

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1909441

Date In: 18/1/15-14:37	Job description	Date & Time Completed	Done by
Ref No: MNA1909441	SAS e-filing		
Veh No: 5F794445	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/1/15-18:45	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:	Veh No: SLV635R	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)	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Adv Bill
	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:-			
OP:				
*N5: Courtesy Car / Tpt Allowance \$3				
*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		



## 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	18/07/2019 14:37
Date Of Accident	17/07/2019 18:45
Exact Location Of Accident	JUNC CENTRAL EXCHANGE GREEN & PORTSDOWN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT9444S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S M SYED ALI S/O MOHD HUSSAIN
NRIC No	S1380910J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96896786
Alternative Phone No	OFFICE-96896786

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100389306-04
Cover Note Number	

### Driver

Name of Driver	HABIB SHAH BIN S M SYED ALI
NRIC No	S8915814A
Date Of Birth	15/05/1989
Occupation	INDOOR
Date Of Driving Pass	10/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96896786
Fax Number	
Contact Number	OFFICE-96896786
EEmail Address	NOEMAIL

Address	BLK 83 REDHILL LANE #04-85
Postcode	150083
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2006.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6735R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	HABIB SHAH BIN S M SYED ALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFT9444S
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:

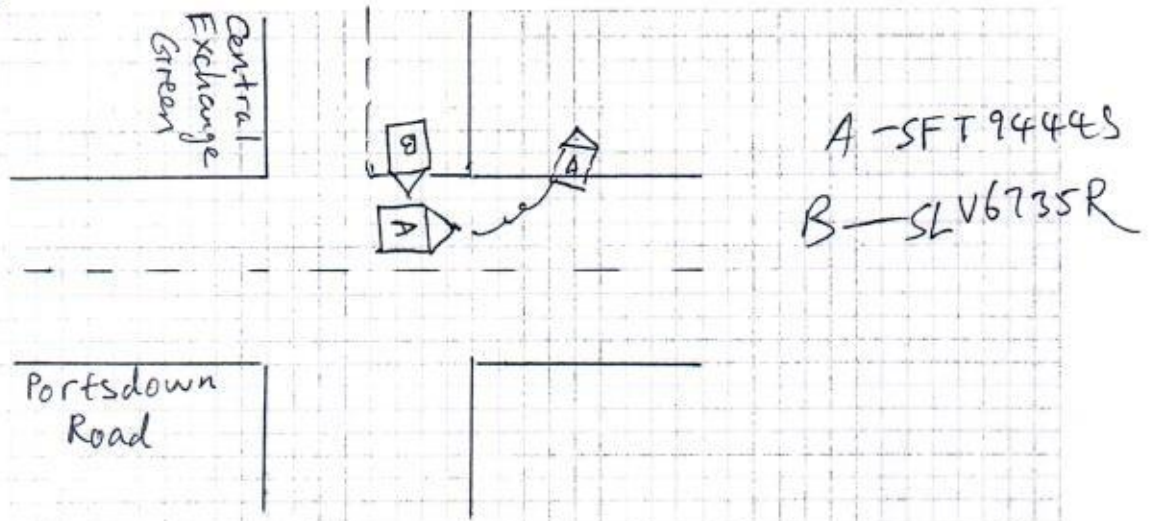
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 time and date. I was driving my vehicle along Portsmouth Road. Suddenly vehicle B drove out from the Central Exchange Green and hit on my LH side portion and cause my car to go up to the kerb.

## 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 : 17/7/19 Accident Time: 6.45pm (24-HR-Format)  
 Accident Place : Along Central Exchange Green  
 Vehicle No. (Car Plate No.) : SFT9444S Make/Model: Kia Forte K3 1.6  
 Insurance Company : AIG Policy No: 2100389306-04  
 Owner or Company Name /IC No. : S M Syed Ali s/o Mohd Hussain 513809105  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Habib Shan Bin s M Syed Ali / 58915814A  
 DRIVER'S Date Of Birth : 15/5/1989 DRIVER'S License Pass Date 10/01/2009  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : B1K 83 Redhill Lane #04-25  
 DRIVER'S Contact No./ Alt No. : 1) 96896786 2) 5150083  
 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): 1 Driver  
 Was there any video Captured by car camera: YES NO taken by Police  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SLV 6735R (AIG)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20190718/2006

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20190718/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2019 00:47		Vide Report No.: D/20190717/0093		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: HABIB SHAH BIN S M SYED ALI			Address: APT BLK 83 REDHILL LANE #04-85 SINGAPORE 150083		
ID Type / ID No.: NRIC NO / S8915814A			Contact No.: Home/Office: Mobile: 96896786		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 15/05/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Executive			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2019 18:45	Type of Location:
Location: Junction of Road 1 and Road 2 CENTRAL EXCHANGE GREEN PORTSDOWN AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFT9444S	Car	KIA	K3	Black	Seriously Damaged	0
SLV6735R	Car					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190718/2006

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20190718/2006

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HABIB SHAH BIN S M SYED ALI	ID No.	S8915814A
Related Vehicle	SFT9444S (Car)	Contact No.	96896786
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2019	Date Discharge	18/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Driver</b>			
Name	KANG XIAN BIN	ID No.	S8512674A
Related Vehicle	SLV6735R (Car)	Contact No.	97996936
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 17/07/2019 at about 1845hrs, I was travelling along Portsdown Road. As I was passing by the Central Exchange Green on my left, suddenly I felt an impact coming from the left of my vehicle. As such, I lost control of my vehicle. My vehicle subsequently mounted a kerb and hit onto the bollard. I alighted from my vehicle and checked with the other driver involved in the accident. The said driver of vehicle SLV6735R informed that he was fine, however his passenger informed that she was injured. Subsequently, ambulance and traffic police arrived at the scene. I was then given a case card - D/20190717/0093 and was informed to lodge a Traffic Accident Report. I also wished to add that I went to Mount Alvernia Hospital to get myself checked and was given 5 days' MC. I am feeling pain on my lower back, right knee as well as both shoulders, which I believed was sustained due to the impact of the said accident.

I wished to state that the driver of vehicle SLV6735R had failed to stop at the Stop Sign which resulted in the accident.



**SINGAPORE  
POLICE FORCE**



T/20190718/2006

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20190718/2006

**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 /  
Staff Sgt KHAIRUL ANUAR BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/07/2019 00:47

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP1681 SINGAPORE  
POLICE FORCE

SN 45

SIGNATURE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Habib Shah Bin S M Syed Ali

Licence Number: **S8915814A**

Name: **HABIB SHAH BIN S M SYED ALI**

Birth Date: **15 May 1989**

Issue Date: **10 Jan 2009**

Barcode: 0010966778

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8915814A**

Portrait photo of Habib Shah Bin S M Syed Ali

Name: **HABIB SHAH BIN S M SYED ALI**

Race: **INDIAN**

Date of Birth: **15-05-1989**

Country of Birth: **SINGAPORE**

Sex: **M**

Barcode: 3043526

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

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

Issue Date: **10 Jan 2009**

Barcode: Licence No. **S8915814A**

RF 428A

Barcode: 3043526

Portrait photo of Habib Shah Bin S M Syed Ali

NRIC No. **S8915814A**

Date of Expiry: **22-05-2004**

Address: **APT BLK 83 REDHILL LANE #04-05 SINGAPORE 150083**

For LKK/NAC Use Only

For LKK/NAC Use Only





# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : S M Syed Ali S/O Mohd Hussain  
Period of Insurance : 16 Oct 2018 To 15 Oct 2019  
Engine No. : G4FGEH743975  
Chassis No. : KNAFX411MF5338201

Vehicle No. : SFT9444S  
Policy No. : 2100389306-04  
Endorsement No. :  
Issued Date : 01 Oct 2018

### ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A EX  
Engine Capacity/Tonnage : 1,591.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
First Year of Registration : 2014  
Off Peak Car : No  
Insuring with COE/PAF : No

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

S M Syed Ali S/O Mohd Hussain - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64273800
3. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709288

CYCLE & CARRIAGE - BRYANH(KIA)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SGPM28