

NATIONAL Assessment Centre Services <small>(Form 1 - January)</small> <b>MAY 90 18913</b>			
Date In: <b>17/06/2019</b> <b>17/6</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAI/19010705/4</b>	SAS e-filing		
Veh No: <b>STU 6038A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>15/06/2019</b> <b>13.35</b>	i-Motor Claim Form		
OD <b>(P)</b> 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/Whar		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>8CC5891A</b>	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	Tel: ( )		
Policy No: ( )	Period: ( )	Cover Type: ( )	
Consented 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 repairs.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks:- (INC hotline: 6788 6616)	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) PT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claiming against INC Only (wef 10 Jan 2015)		
Cal. 2/3:	6) TR: Re-inspection \$75		
1/1/18	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idm Mobile 30		
	Invoice dated: _____ For Charged: _____		
	Invoice dated: _____ For 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	17/06/2019 17:16
Date Of Accident	15/06/2019 13:55
Exact Location Of Accident	ALONG WOODLANDS DRIVE 44 OPPOSITE VISTA POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6029A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	STARMAG_SHIPS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93499193
Alternative Phone No	OFFICE-93499193

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	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	999994436/100833720-00000
Cover Note Number	

### Driver

Name of Driver	MOHAMAD BIN ABDUL GHANI
NRIC No	S1645189D
Date Of Birth	21/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1986
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93499193
Fax Number	
Contact Number	OTHERS-93499193
EMail Address	STARMAG_SHIPS@YAHOO.COM



Address	BLK 704 WOODLANDS DRIVE 40 #08-14
Postcode	730704
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	SIDE SWIPE
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?	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	SKK5391A
Vehicle Make/Model/Colour	HONDA ODESSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARLINA BINTE KASNAN
NRIC/Passport Number	S6844302D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

Passenger 1

NAME: ;

GENDER: ;

Passenger 2

NAME: ;

GENDER: ;

Passenger 3

NAME: ;

GENDER: ;

## SKETCH PLAN

Veh A: SJU 6029 A

Veh B: SKK 5391 A

### 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 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 ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

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

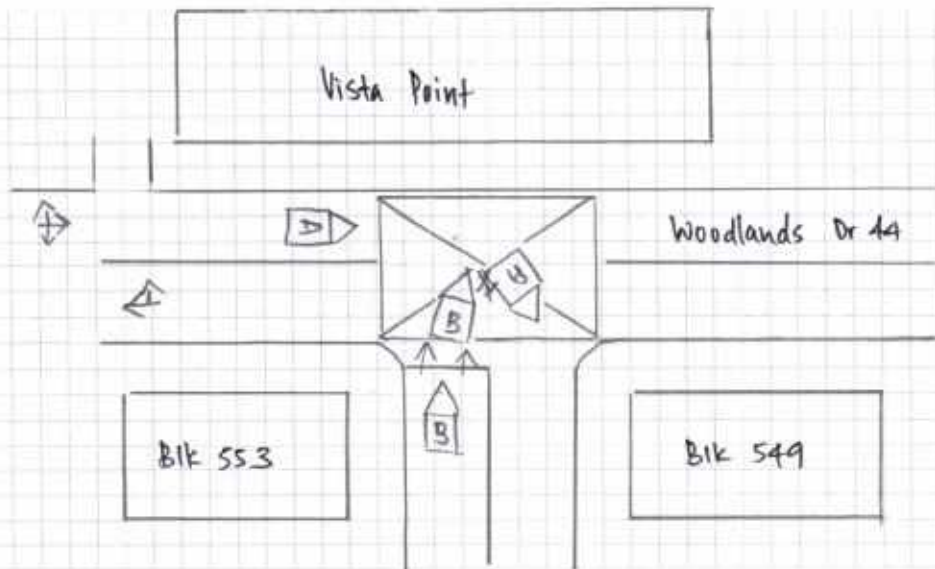
Date & Time: 17-06-2019  
1050 hrs

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

# SKETCH PLAN

Veh A: SDU 6029 A

Veh B: SKK 5391 A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IT WAS A FINE DAY. I WAS TRAVELLING ALONG WOODLAND DRIVE 44 HEADING TOWARDS BLK 550. I HAD SIGNALED TO MAKE A RIGHT TURN INTO THE CARPARK. THERE WAS NO OTHER VEHICLE ON THE OPPOSITE DIRECTION.

I SAW VEH B, STATIONARY AND INTENDED TO TURN RIGHT. WHEN I TURNED INTO THE CARPARK, SUDDENLY VEH B STARTED TO MOVE AND HIT MY VEHICLE.

## DECLARATION

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

DANDELION ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

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

Date & Time: 17-06-2019  
1050 Hrs

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

17/06/2019  
Rohit Mathias



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 15-06-2019 \*Time of Accident: 1355 Hrs  
\*Accident Location: ALONG WOODLAND DRIVE 44, OPPOSITE VISTA POINT

### Vehicle Details

\*Vehicle Number: STU 6029 A \*Make & Model: TOYOTA ALTIS Corolla 1.6  
Auto

### Insured / Policyholder

\*Owner Name: Dandelion Ed Ae Wd \*NRIC: 201314301 M  
\*Address: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*HP: \_\_\_\_\_  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel /H /Other: Office : 6702 3360

### Driver ( ) same as above

\*Driver Name: MOHAMMAD BIN A. GHANI \*NRIC: S 1645189 -D  
\*Address: BLK 704, 08-14 WOODLAND DRIVE 40 (730704)  
\*Date of Birth: 21-09-1964 \*Driving Pass Date: \_\_\_\_\_ \*HP: 9349 9193  
\*Email: starmag\_ships@yahoo.com \*Gender: Male / Female  
\*Occupation: CAR DRIVER (Indoor / Outdoor) \*Tel /H /Other: \_\_\_\_\_  
\*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: AIG \*Coverage: C /TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SKK 5391 A  
Make & Model: HONDA ODYSSEY  
Vehicle Category: \_\_\_\_\_  
Name of Driver: MARLINA BINTE KASNAN  
NRIC : S6844302 D  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): 04

### 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: **S1645189D**

Name: **MOHAMAD BIN ABDUL GHANI**

Birth Date: 21 Sep 1964  
Issue Date: 02 Jun 2017

002689642C

**For LKK/NAC Use Only**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1645189D**

Name: **MOHAMAD BIN ABDUL GHANI**

محمد بن عبد الكافي

Race: **MALAY**

Date of birth: 21-09-1964 Sex: **M**

Country of birth: **SINGAPORE**

**For LKK/NAC Use Only**

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	08 Dec 1984
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	02 Apr 1986

**For LKK/NAC Use Only**

Licence No: S1645189D

NP 428A

**For LKK/NAC Use Only**

Barcode: 002689642C

APC No: S1645189D

Date of issue: 14-06-2012

APT BLK 704 WOODLANDS DRIVE 40  
#08-14  
SINGAPORE 730704




For LKK/NAC Use Only

Land Transport Authority

PDVL/TOVL  
33 SER 62000  
276321

**VOCATIONAL LICENCE**  
Licence No : 81645189D  
Name : MOHAMAD BIN ABDUL GHANI  
Card Issue Date : 07/03/2018  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	07/03/2018





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, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,500.00 (I & II)
CERTIFICATE NO. 999994436/100833720-00000	WINDSCREEN EXCESS	SS\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SJU6029A	
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 SWEET 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

  
Authorized Representative

ORIGINAL

SSPYTP