

NATIONAL Assessment Centre Services (wef 1 Jan 2019) **NA19063695**

Date In: 16/05/2019 12:30	Job description	Date & Time Completed	Done by
Ref No: NA19063695	SAS e-filing		
Veh No: SPW 28055	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/05/2019 08:10	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: Veh No: **GRG 8095M** 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)

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1903572

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming amount INC Only (wef 10 Jan 2019)		
Cat. 2/3:	6) TR: Re-inspection \$75		
P. 1/1	7) N1: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	(11)		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) TP (N16 INC) against INC \$20		
	9) N12: Idea Mobile 30		
	Invoice dated	Per Charged	
	Printed Date	Fee Charged	

07-MAY-2019 16:39

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	16/05/2019 12:30
Date Of Accident	15/05/2019 08:10
Exact Location Of Accident	ANG MO KIO AVE 6 TOWARDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2805S
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86485794
Alternative Phone No	OFFICE-86485794

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994148
Cover Note Number	

Driver

Name of Driver	ROSLI BIN AB LATIF
NRIC No	S7302102B
Date Of Birth	21/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86485794
Fax Number	
Contact Number	OTHERS-86485794
Email Address	NOEMAIL

Address	BLK 423 YISHUN AVENUE 11 #03-542
Postcode	760423
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?	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: : PASSENGER GENDER: : FEMALE

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

PLEASE REFER TO POLICE REPORT T/20190515/7021

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	GBG8095M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB3953A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROSLI BIN AB LATIF
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJW2805S
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.

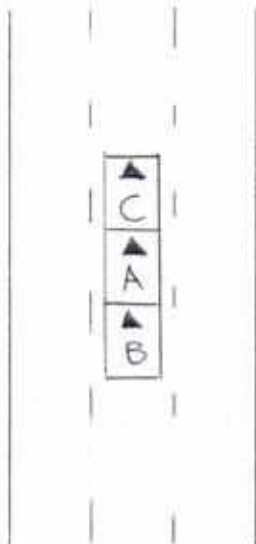
Maric Car Rental Pte Ltd
Co. Reg. No.: 201620648G
9 Tagore Lane #03-04
Singapore 787472

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



ANG MO KIO AVE 6 TOWARDS
MARYMOUNT ROAD.

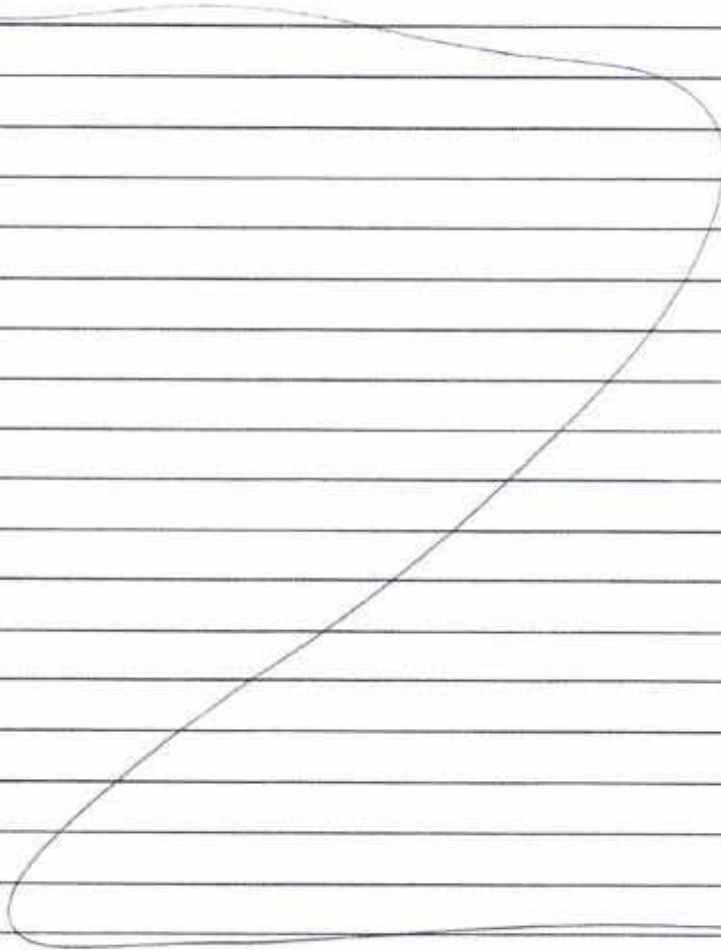
VEHICLE 'A' SJW 2805 S

VEHICLE 'B' GBG 8095 M

VEHICLE 'C' SHB 3953 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190515/7021.



DECLARATION

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

Maric Car Rental Pte Ltd

Co. Reg. No.: 201620648G

9 Tagore Lane #03-04

Singapore 787472

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.:

16/05/2019

[Handwritten signatures]



**SINGAPORE
POLICE FORCE**



T/20190515/7021

1 of 3

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

Report No. T/20190515/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 17:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ROSLI BIN AB LATIF			Address: APT BLK 423 YISHUN AVENUE 11 #03-542 SINGAPORE 760423		
ID Type / ID No.: NRIC NO / S7302102B			Contact No.: Home/Office: Mobile: 86485794		
Nationality: SINGAPORE CITIZEN			Email: roaddukets@gmail.com		
Sex: Male	Age: 46	Date of Birth: 21/01/1973	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2019 08:10	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8095M	Van					0
SHB3953A	Car					0
SJW2805S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20190515/7021

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

2 of 3

Report No. T/20190515/7021

CONTINUATION OF REPORT

Driver			
Name	ROSLI BIN AB LATIF	ID No.	S7302102B
Related Vehicle	SJW2805S (Car)	Contact No.	86485794
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2019	Date Discharge	15/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the stated date and time, I vehicle A (SJW 2805 S) was on my designated lane along Ang Mo Kio Ave 6 Towards Marymount Road, Vehicle in front of me stopped i followed suit Suddenly i felt an huge impact on my stationary vehicle rear portion such as my Vehicle A propel forward and hit onto Vehicle C (SHB 3953 A) rear portion. I get out of the vehicle to realized that i am in a 3 car chain collision.



**SINGAPORE
POLICE FORCE**



T/20190515/7021

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

3 of 3

Report No. T/20190515/7021

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
15/05/2019 17:42

Classification Of Case:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/5/2019 (dd/mm/yy) Time of Accident: 08:10 (24-HR-FORMAT)

Vehicle No.: SJW 2805 S Vehicle Make & Model: HYUNDAI AVANTE 1.6

Exact location of Accident: ANG MO KIO AVE 6 TOWARDS MARIMOUNT ROAD

Policyholder's Name / IC No.: MARIC CAR RENTAL PTE. LTD. 201620648G

Driver's Name / IC No.: ROSLI BIN AB LATIF (As Above) ☐

Driver's Contact No.: 8648 5194 Company Contact No: _____

Driver's Address: 9 TAGORE LANE #03-04 9 @ TAGORE 787472

Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Passenger x1
Passenger Name: _____

Gender: F
Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: ROSLI BIN AB LATIF

Injuries Sustain: NECK, CHEST Injured Person in Which Vehicle: SJW 2805 S

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: UB1 AVE 3

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBG 8095 M (B)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: SHB 3953A (C)

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: **S7302102B**

Name: **ROSLI BIN AB LATIF**

Date of Birth: **21 Jan 1973**

Issue Date: **05 Jan 2012**

Barcode: **002026428J**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7302102B**

Name: **ROSLI BIN AB LATIF**

Religion: **MELAY**

Date of Birth: **21-01-1973**

Gender: **M**

Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

License No: **S7302102B**

Name: **ROSLI BIN AB LATIF**

Issue Date: **20/8/2013**

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

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

Class	Description	Effective Date
Class 1B	Motorcycles <= 250 CC	05 Dec 2012
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/trucks <= 2500 kg	13 Mar 2012

STAG102B

S / No. 9000156461

License No: **S7302102B**

NP 428A

Barcode: **S7302102B**

APR 2013

APT BLK 423 YISHUN AVENUE 11 #03-547

SINGAPORE 760423

APR 2013

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 675701.

Type	Description	Issue Date
02	TAXI VL	13/06/2013
03	BUS VL	20/08/2013
04	BUS ATTENDANT	20/08/2013





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.2.

THIRD PARTY FIRE & THEFT
CERTIFICATE NO.
POLICY NO.

COMMERCIAL MOTOR
SJW2805S
999994148

(The below excess is subject to GST)

POLICY EXCESS S\$1500.00 (Sect II)
WINDSCREEN EXCESS NA

SUM INSURED Market Value
INSURING WITH COE/PARF YES
SJW2805S
MARIC CAR RENTAL PTE LTD

VEHICLE REGISTRATION NO.
NAME OF INSURED

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

25 April 2019
24 April 2020

DATE OF EXPIRY OF INSURANCE

PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

\$500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience in Singapore.

Additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

Best repair can be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.

Insured 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 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

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 NA

Exclusions 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.

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 26 Apr 2019

AIG Asia Pacific Insurance Pte. Ltd.

00656-000
Sawell Insurance (Agency) Pte. Ltd.
1 Burn Road
09-09 Trivex
Singapore 369977

Marib

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL