

NATIONAL Assessment Centre Services.

Just a Jiffy

2000 74965

Date In: 31/08/2020 17:32	Job description	Date & Time Completed	Done by
Ref No: N/A 2000 923414	SAS e-filing		
Veh No: GBE 6097B	E-mail (Update this, AIC this)		
D.O.A: 27/08/2020 10:00	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD this, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Yeh	Fast
TP Endiculation: Vch No: SEG 711P	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 repair.

() 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: ()

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	9) NI: DV / Collect Excess Coordination	\$3
	10) NI: DV / Collect Excess Coordination	\$10
	11) NI: DV / Collect Excess Coordination	\$25
	12) NI: DV / Collect Excess Coordination	\$3
	13) NI: DV / Collect Excess Coordination	\$30
	14) NI: DV / Collect Excess Coordination	\$30
	15) NI: DV / Collect Excess Coordination	\$30
	16) NI: DV / Collect Excess Coordination	\$30
	17) NI: DV / Collect Excess Coordination	\$30
	18) NI: DV / Collect Excess Coordination	\$30
	19) NI: DV / Collect Excess Coordination	\$30
	20) NI: DV / Collect Excess Coordination	\$30

Invoice dated

Fee Charged

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	31/08/2020 17:32
Date Of Accident	27/08/2020 10:00
Exact Location Of Accident	SENGKANG EAST DRIVE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6097B
Insured/Policyholder	
Name Of Registered Owner	HORME HARDWARE PTE LTD
Co Reg No	2XXXXX640D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98668318
Alternative Phone No	OFFICE-98668318

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	2100496728-03
Cover Note Number	

Driver

Name of Driver	MOHAMMED SIFLI BIN SALIM
NRIC No	SXXXXX631H
Date Of Birth	16/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98668318
Fax Number	
Contact Number	OTHERS-98668318
Email Address	NOEMAIL

Address	BLK 316B YISHUN AVENUE 9 #04-230
Postcode	762316
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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/20200827/2110 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG711P
Vehicle Make/Model/Colour	SKODA OCTAVIA
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

MOHAMMED SIFLI BIN SALIM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBF6097B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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 Authorized 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 rescind 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:

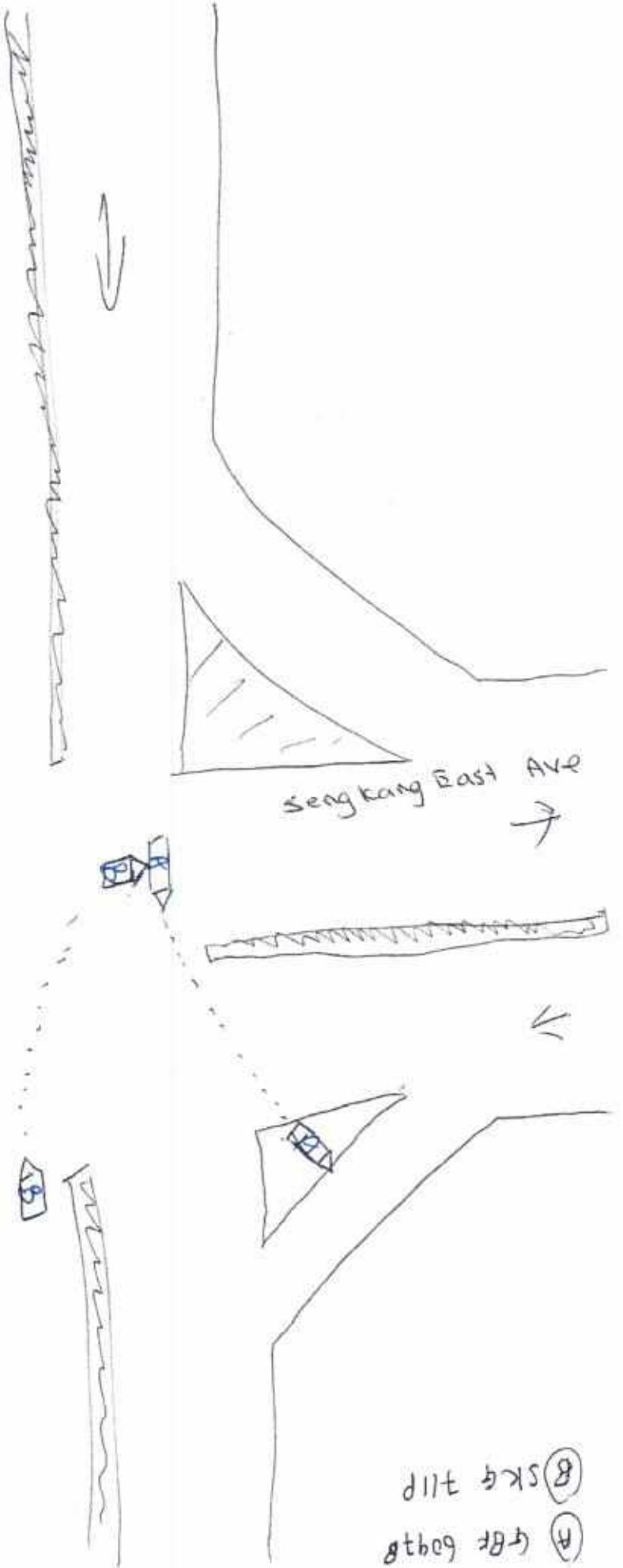
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

3/10/2020
Kell, Winton

(A) 487 60478
(B) 5K4 711P

Sengkang East Dr toward Panggol. ←

and 31/08/2020
Kosli, Mithan



SKETCH PLAN

As per sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT.

AS per Police Report T/20200827/2100

DECLARATION

✓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
Munira
NRIC/IN No.:

Date of Accident : 27/08/20 Accident Time: 10.00 (24-HR-FORMAT)
Accident Place : Sengkang East Drive towards Punggol
Vehicle Reg. No (Car plate No.) : GBF 6097B
Vehicle Make/Model : Toyota Dyna 1500 2 ton lorry
Insurance Company : AIG Policy No. 2100446728-03
Owner or Company Names /IC NO: Home Hardware Pte Ltd / 2012 266400
Owner or Company Contact No. : _____ Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : mohammed siffi bin salim
DRIVER'S Date of Birth : 16/12/1978 DRIVER'S License Pass Date 09 dec 2013
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 811K 316B Yishun Ave 9 #04-230 (S) 762316
DRIVER'S Contact No./ Alt No. : 1) 98668318 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) driver
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 01
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: <u>SKG 711P</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>SKODA OCTAVIA</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



T/20200827/2110

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

1 of 3

Report No. T/20200827/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 18:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED SIFLI BIN SALIM			Address: APT BLK 316B YISHUN AVENUE 9 #04-230 YISHUN GREENWALK SINGAPORE 762316		
ID Type / ID No.: NRIC NO / S7839631H			Contact No.: Home/Office: Mobile: 98668318		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 16/12/1978	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 27/08/2020 10:00	Type of Location: T-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6097B	Lorry	TOYOTA	DYNA 150 5MT			0
	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20200827/2110

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

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Report No. T/20200827/2110

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED SIFLI BIN SALIM	ID No.	S7839631H
Related Vehicle	GBF6097B (Lorry)	Contact No.	98668318
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2020	Date Discharge	27/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	Contact No.	NIL
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 27/08/2020 AT ABOUT 1000HRS, I WAS TRAVELLING ALONG SENGKANG EAST DRIVE. UPON APPROACHING THE JUNCTION OF SENGKANG EAST DRIVE AND SENGKANG EAST WAY, THE TRAFFIC LIGHT SHOWN GREEN. OUT OF A SUDDEN, THERE WAS A CAR TRAVELLING FROM OPPOSITE SIDE OF THE TRAFFIC FLOW TURN RIGHT INTO SENGKANG EAST WAY COLLIDED ONTO THE DRIVER SIDE OF MY LORRY WHEN I DROVE BY THE JUNCTION. MY LORRY THEN HIT THE SIGNBOARD LOCATED AT THE SIDE ROAD AFTER THE IMPACT.

AFTER THE COLLISION, SOME OF THE ROAD USERS GAVE ASSISTANCE TO ME. ONE OF THEM CALLED BOTH POLICE AND AMBULANCE. I, TOGETHER WITH THE OTHER PARTY, WAS CONVEYED TO SENGKANG GENERAL HOSPITAL. AFTER DIAGNOSED BY THE DOCTOR, I INJURED MY RIGHT HAND AND RIGHT SIDE OF MY BODY. I WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

THERE WAS NO MECHANICAL FAULTS IN MY LORRY BEFORE THE ACCIDENT HAPPENED. THERE WAS AN IN-CAR CAMERA INSTALLED IN MY LORRY. THAT'S ALL.

IO IN CHARGE: IO MD NOOR



**SINGAPORE
POLICE FORCE**



T/20200827/2110

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

3 of 3

Report No. T/20200827/2110

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSIAN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/08/2020 18:42

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

IO, Mabel Neehan
Ext: 6547 6261

Ref: Report No: F/20200827/0069

I, SGT Radin
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Micro SD memory card (16GB, Sandisk Ultra, White Series)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Kusuman Kuppusamy, G22946630
(Name, NRIC or Passport No. / Rank and No.)

of PN Logistics Pte Ltd / 194 Pandan Loop #105-15 S (12383)
(Address / Police Station / NPC / NPP)

on 27/08/2020 at 1045 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

Kusuman Kuppusamy
(Signature)

SGT Radin
(Signature)

Kusuman Kuppusamy, G22946630
(Name, NRIC or Passport No. / Rank and No.)

SGT Radin
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: HP: 9065 6785



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Home Hardware Pte Ltd
Period of Insurance : 05 Jan 2020 To 05 Jan 2021
Engine No. : 1KD2675884
Chassis No. : JTFAT35Y50K207359

Vehicle No. : GBF6097B
Policy No. : 2100496728-03
Endorsement No. :
Issued Date : 30 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]
Engine Capacity/Tonnage : 2 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$2000 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 5200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0300522000

MULTI-LINES AGENCIES

AIG BUILDING 78 SHENTON WAY #07-18

SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Prepared by: Tan