

NATIONAL Assessment Centre Services. part 1 services **MAY 19 05 2018**

Date In:	Job description	Date & Time Completed	Done by
23/04/2019 16:35	SAS e-filing		
Ref No: MBA/119/19607144/4	E-mail (Adjust 3hrs, AIC 2hrs)		
Veh No: SR 80443	I-Motor Claim Form		
D.O.A: 23/04/2019 13:00	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
OT: (T) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WRAP		

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

TP Particulars: Veh No: **SFA 9966C** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Item	Description	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$10/\$43	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idaho DA + SMRT Survey	\$160	
8) NTUC Additional Services:		

Item	Description	Amount
QC Checked by (Bug-In-Charge):		
Additional Comments:		
9) NI: Idaho 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	23/04/2019 16:39
Date Of Accident	22/04/2019 13:00
Exact Location Of Accident	TANJONG KATONG ROAD TOWARDS MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8044J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AMMARKTM92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87491848
Alternative Phone No	OFFICE-87491848
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WARRANT ENFORCEMENT DUTIES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMMAR BIN MOHAMED ESA
NRIC No	S9242298D
Date Of Birth	19/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491848
Fax Number	
Contact Number	OTHERS-87491848
E-Mail Address	AMMARKTM92@GMAIL.COM

Address	BLK 255 TAMPINES STREET 21 #02-70
Postcode	521255
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : KON LEE HUI 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 SKETCH AND POLICE REPORT T/20190422/2137

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 Witness 1

Name	LOW JUN HAO
Phone Number	90056755
Email Address	JUN_HAO_LOW@SPF.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA9966C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LM AI TENG
NRIC/Passport Number	S6946215D
Contact Number	96848996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK9857U
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIZAR BIN SINHA
NRIC/Passport Number	S8104659Z
Contact Number	96133047
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: ;
	GENDER: ;
Passenger 2	NAME: ;
	GENDER: ;

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AMMAR BIN MOHAMED ESA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR8044J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KON LEE HUI
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLR8044J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

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:

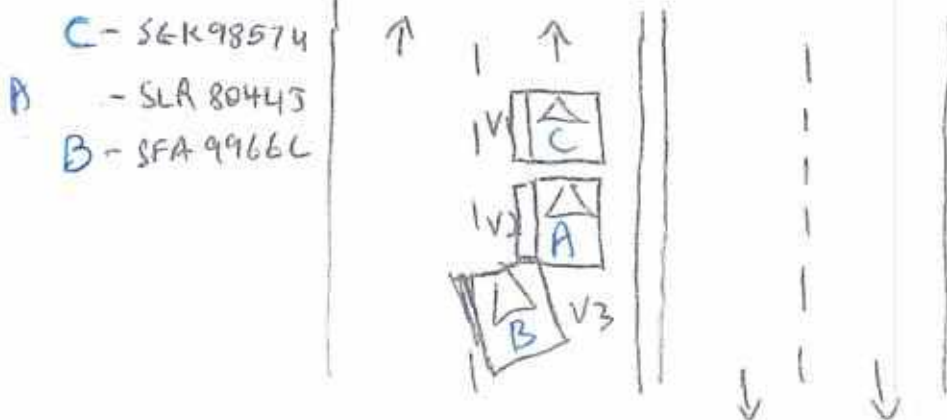

Driver's Signature
(if driver is not the policyholder)
Date & Time: 22/04/2019


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

1915 hours

Along Tanjung Katang Road

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tanjung Katang Rd towards Makhtkatten Rd in between of
 Worehcan Rd junction and Dunman Lane opposite site of SPC.
 On the 22nd of April 2019, at around 1300 hours, I was driving
 the Actos Police Vehicle, SLR 80445 was returning to base. I
 was driving along Tanjung Katang Road and I was reaching junction of
 Swarage Road. There was a car, SKK 98574 who was driving directly
 ahead of me.


The car then suddenly slowed down to a stop and so ~~I did~~ I
 as there was a van who wanted to turn right into SPC petrol
 kiosk. I managed to stop in time but it was quite close to the car
 ahead. Suddenly, I felt a big impact to the back of my car, which then
 caused my car to surge forward and hit the car ahead of mine,
 SKK 98574. I and my partner who was at the passenger seat were
 in pain due to the impact but it was minor. I got out to check and
 saw that another car, SFA 9966C had collided into mine. The driver
 (Lim Ai Teng) apologized to me repeatedly. I then called the police
 reference to G/20190422/0083. The ambulance also came and my
 partner, Kon Lee Hui, G2326420Q, was conveyed to Raffles Hospital due
 to pain in the neck. The other drivers were okay.

Police Report T/20190422/2137

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: 22/04/2019


 Reporting Centre Personnel's Signature
 Name:
 MUC/IN No.:

1915 hrs



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

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Report No. T/20190422/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2019 18:35		Vide Report No.: G/20190422/0083		Station Diary No.: 97	
Informant's Particulars					
Name of Informant: MUHAMMAD AMMAR BIN MOHAMED ESA			Address: APT BLK 255 TAMPINES STREET 21 #02-70 SINGAPORE 521255		
ID Type / ID No.: NRIC NO / S9242298D			Contact No.: Home/Office: Mobile: 87491848		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 19/11/1992	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: AETOS		Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2019 13:00	Type of Location: Straight Road	
Location: Along Road 1 TANJONG KATONG ROAD					
Tanjong Katong Road towards Mount Batten Road between the junction of Dunman Road and Swanage Road					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFA9966C	Car				Seriously Damaged	1
SGK9857U	Car				Slightly Damaged	3
SLR8044J	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

Report No. T/20190422/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM AI TENG	ID No.	S6946215D
Related Vehicle	SFA9966C (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	NIZAR BIN SINHA	ID No.	S8104659Z
Related Vehicle	SGK9857U (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	MUHAMMAD AMMAR BIN MOHAMED ESA	ID No.	S9242298D
Related Vehicle	SLR8044J (Car)	Contact No.	87491848
Hospital/Clinic	MYHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/04/2019	Date Discharge	22/04/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On the 22nd of April 2019, at around 1300hrs, I was driving the AETOS Police vehicle, bearing the SLR8044J and was returning to base. I was driving along Tanjong Katong Road and I was reaching the junction of Swanage Rd. There was a car bearing the registration plate SGK9857U who was driving directly ahead of me.

The car the suddenly slowed down to a stop and so did I as there was a van who wanted to turn right. I managed to stop in time but it was quite close to the car ahead. Suddenly, I felt a big impact to the back of my car, which then caused my car to surge forward and hit the car ahead of mine.



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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Report No. T/20190422/2137

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

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 2 NABIL FIKRI BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2019 18:35
Officer In Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	SN 37

SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
2. Please report **correctly** the details of the accident to speed up the claims process.
3. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
4. 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**.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 22.04.2019	Time: 1300 hrs
Exact Location of Accident	Tanjong Katong Rd. in between junction of Dunman Ave & Serravallo Rd.	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLR 8044 J	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	GOLDMALL	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: _____	Model: _____
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident	Warrant Enforcement Duties	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER		
	<input type="radio"/> Same as Insured above	
Name of Driver	MUHAMMAD AMMAR BIN MOHAMMAD ESA	
Personal Identification - NRIC (Singaporean/PR)	S92422980	
- FIN/Passport Number		
Date of Birth	19 /dd 11 /mm 1992 /yy	
Driving Date Pass	24-8-6 /dd 06 /mm 2013 /yy	
Year of Driving Experience	Year(s) Month(s) Month(s)	
Occupation	Actus Auxiliary Police Officer <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	8749 1848	

Address of Driver	APT BLK 255 TAMPINGS STREET 21, #01-70 Singapore 521255
Email Address	Ammurktn91@gmail.com
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Chain Collision
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name	Clementi N.P.C
Police Station Address	20 Clementi Ave 5 Singapore 129858
Police Station Contact	Tel No. 1800-8729999 Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	SGK 9857 U (C)
Vehicle Make/ Model/ Colour	Toyota Vios / Grey colour
Details of Properties	
Name of Driver	NIZAR BIN SINHA
Personal Identification - NRIC (Singaporean/PR)	S81046592
- FIN/Passport Number	
Contact Number	96133047
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	SFA 99 66 C
Vehicle Make/ Model/ Colour	Nissan Note / Grey colour
Details of Properties	
Name of Driver	LIM AI TENG
Personal Identification - NRIC (Singaporean/PR)	569462150
- FIN/Passport Number	
Contact Number	9684 8996
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

Details of Witness 1

Name	LOW JUN HAO
Phone	9005 6755
Email Address	Jun_Hao-LOW@spt.gov.sg

Details of Witness 2

Name	
Phone	
Email Address	

Details of Injured Person 1

Name	KOH LEE HUI
Phone	85029582
Approximate Age	27
Injuries Sustained	NECK PAIN
If vehicle occupants, state in which vehicle?	SLR 80445 (AELUS)
Were seat belts worn?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 2

Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 3

Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

(Note - Please use page 7 if you need to add more injured person)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9242298D



Name

MUHAMMAD AMMAR BIN MOHAMED
ESA

Race

MALAY

Date of birth

19-11-1992

Country/Place of birth

SINGAPORE

Sex

M

S9242298D

5444812



NRIC No. S9242298D




Date of issue:
11-03-2015

Address

APT BLK 255 TAMPINES STREET 21
#02-70
SINGAPORE 521255

REPUBLIC OF SINGAPORE DRIVING LICENCE

99242298D



MUHAMMAD AMMAR BIN MOHAMED ESA

Birth Date: 19 Nov 1992
Valid Date: 28 Feb 2015

0024004599

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

		EFFECTIVE DATE
C	Class 2B Motorcycles - 250CC	24 Jun 2011
C	Class 2A Motorcycles between 250 CC and 400 CC	20 May 2013
C	Class 2 Motorcycles - 400CC	14 May 2015
C	Class 3 Motor cars up to 3000 cc - 2 gears only, automatic transmission, and motor cars with engine capacity up to 2000 cc	14 Jun 2011
C	Class 4 Motor cars with engine capacity up to 2000 cc	24 Jun 2011

99242298

S/No: 9000174411

NP 426A

License No: 99242298D

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 97A)
Republic of Singapore

Employer:
ACTOS SECURITY MANAGEMENT PTE. LTD.

Sector: **SERVICE**



Name:
RCN LEE HUI
Occupation:
AUXILIARY POLICE OFFICER

Date of Issue:
03-10-2016

Date of Expiry:
01-11-2016

Date of Renewal:
31-10-2016



47359907

VISIT PASS

Immigration Regulations

Name:
RCN LEE HUI



Date of Birth: **16-10-1991** Sex: **F** Ethnicity: **MALAYSIAN**
Date of Issue: **02/20/2000** Date of Expiry: **01-11-2016**



YOU ARE TO Surrender THIS CARD WHEN IT IS CANCELLED OR MOST EXPEDITED OBTAIN A NEW CARD ISSUED TO YOU.



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS ~~4000000~~ ** (1)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLR8044J

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months.
Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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.

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.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY UOB

*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 18 Jan 2019

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ