

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA119TW98

Date In: 01/11/19-16/19	Job description	Date & Time Completed	Done by
Ref No: 44/01/19-20/19/14	SAS e-filing		
Veh No: 6461278K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/11/19-09/19	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: 003962	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		Amt (\$)	Amt (\$)
	1) AR : Accident Reporting (\$30);		Int Bill	Add 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:-			
Q1*				
*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: 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	15/11/2019 16:19
Date Of Accident	15/11/2019 09:25
Exact Location Of Accident	LOH AH SOO TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1278K
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	

Driver

Name of Driver	MOHAMED FAIZAL BIN MOHAMED SAREF
NRIC No	S8619202J
Date Of Birth	17/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97484278
Fax Number	
Contact Number	OFFICE-97484278
Email Address	NOEMAIL

Address	BLK 889B WOODLANDS DRIVE 50 #08-239
Postcode	732889
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NURULHUDA BINTE ZAHAREN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191115/2101.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ96Z
Vehicle Make/Model/Colour	MERCEDES-BENZ
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 MOHAMED FAIZAL BIN MOHAMED SAREF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGC1278K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2


Name NURULHUDA BINTE ZAHAREN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGC1278K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.



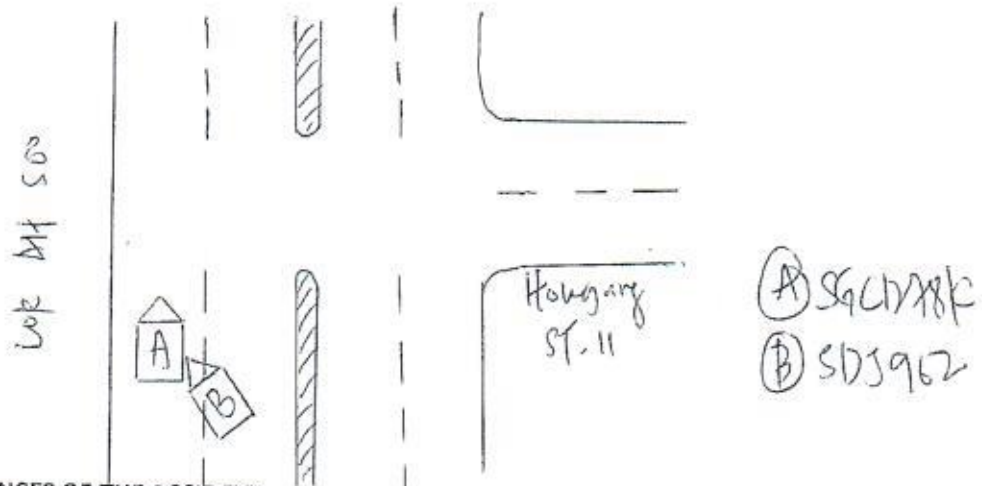
 Policyholder's Signature
 Date & Time:



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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Lor Ah Soo going towards Paya Lebar Rd.

Suddenly vehicle B change lane and hit onto the rear right portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

Please refer to the Police Report No.: T/20191115/2001

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: 15/11/19 Accident Time: 09:25 (24-HR-FORMAT)
 Accident Place: LOP MH 500 Going Towards Paya Lebar Rd
 Vehicle Reg. No (Car plate No.): SGC1271K Vehicle Make Model: TOYOTA WISH
 Insurance Company: ALG Policy No. 999994-37
 Name of Registered Owner: Company / Individual Orange Car
 ID of Registered Owner: Co Reg No: S3314718 M Owner's NRIC No: -
 DRIVER'S Name: MUHAMMAD FAIZAL BIN MUHAMMAD SAREF Owner's Contact No: -
 DRIVER'S Date of Birth: 17/7/1986 DRIVER'S NRIC No: S8619202J
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiber
 DRIVER'S Address: APB 4889B WOODLANDS DRIVE 50408-229
 DRIVER'S Contact No./ Alt No.: 1) 9248 4278 2) -
 DRIVER'S Occupation: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
 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, 1 female passenger
 Was the accident reported to the police? YES NO
 Was there any video captured by car camera? YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)
 Vehicle Reg No: (B) SBJ962 Vehicle Reg No: -
 Vehicle Make Model: Mercedes-Benz Vehicle Make Model: -
 Name DRIVER: Hit And Run Name DRIVER: -
 Date of Birth: - Date of Birth: -
 Relationship: - Relationship: -
 Exact Purpose: - Exact Purpose: -
 Injured Persons: Driver: Mohamed Faizal Bin Mohamed Saref / S 8619202J
Passenger: NURULHUDA BINTI ZAHAREN / S 82104001X



**SINGAPORE
POLICE FORCE**



T/20191115/2101

1 of 4

Report No. T/20191115/2101

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 14:51	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED FAIZAL BIN MOHAMED SAREF		Address: APT BLK 889B WOODLANDS DRIVE 50 #08-239 SINGAPORE 732889	
ID Type / ID No.: NRIC NO / S8619202J		Contact No.: Home/Office:	Mobile: 97484278
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 17/07/1986	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2019 09:25	Type of Location: Straight Road
Location: Along Road 1 LORONG AH SOO Towards Paya Lebar Road			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SDJ96Z	Car					0
BGC127BK	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20191115/210

Police Sta
MacPherson
54 Phipps Road #
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver		ID No.		S8619202J	
Name	MOHAMED FAIZAL BIN MOHAMED SAREF				
Related Vehicle	SGC1278K (Car)			Contact No. 97484278	
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	
Passenger					
Name		ID No.		S8710400A	
NURULHUDA BINTE ZAHAREN					
Related Vehicle	SGC1278K (Car)			Contact No. 96974493	
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 15/11/2019 at about 0925hrs, I was driving my vehicle (SGC1278K) along Lor Ah Soo towards Paya Lebar Road direction.

I was going straight on lane number 2 when a vehicle (SDJ96Z) which was travelling on lane number 1 changed lane to lane number 2 and side swipe against my vehicle. After the collision, the other vehicle did not stopped, and instead continued to move off.

I then tried to catch up with the vehicle and told the driver to stop at the side of the road. The driver then stopped at the side of the road. The driver and I got down of our vehicles and had a conversation regarding the accident, however the driver claimed that she did not collide into my vehicle and did not caused the damage, subsequently the driver then moved off with her vehicle. The driver did not provide me with her particulars.

I wish to state that my girlfriend and I did not sustain any injury due to the accident. Due to the accident, the rear right side of my vehicle sustained some scratches and dent.

There is a camera installed in my vehicle and the camera had captured the happening of the accident.

No government property was damaged. No pedestrian was involved. No ambulance or police came down to scene.



**SINGAPORE
POLICE FORCE**



T/20191115/2101

3 of 4

Report No. T/20191115/2101

Police Station Of Origin
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7449999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20191115/2101

4 of 4

Report No. T/20191115/2101

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:

G /

Sgt 2 LIM ZHENG HONG

Signature Of Interpreter
Not applicable

Officer in Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JECK LENG

Contact No: 65476144

Signature Of Informant

Date/Time

15/11/2019 14:51

Classification Of Case:

Authentication Stamp

NP156



HOTLINE TEL. (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M Z 400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SGC1278K	POLICY EXCESS	REFER TO ITEM 5		
POLICY NO.	999994037	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PARF	NA		
		SGC1278K			
		ORANGE CARS			
1) VEHICLE REGISTRATION NO.					
2) NAME OF INSURED					
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT					
4) DATE OF EXPIRY OF INSURANCE		07 September 2019			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		06 September 2020			
Any person who is driving on the insured's order or with their permission.					
S\$1,500.00 Section 3 Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.					
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 169) and Section 65 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 06 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 596604

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC