

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAH41913618

Date In: 14/10/2018 15:59	Job description	Date & Time Completed	Done by
Ref No: N/A MAH4190180677	SAS e-filing		
Veh No: SME 5465D	E-mail (to judge then, AIC then)		
DOA: 12/10/2018 09:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Withlet OD then, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SL4 50777	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 ( )	

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Location

MAH41907787	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10	
Assessors' Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Ideo DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (N+INC) against INC \$20	
	9) NI2: Ideo 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	14/10/2019 15:59
Date Of Accident	12/10/2019 09:30
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5465D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91123526
Alternative Phone No	OFFICE-91123526

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (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
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

### Driver

Name of Driver	ZAKARIA BIN ABDUL LATIB
NRIC No	S1493320D
Date Of Birth	16/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123526
Fax Number	
Contact Number	OTHERS-91123526
Email Address	NOEMAIL

Address	BLK 26 MARSILING DRIVE #07-225
Postcode	730026
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	4
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	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 SKETCH AND POLICE REPORT T/20191012/7018

#### 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	SLU5077T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR2943D  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK250U  
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 ZAKARIA BIN ABDUL LATIB  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SME5465D  
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.

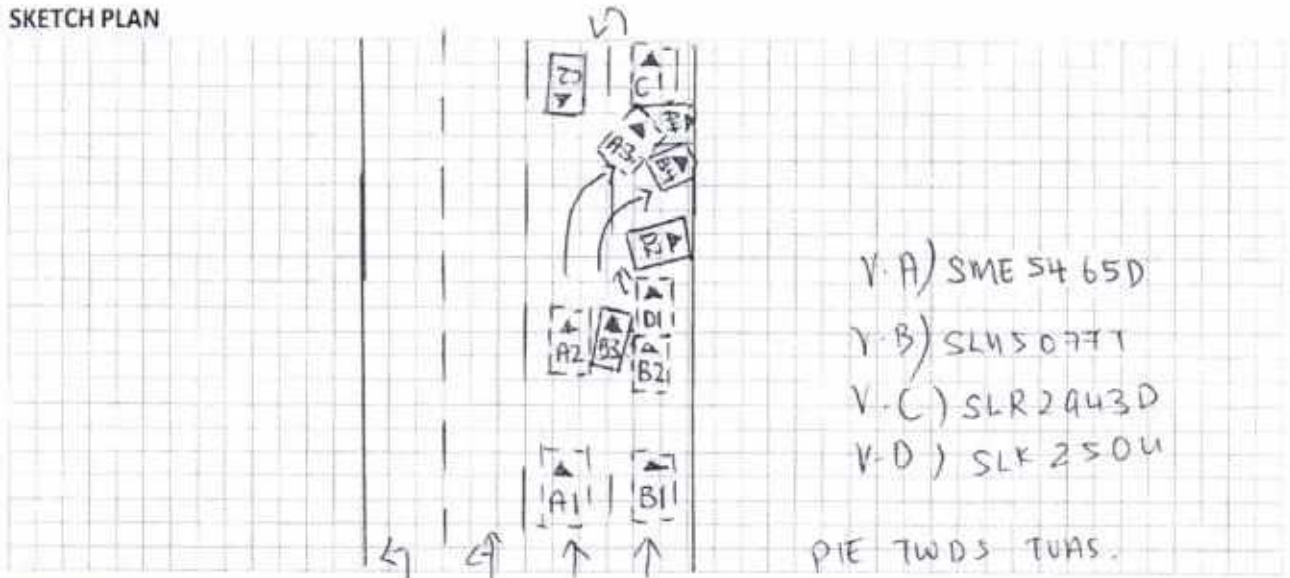


Policyholder's Signature  
Date & Time:

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

I vehicle 'A' SME5465D was travelling along lane 2 on the stated venue. I was travelling straight in my lane, while travelling, suddenly a vehicle 'B' SLU5077T hit onto vehicle SLK250U, swerve into my lane, hit onto my right and caused my vehicle to hit onto vehicle SLR2943D rear left portion. The vehicle SLK250U, final position was as 'D2' facing the wall, while my vehicle final position was as 'A4' hitting the wall, and vehicle SLR2943D was facing the opposite direction. The impact came too fast, after the collision there is one passenger inside vehicle SLU5077T was conveyed to the hospital. We got out of our vehicle and exchange contact, my vehicle damages was along the right side, left rear and front.

POLICE REPORT 7/2019/1012/7012

## 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.:



**SINGAPORE  
POLICE FORCE**



T/20191012/7018

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

1 of 3

Report No. T/20191012/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2019 13:27		Vide Report No.: G/20191012/0096		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZAKARIA BIN ABDUL LATIB			Address: APT BLK 26 MARSILING DRIVE #07-225 SINGAPORE 730026		
ID Type / ID No.: NRIC NO / S1493320D			Contact No.: Home/Office: Mobile: 91123526		
Nationality: SINGAPORE CITIZEN			Email: zakaria.abdul.latib@gmail.com		
Sex: Male	Age: 58	Date of Birth: 16/03/1961	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2019 09:30	Type of Location: Flyover
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK250U	Car					0
SLR2943D	Car					0
SLU5077T	Car					0
SME5465D	Car					0



**SINGAPORE  
POLICE FORCE**



T/20191012/7018

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

2 of 3

Report No. T/20191012/7018

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ZAKARIA BIN ABDUL LATIB	ID No.	S1493320D
Related Vehicle	SME5465D (Car)	Contact No.	91123526
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/10/2019	Date Discharge	12/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

I VEHICLE 'A' WAS TRAVELLING ALONG LANE 2 ON THE STATED VENUE. I WAS TRAVELLING STRAIGHT IN MY LANE, WHILE TRAVELLING SUDDENLY VEHICLE 'B' SLU5077T HIT ONTO VEHICLE SLK250U, SWERVED INTO MY LANE, HIT ONTO MY RIGHT AND CAUSED MY VEHICLE HIT ONTO VEHICLE SLR2943D REAR LEFT PORTION. I GOT DOWN FROM MY VEHICLE TO REALISED THAT I WAS INVOLVED IN A 4 CAR CHAIN COLLISION. AFTER THE ACCIDENT I FELT ABIT OF PAIN AND SORENESS IN MY RIGHT SHOULDER AND NECK AND HENCE HAVE CONSULTED A GP. I WAS GIVEN 5 DAY MC. THAT IS ALL



**SINGAPORE  
POLICE FORCE**



T/20191012/7018

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

3 of 3

Report No. T/20191012/7018

**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 / TPB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

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:  
12/10/2019 13:27

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: 12/10/2019 (dd/mm/yy) Time of Accident: 09:30 (24-HR-FORMAT)  
Vehicle No.: SME 5465D Vehicle Make & Model: <sup>Hyundai</sup> AVANTE 1.6 AT ABS D/AB 2WD 4DR  
Exact location of Accident: PIE TOWARDS TUAS  
Policyholder's Name / IC No.: ASSET LIMO 53309913K  
Driver's Name / IC No.: ZAKARIA BIN ABDUL LATIB S1493320D (As Above) ☐  
Driver's Contact No.: 9112 3526 Company Contact No.:  
Driver's Address: 8 SIN MING LANE #06-31 MIDVIEW CITY  
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: HIRER

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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 01

Passenger Name :  
Passenger Name :

Gender :  
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: zakaria Bin Abdul

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SME 5465D

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLU 5077 T (B)

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

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLR 2943 D (C)

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

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: SLK 250U(D)

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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



HOTLINE TEL: (65) 6419-3000

**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

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SME5465D	POLICY EXCESS	S\$2500.00 (Sect II)		
POLICY NO.	999994238	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PARF	NO		
		SME5465D			
		ASSET LIMO			
1) VEHICLE REGISTRATION NO.		10 March 2019			
2) NAME OF INSURED		09 March 2020			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT					
4) DATE OF EXPIRY OF INSURANCE					
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*					
Any person who is driving on the Insured's order or with their permission.					
S\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.					
An additional excess of S\$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.					
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 Included			
HIRE PURCHASE COMPANY		NA			

\*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 in Singapore 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL