

# NATIONAL Assessment Centre Services

Form 1 (Jan 2019)

MA 419095982

Date In: 22/07/2019 18:05	Job description	Date & Time Completed	Done by
Ref No: NBA/MA419012509/Y	SAS e-filing		
Veh No: 887 521L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/07/2019 15:45	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCR 434U	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)	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

<p>MA 41905521</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Cal. J:</p> <p>Cal. 2/3:</p> <p>1/1/1</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming accident INC Only (wef 10 Jan 2019)</p> <p>6) TR: TR Inspection \$75</p> <p>7) NI: (Inc DA + SMRT Survey) \$160</p> <p>8) NTUC Additional Services:</p> <p>DIU:</p> <p>* N3: Courtesy Car / Tpl Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>* TP (N11) - TP (N-in INC) against INC \$20</p> <p>9) N12: Idm Mobile 30</p>		<p>Am (\$)</p> <p>In Bill</p>	<p>Am (\$)</p> <p>Not In Bill</p>

Invoice dated:	For Charged
	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	22/07/2019 18:05
Date Of Accident	20/07/2019 15:45
Exact Location Of Accident	OUTRAN ROAD TOWARDS CANTONMENT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5211L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION MOYEU PTE LTD
Co Reg No	201314301M
Email Address	ADDSAN07@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97650336
Alternative Phone No	OFFICE-67023360
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994431/100864549-00000
Cover Note Number	
<b>Driver</b>	
Name of Driver	AHMAD SAMSUDIN BIN MAKMOER
NRIC No	S1694135B
Date Of Birth	21/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1989
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97650336
Fax Number	
Contact Number	OFFICE-67023360
Email Address	ADDSAN07@YAHOO.COM.SG

Address	BLK 284 CHOA CHU KANG AVENUE 3 #06-328
Postcode	680284
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?	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)	6
Passenger 1	NAME: : TOURIST GENDER: : MALE
Passenger 2	NAME: : TOURIST GENDER: : FEMALE
Passenger 3	NAME: : TOURIST GENDER: : FEMALE
Passenger 4	NAME: : TOURIST GENDER: : FEMALE
Passenger 5	NAME: : TOURIST GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190721/2112

#### Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR434U  
Vehicle Make/Model/Colour MERCEDES BENZ  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JESSICA CHUA XIN NI  
NRIC/Passport Number S9034439J  
Contact Number 97294107  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1  
NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

Name AHMAD SAMSUDIN BIN MAKMOER  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SGT5211L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

Veh A: SGT 521 L  
Veh B: SLR 434 U

### IMPORTANT NOTICE

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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 MOYEU PTE LTD**  
**ROC NO : 201230264N**

Policyholder's Signature  
Date & Time:

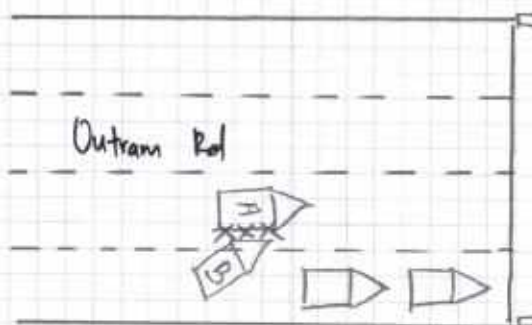
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/7/19 @ 10:56m

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

SKETCH PLAN

Veh A: SGT 5211 L

Veh B: SLR 434U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20190721/2112

DECLARATION

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

**DANDELION MOYEU P.**  
**ROC NO : 201230264N**

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/7/19 01015h.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

22/07/2019

Rashid



**SINGAPORE  
POLICE FORCE**



T/20190721/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190721/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2019 22:55	Vide Report No.:	Station Diary No.: 142
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**Informant's Particulars**

Name of Informant: AHMAD SAMSUDIN BIN MAKMOER			Address: APT BLK 284 CHOA CHU KANG AVENUE 3 #06-328 SINGAPORE 680284		
ID Type / ID No.: NRIC NO / S1694135B			Contact No.: Home/Office:		Mobile: 97650336
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 21/05/1965	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2019 15:45	Type of Location: X-Junction
Location: Along Road 1 NEW BRIDGE ROAD				
Junction of Police Cantonment Complex				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT5211L	Car				Slightly Damaged	5
SLR434U	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20190721/2112

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Report No. T/20190721/2112

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:

Sgt 2 JASON TAY MING HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/07/2019 22:55

Classification Of Case:



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

### Motor Accident Report

\*Time of Accident: ② 1:45 pm  
(Outram ~~to~~ Rd) twds Cantonment Rd

\*Accident Location: OUTSIDE X CAUTIONMENT

\*Vehicle Number: SGT 5211 L

\* Make & Model: VOLKSWAGEN TOURAN 1.4L

\*Owner Name: Dandelion Movers Pte Ltd

\*NRIC: 201314301W

\*Email: \_\_\_\_\_ \*HP: 081: 6702 3360

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_\_

\*Driver Name: AMMAD SAMSU DIN BIN MD LMDER \*NRIC: S169435B

\*Address: RMC 284, CHAO CHU KANG W/E 3 #06-328 S 680284

\*Date of Birth: 21/05/65 \*Driving Pass Date: 21/12/89 \*HP: 97650336

\*Email: addsam07@yahoo.com.sg \*Gender: Male / Female

\*Occupation: DRIVER (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : \_\_\_\_\_)

1 Male 4 Female Unknown (Tourist)

\* P/Name: (Male/Female) \* P/Name: (Male/Female)

\* P/Name: (Male/Female) \* P/Name: (Male/Female)

\*Insurer: AIG \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

Vehicle No.: SLR 434 U

Make & Model: MERCEDez

Vehicle Category: \_\_\_\_\_

Name of Driver: JESSICA CHAN XIN NI

NRIC : S90344391

HP : 97294107

No. of Passengers (Including Driver): 2

## Vehicle No.:

Make & Model:

Vehicle Category: \_\_\_\_\_

Name of Driver:

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

\*Type of accident: Head-Rear / Side swipe / others:

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_

\*Any video cam: Yes / 200 100%

\*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: Amey \*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: **S1694135B**

Name: **AHMAD SAMSUDIN BIN MAKMOER**

Birth Date: **21 May 1965**

Issue Date: **05 Mar 2003**

**For LKK/NAC Use Only**

000258186C

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1694135B**

**For LKK/NAC Use Only**

**AHMAD SAMSUDIN BIN MAKMOER**

احمد سمسودين بن مكمور

JAVANESE

21-05-1965 M

SINGAPORE

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	31 Oct 1986
Class 2A	Motorcycles between 201 cc and 400 cc	31 Oct 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Dec 1989

**For LKK/NAC Use Only**

NP 428A



2817792

**For LKK/NAC Use Only**

SRIC No: S1694135B

BOON Group Date of issue: 12-04-1996

APT BLK 284 CHOA CHU KANG AVENUE 3 406-329 SINGAPORE 680294

NRIC No: S1694135B Date: 28-12-1998 No: 2811050





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	S\$1,500.00 (I & II)
CERTIFICATE NO. 999994431/100864549-00000	WINDSCREEN EXCESS	S\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PAF	YES

- |   |                         |
|---|-------------------------|
| 1) VEHICLE REGISTRATION NO.   | SGT5211L                |
| 2) NAME OF INSURED  | Dandelion Moyeu Pte Ltd |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT<br>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 AUTO LEASE 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

  
Authorised Representative

ORIGINAL

SSPYTP



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MAY 18 95932 Vehicle Registration No: 861 5211 L  
Name (as shown in NRIC): AAMAD SAMADANI BIN MAKMOHAR NRIC/PIN/Passport No: S1694131B

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97660336

Email Address: \_\_\_\_\_

Date of Accident: 20/07/2019 Time of Accident: 15:45

Place of Accident: EUPHON ROAD TOWARDS GARDENWAY ROAD

Insurance Company: ACG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

NO VIDEO FOOTAGE IN THE VEHICLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

24/07/2019  
Reporting Centre Personnel's Signature  
Name: Roha Uthman  
NRIC/PIN No.: \_\_\_\_\_  
Date: