

NATIONAL Assessment Centre Services			
Date In: 22/07/2015 17:28	Job description	Date & Time Completed	Done by
Ref No: N/A/1916/90/300814	SAS e-filing		
Veh No: SLT 27593	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/07/2015 22:15	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: SDC 81882	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % (Note-Ext. 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 In-line: 678816616)	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

N/A/1905536		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				In Bill	Add. Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claimant special INC Only (wef 10 Jan 2005)			
Calc. 1:		6) TR: Re-inspection \$75			
Calc. 2/3:		7) NI: Idao DA + SMRT Survey \$160			
1/1/1		8) NTUC Additional Services:			
		9) NI: Idao Mobile \$30			
		Invoice dated		Pen Charged	
		Invoice dated		Pen Charged	

07-MAY-2018 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	23/07/2019 17:29
Date Of Accident	22/07/2019 22:15
Exact Location Of Accident	SIMS AVENUE AFTER LORONG 29 GEYLANG
Country/State of Loss:	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2759J
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	201224734R
Email Address	VAMPCTAS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96938119
Alternative Phone No	OFFICE-96938119

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994421
Cover Note Number	

Driver

Name of Driver	NOR RIZAL BIN HARON
NRIC No	S8341868J
Date Of Birth	19/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938119
Fax Number	
Contact Number	OTHERS-96938119
Email Address	VAMPCTAS@HOTMAIL.COM

Address BLK 274B PUNGGOL PLACE
#01-824
Postcode 822274
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 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 TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190723/2002

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 SDL8138Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR CHIANG
NRIC/Passport Number
Contact Number 96919083
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NOR RIZAL BIN HARON

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLT2759J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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.



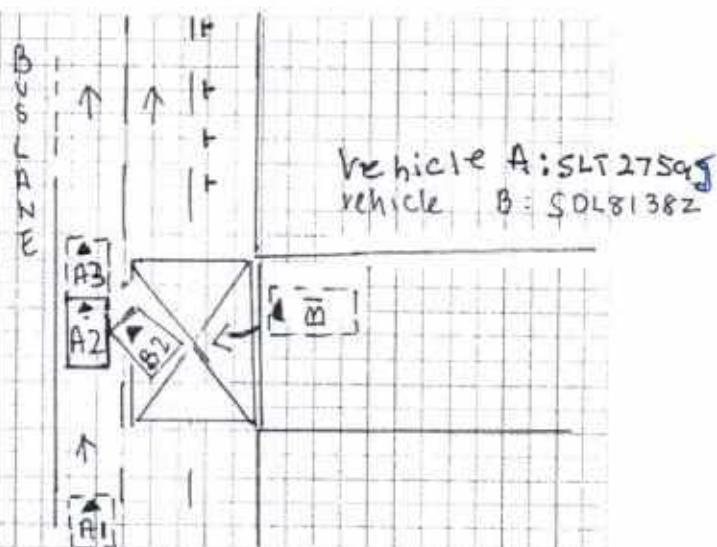
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

23/07/2019
Resh K. A. B.

Sim Aventure of the
Week 29 Gryphon



on the stated date and time I vehicle A SLT27595 was
travelling on my stated lane as vehicle B SDL81382
turned to my lane out of the sudden and hit on my rear side
of my vehicle, After Changing particular I head down
to mount Alvernia as I suffer pain on my neck
back and right Ankle Due to accident I was given
5 Day MC From 22/7/19 to 26/7/19
POLICE REPORT 7/20190723/2002

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

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T20190723/2002

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No 1800-2519999

Report No: T20190723/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/07/2019 00:47

Vide Report No.:

Station Diary No.:
12

Informant's Particulars

Name of Informant:
NOR RIZAL BIN HARON

Address:
APT BLK 274B PUNGGOL PLACE #01-824 SINGAPORE
822274

ID Type / ID No.:
NRIC NO / S8341868J

Contact No.:
Home/Office: Mobile: 96938119

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 35 19/12/1983

Type of Informant:
Driver

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
Grab 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: 22/07/2019 22:15	Type of Location: Straight Road
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Location:
Along Road 1
SIMS AVENUE

Along Sims avenue after turning out from Lorong 29 Geylang near Kwan Imm See Temple.

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL8138Z	Car	MITSUBISHI	Lancer	Silver	Seriously Damaged	0
SLT2759J	Car	TOYOTA	Prius	Grey	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190723/2002

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No: T/20190723/2002

CONTINUATION OF REPORT

Driver			
Name	CHIANG FUJ LONG	ID No.	NIL
Related Vehicle	SDL8138Z (Car)	Contact No	96919083
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	NOR RIZAL BIN HARON	ID No.	S8341868J
Related Vehicle	SLT2759J (Car)	Contact No.	96938119
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 22/07/2019 at about 2217hrs, I was driving along Sims Avenue when a Mitsubishi Lancer bearing the number SDL8138Z turned right from Lorong 29 Geylang and drove into the merging lane and hit my vehicle on the rear right side just next to my rear door and he scraped my car all the way to my front door.

So we both drove and stopped our vehicles at the right side of the road and exchanged phone numbers and names only. As our cars could still work, we both left the scene. No traffic police or ambulance came to scene. Due to the accident, my vehicle sustained very bad dent's and scratches on the right rear fender to the right front door.

Due to the accident, I suffered pain on my neck, back and right ankle and thus went to Mount Alvernia hospital for a check-up. I was given a 5 days MC from 22/07/2019 to 26/07/2019. I wish to state that my car has a front camera.



SINGAPORE
POLICE FORCE



T/20190723/2002

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No: T/20190723/2002

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:

E /

Sgt 2 BRIAN DALSTON MATHEWS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/07/2019 00:47

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22 / 07 / 2018 (dd/mm/yy) Time of Accident: 22 17 (24-HR-FORMAT)
Vehicle No.: SLT 2759J Vehicle Make & Model: Toyota prius CX
Exact location of Accident: Sim Ave after Lor 29 geylang
Policyholder's Name / IC No.: Mkm Car Leasing PTE LTD / 201224734R
Driver's Name / IC No.: Nor Rizal Bin Haron / 583418681 (As Above) ☐
Driver's Contact No.: 96938119 Company Contact No.: _____
Driver's Address: 274B Punggol Place #01-824 5822274
Insurance Company: AIG Email address (if any): Vampetas@hotmail.com

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent

or Others specify: Hirer

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): 01

Passenger Name: _____

Gender: _____

Passenger Name: _____

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: Nor Rizal Bin Haron

Injuries Sustain: Neck and back Injured Person in Which Vehicle: SLT 2759J

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Tpy police station

The Other Party(s) Details:

1. Driver's Name / IC No.: Mr Chiang Vehicle No.: SDL 8138Z

Driver's Contact No.: 96919083 Insurance Company (if any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

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. S8341868J

NAME

NOR RIZAL BIN HARON

For LKK/NAC Use Only

Date of Birth: 19 Dec 1983

Issue Date: 07 May 2003

00648410401

For LKK/NAC Use Only

PDVL/TDVL
21 000 00000
262579

VOCATIONAL LICENCE

License No. S8341868J

NAME: NOR RIZAL BIN HARON

Issue Date: 18/05/2014

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8341868J

For LKK/NAC Use Only

NAME

NOR RIZAL BIN HARON

نور ريزال بن هارون

Race

MALAY

Date of birth

19-12-1983

Sex

M

Country/Place of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	09 Mar 2002
Class 2A	Motorcycles between 201 CC and 400 CC	03 Jan 2003
Class 2	Motorcycles > 400 CC	28 Sep 2004
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor motorbikes <= 2500 kg	29 Jul 2003

For LKK/NAC Use Only

S / No: 9000006060


License No: S6041066J

SP 428A

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 575701.

Type	Description	Issue Date
02	TAXI / VL	26/05/2014

For LKK/NAC Use Only



5302422



NRIC No: S8341868J

For LKK/NAC Use Only

Date of Issue: 06-05-2014

Address:
APT BLK 274B PUNGGOL PLACE
#01-824
SINGAPORE 622274



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 Auto Plan

CERTIFICATE NO. SLT2759J
POLICY NO. 999994421

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SLT2759J

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

MKM CAR LEASING PTE LTD

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

17 August 2018

4) DATE OF EXPIRY OF INSURANCE

16 August 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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
- 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 Applicable

HIRE PURCHASE COMPANY

DBS BANK LTD

*Limitations rendered inoperative by Section 5 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 17 Aug 2018

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd
22 Sin Ming Lane

#05-78 Midview City
Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS

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: MAY19096495 Vehicle Registration No: SL7 2759 J

Name (as shown in NRIC): LIOR RIZAL BIN HARON NRIC/FIN/Passport No: S8341868 J

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: SMS AVKALAH A/F LOR 29 CHAYANES

Insurance Company: ATI

(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:

INNER Policy NUMBER 999994421

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE LIAH AB
NRIC/FIN No.:
Date: