAHIM
NRIC/Passport Number	S9925683D
Contact Number	

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

DETAILS OF INJURED PERSON 1

Name GANNISON S/O VAIRAMUTHU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLN2664E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JONATHAN YUAN YANG HAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLN2664E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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.

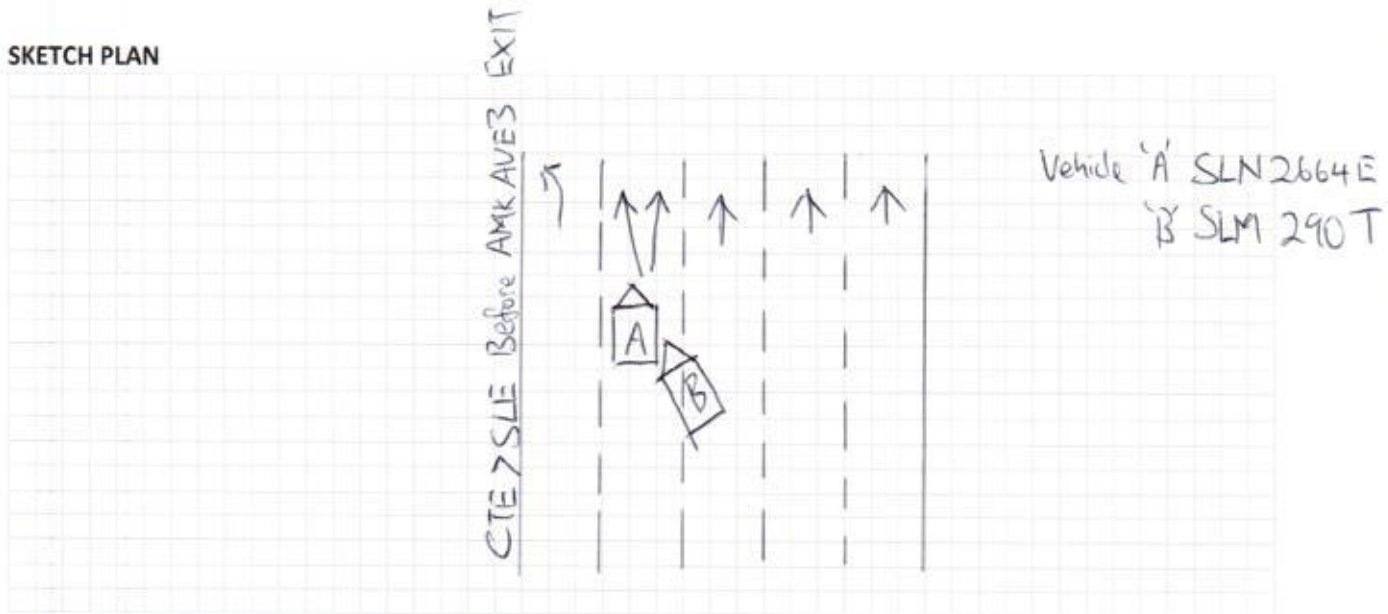


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I vehicle 'A' was travelling along the stated venue. As I was travelling straight, suddenly vehicle 'B' hit me from my right of the rear portion. Upon impact vehicle 'B' had no intention to stopped. She dashed off, then I gave chase till the flyover of Ang Mo Kio AVE S. I managed to stopped the driver, took down her particulars.

This accident caused my rear right portion of the vehicle to be damaged.

DECLARATION

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


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.:

Date of Accident : 16/04/19 Accident Time: 2220 HRS (24-HR-Format)
 Accident Place : CTE 75LE Before Ang MO KIO AVE 3 EXIT
 Vehicle, No. (Car Plate No.) : SLN 2664E Make/Model: HONDA VEZEL
 Insurance Company : AIG Policy No: 999994251
 Owner or Company Name /IC No. : Sin & Wei Enterprises
 Owner or Company Contact No. : 9180 8931 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : GANNILSON S/O JAIRAMUTHU
 DRIVER'S Date Of Birth : 20-06-1965 DRIVER'S License Pass Date 25 JUN 1997
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiree
 DRIVER'S Address : APT BLK 525 BEDOK NORTH STREET 3 #11-410 S(46055)
 DRIVER'S Contact No./ Alt No. : 1) 9180 8931 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Both .

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLM 290T</u>	Vehicle. No: _____
Vehicle Make/Model: <u>CHEVROLET</u>	Vehicle Make/Model: _____
Name Driver: <u>NUR SHAHZLYNNAH BINTI ABDUL RAHIM</u>	Name Driver: _____
IC No. Driver/Contact: <u>S9925683D</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

① MALE - Sonathan Yuan-Yang Han.



**SINGAPORE
POLICE FORCE**



T/20190417/2141

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 4

Report No. T/20190417/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2019 16:29	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: GANNISON S/O VAIRAMUTHU			Address: APT BLK 525 BEDOK NORTH STREET 3 #11-410 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S1741721E			Contact No.: Home/Office: Mobile: 91808931		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 30/06/1965	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PH DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2019 22:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARDS ANG MO KO AVENUE 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage 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
SLM290T	Car	CHEVROLET		Red		1
SLN2664E	Car	HONDA	VEZEL HYBRID	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190417/2141

Police Station Of Origin:
Kaki Bukit NPP

2 of 4

526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20190417/2141

CONTINUATION OF REPORT

Driver			
Name	NUR SHAZLYNNAH BINTE ABDUL RAHIM		ID No. S9925683D
Related Vehicle	SLM290T (Car)		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	GANNISON S/O VAIRAMUTHU		ID No. S1741721E
Related Vehicle	SLN2664E (Car)		Contact No. 91808931
Hospital/Clinic	TAMPINES MEDILIFE CLINIC		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	17/04/2019	Date Discharge	17/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	JONATHAN YUAN YANG HAN		ID No. NIL
Related Vehicle	SLN2664E (Car)		Contact No. 90226865
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

Brief Details.

On the above mentioned date, time and location, I was driving a Silver Honda Vezel Hybrid along CTE. I was travelling along the second lane heading towards Ang Mo Kio Ave 5 when a red Chevrolet suddenly hit my vehicle from the rear and drove off. I did not notice where did the vehicle came from but only realised after the impact. Due to the impact, rear right portion of my vehicle had multiple superficial damages and when the Chevrolet sped off, it side-swiped my right rear passenger door, car body above the rear right wheel causing scratches too.

I then gave chase and managed to stop the said vehicle and was able to get the other party's particulars. Due to the collision, I suffered some pain on my left leg, lower back and shoulders. Subsequently, my passenger and the other party inform they were not injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20190417/2141

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 4

Report No. T/20190417/2141

CONTINUATION OF REPORT

On 17/4/2019, I then went to Tampines Medilife Clinic for treatment and was given 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20190417/2141

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

4 of 4

Report No. T/20190417/2141

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:
G /
Sgt 1 TAN LI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/04/2019 16:29

Classification Of Case:



SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1741721E**

Name: **GANNISON S/O VAIRAMUTHU**

Race: **INDIAN**
Date of Birth: **30-06-1965**
Country of Birth: **SINGAPORE**

Sex: **M**

5063531

NETIC No. **S1741721E**

Date of Issue: **19-05-2012**

Address: **APT BLK 525 BEDOK NORTH STREET 3
#11-410
SINGAPORE 460525**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1741721E**
Name: **GANNISON S/O VAIRAMUTHU**

Birth Date: **30 Jun 1965**
Issue Date: **02 May 2008**




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

25 Jun 1967
15 Oct 1969


Licence No. **S1741721E**

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No.: **S1741721E**
Name: **GANNISON S/O VAIRAMUTHU**
Issue Date: **14/5/2008**



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

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: **02** Description: **TAXI VL** Issue Date: **14/05/2008**




**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, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor (Autoplus)

(The below excess is subject to GST)

CERTIFICATE NO. SLN2664E**POLICY EXCESS** S\$2,000.00 (I)**POLICY NO.** 999994251**POLICY EXCESS** S\$2,000.00 (II)**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

SLN2664E

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER**

Jin & Wei Enterprises

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

22 February 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Additional Excess \$ 1,000 is applicable Outside Singapore

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

AUTOTRUST 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 in Singapore 21 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

0500656-000

Cowell Insurance Agency Pte Ltd

8 Burn Road

#09-09 Trivex

Singapore 369977

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIUS