

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MA47200 62893

Date In: 2/1/2020 12:12	Job description	Date & Time Completed	Done by
Ref No: MA/172000789/4	SAS e-filing		
Veh No: G55 7857 Z	E-mail (5 jobs this, A/C this)		
D.O.A: 24/11/2019 13:30	I-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (With: OD this, TP this)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (Tot:	Flot:
TP Particulars:	Veh No: SW 1030R	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: ()

MA2803930	1) ALT Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim assistance) HG Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) H: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	9) NTUC	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect License Coordination \$3	
	TP (N11): TP (N11) INC against INC \$20	
	9) N12: Idea Mobile \$0	

QC Checked by (Engr-In-Charge):	Fee Charged	Fee Charged
Invoice dated	Invoice dated	Invoice dated

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	29/07/2020 12:12
Date Of Accident	24/11/2019 13:30
Exact Location Of Accident	ALONG WOODLANDS NORTH PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7357Z
Insured/Policyholder	
Name Of Registered Owner	SSL LIMOUSINE PTE. LTD.
Co Reg No	2XXXXX894E
Email Address	GARYONG66@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-87806034
Alternative Phone No	OFFICE-87806034

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1929991900
Cover Note Number	

Driver

Name of Driver	ASNI BIN ABDULLAH
NRIC No	SXXXX051B
Date Of Birth	12/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87806034
Fax Number	
Contact Number	OTHERS-87806034
Email Address	GARYONG66@ICLOUD.COM

Address	BLK 2 JALAN KUKOH #04-147
Postcode	163002
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 - HEAD TO REAR
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?	NO
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, 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 L/20200318/7035

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	SLN1030R
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)

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:

ADRIANNA TRANSPORT & LOGISTIC SERVICES
91 ROSEWOOD DRIVE, #01-105 S(737793)
adrianna transportservices2018@gmail.com
UEN: 201806934D

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

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

SKETCH PLAN

- unable to provide sketch -

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am not the driver on the stated date and time. I am the owner of
Adrianna Transport & Logistic Services.

refer to police report No. L/20200318/7035

DECLARATION

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



Police Officer's Signature
Date & Time:

ADRIANNA TRANSPORT & LOGISTIC SERVICES
91 ROSEWOOD DRIVE, #01-105 S(737793)
adriannatransportservices2018@gmail.com
NEN: 201806934D

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

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

28/07/2020

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/11/2019✓ (dd/mm/yy) Time of Accident: 13 30 (24-HR-FORMAT)
Vehicle No: GBJ 7357 Z Vehicle Make & Model: TOYOTA HIACE DX 2.8 AUTO
Exact location of Accident: Along Woodlands North Plaza
Policyholder's Name / IC No.: SSL Limousine Pte Ltd 201907894E
Driver's Name / IC No.: Asni Bin Abdullah / 577100518 (As Above) ☐
Driver's Contact No.: 8780 6034 Company Contact No.: _____
Driver's Address: 21 Toh Guan Road East #03-02 Toh Guan Centre S608609
Insurance Company: China Taiping Email address (if any): garyong66@icloud.com
Relationship between Owner & Driver: Hired
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?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Woodlands HQ

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLN 1030 R

Driver's Contact No.: _____ 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.



**SINGAPORE
POLICE FORCE**



L/20200318/7035

1 of 2

POLICE REPORT (NP299)

Report No. L/20200318/7035

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-4660000

Date/Time Report Made 18/03/2020 17:51		Vide Report No.		Station Diary No.	
Name Of Informant ASNI BIN ABDULLAH		Address APT BLK 2 JALAN KUKOH #04-147 SINGAPORE 163002			
ID Type / ID No. NRIC NO / S7710051B		Contact No. Home/Office Mobile: 87806034			
Nationality SINGAPORE CITIZEN		Email Address adriannatransportservices@gmail.com			
Occupation Working proprietor (transport, storage and courier)		Sex Male	Age 43	Date of Birth 12/02/1977	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 24/11/2019 13:30 - 24/11/2019 13:35		Location Of Incident 883 WOODLANDS STREET 82 #0-0 WOODLANDS NORTH PLAZA SINGAPORE 730883			

Brief details.

I, Asni Abdullah c/o of Adrianna Transport & Logistic Services, leased vehicle (GBJ7357Z) from SSL Limousine Pte Ltd. My contract driver Muhammad Faisal Bin Hashim (S8701754J) started work as driver on 21st November 2019. He produced his driving licence a copy of police report as attached. We received a lawyer letter from Advance Law LLC that vehicle (GBJ7357Z) was involved in a accident. The Traffic Police called to informed me that Muhammad Faisal Bin Hashim (S8701754J) was caught in

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 17:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20200318/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200318/7035

a police roadblock as he did not have a valid driving licence. I dropby to Traffic Police HQ on 10th March to have my statement taken by TP IO Francis (DID65476229)

I am filing this report for insurance and record keeping. I was not not aware that his driving licence is a fake

Subjects Involved			
Victim			
Person Name	ASNI BIN ABDULLAH		
ID Type	NRIC NO	ID No	S7710051B
Gender	Male	Age	43
Race	Malay	Language	English
Occupation	Working proprietor (transport, storage and courier)		Address Type
Address	APT BLK 2 JALAN KUKOH #04-147 SINGAPORE 163002		Mobile No
Is Informant A Victim?	Yes		
Person Name			
ASNI BIN ABDULLAH (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 17:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCV SN1929991900

Engine No : 1GD9413888

Chassis No: GDM2011023568

**1. Index Mark and Registration
Number of Vehicle**

GBJ73572

2. Name of Policy Holder

SSL LINGOSINE PTE LTD

**3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment**

24 JULY 2019

(09:32 HOURS)

4. Date of Expiry of Insurance

23 JULY 2020

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION OR TO WHOM THE VEHICLE IS HIRED.

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 REGARD FROM DRIVING THE MOTOR VEHICLE. AND PROVIDED FURTHER THAT THE MOTOR VEHICLE IS REGISTERED UNDER THE ROAD TRAFFIC ACT AND ITS REGISTRATION UNDER THE ROAD TRAFFIC ACT HAS NOT BEEN CANCELLED AT THE TIME OF THE ACCIDENT LOSS OR DAMAGE.

6. Limitations as to use: *

- (1) USE FOR RACING, RACE-MARKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN THE VEHICLE) OF ANYONE UTILISED MECHANICALLY PROPELLED VEHICLE.
- (3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR DEMAND BY ANY PERSON TO WHOM THE VEHICLE IS HIRED.

HIRE PURCHASE CO. : SINGAPORE FINANCE LTD AS IF OWNED

* Limitations rendered operative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory