

NATIONAL Assessment Centre Services. [ver 1 Jan 03] SN 09211F000B

Date In: 15/11/21 14:29	Job description	Date & Time Completed	Done by
Ref No NA/AIG 2100074144	SAS e-illing		
Veh No GBH 560LS	E-mail (within 3hrs, AIC 2hrs)		
DDA 12/11/21 13:40	I-Motor Claim Form		
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: GBE 90152	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 repoler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC) (Non-INC) ()	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: ()	

NA2101123	Invoice Description	Amount
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wa 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + EMRT Survey	\$160	
8) NTUC Additional Services:-		
QD:		
*NS: Courtesy Car / Tpl Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NJ: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$5	
TP (NI): TP (Non INC) against INC	\$20	
9) NI: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice date	Fee Charged	

Signature: ()

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 Submission	15/01/2021 14:29 (SGT)
Date of Accident	12/01/2021 13:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5601S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHI FU GE PTE LTD
Company Reg No	-
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(Phone) +65-98888885
Alternative Phone No	+65-98888885

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070029795
Cover Note Number	-

DRIVER

Name of Driver	MUHAMAD ISZAHAR BIN HAMID
NRIC No	SXXXX044H
Date Of Birth	04/12/1993
Occupation	Outdoor

Date Of Driving Pass	27/06/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85353044
Alt. Phone Number	-
Email Address	ADMIN@MYCAR.SG
Address	BLK 223A SUMANG LANE #03-171
Address complement	-
Postcode	821223
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR
Gender	Female

PASSENGER 2

Name	NUR AIN BINTE SAMDANI
Gender	Female

PASSENGER 3

Name	NUR IZARA ALYSHA BINTE MUHAMMAD ISZAHAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210114/2052

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 GBE9015Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD8575A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMAD ISZAHAR BIN HAMID
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? -
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person NUR AIN BINTE SAMDANI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBH5601S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

Vehicle A:
3BH56015
Vehicle B:
GBE90152
Vehicle C:
XD8575A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/20210114/2052

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.:



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 13:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD ISZAHAR BIN HAMID		Address: APT BLK 223A SUMANG LANE #03-171 SINGAPORE 821223	
ID Type / ID No.: NRIC NO / S9346044H		Contact No.: Home/Office: Mobile: 85353044	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 04/12/1993	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: No	Date/Time of Accident: 12/01/2021 13:40	Type of Location: Straight Road
Location: KEPPEL ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5601S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR		Seriously Damaged	3

Details of Person Involved

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



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20210114/2052

CONTINUATION OF REPORT

Passenger			
Name	NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR		ID No. T1823277J
Related Vehicle	GBH5601S (Van)		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
Driver			
Name	MUHAMMAD ISZAHAR BIN HAMID		ID No. S9346044H
Related Vehicle	GBH5601S (Van)		Contact No. 85353044
Hospital/Clinic	NTFGH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	NUR AIN BINTE SAMDANI		ID No. S9317205A
Related Vehicle	GBH5601S (Van)		Contact No. NIL
Hospital/Clinic	NTFGH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	NUR IZARA ALYSHA BINTE MUHAMMAD ISZAHAR		ID No. T17200401
Related Vehicle	GBH5601S (Van)		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



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20210114/2052

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,

I WAS TRAVELLING ALONG AYE TOWARDS TUAS NEAR AHMAD IBRAHIM ROAD. I SAW THE TRUCK INFRONT OF ME COMING TO A COMPLETE STOP. I WAS GRADUALLY SLOWING DOWN BEHIND THE TRUCK AND CAME TO A COMPLETE STOP AS WELL. WHEN THE TRAFFIC FLOW STARTED TO MOVE AGAIN, I ALSO SWITCHED TO GEAR TWO TO GET READY TO MOVE OFF. WHEN I CHECK MY REARVIEW MIRROR FOR THE FIRST TIME, I DIDN'T SEE ANY ONCOMING VEHICLES. AFTER A FEW SECONDS LATER, RIGHT AS I WANTED TO MOVE OFF, A VAN SUDDENLY DASHED TOWARDS MY VEHICLE AND COLLIDED INTO ME FROM BEHIND. AS A RESULT, MY ENTIRE VEHICLE JERKED FORWARD AND ENDED UP COLLIDING WITH THE TRUCK INFRONT OF ME. I WAS STUCK MOMENTARILY IN BETWEEN BOTH VEHICLES. WHEN THE POLICE AND AMBULANCE ARRIVED, MY WIFE AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL. AFTER I WAS DISCHARGED FROM THE HOSPITAL, MY WIFE AND I WENT TO A PRIVATE CLINIC FOR A CHECK-UP THE NEXT DAY AS WE FELT THE PAIN AGAIN. THAT'S ALL.

IO IN-CHARGE: SUFIAN

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

T/20210114/2052

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Report No. T/20210114/2052

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 /
SC MUHAMMAD SYAFIQ BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN
Contact No.: 65476090

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/01/2021 13:25

Classification Of Case:

 SINGAPORE
POLICE FORCE
Signature: 



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : SHI FU GE PTE. LTD.
Period of Insurance : 26 Feb 2020 To 11 Jun 2021
Engine No. : YD25424200A
Chassis No. : JN1MC2E26Z0008787

Vehicle No. : GBH5601S
Policy No. : 2070029795
Endorsement No. : 000000000367420
Issued Date : 18 Nov 2020

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN
Engine Capacity/Tonnage : 1.5 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

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 8 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 - \$800 Theft - \$0 Flood Cover - \$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 6338 6200. 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: Hitachi Capital Asia Pacific Pte. Ltd.

I/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).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE

SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Goh

Date of Accident : 12-01-2021 Accident Time: 1340Hrs (24-HR-Format)
Accident Place : AYE twds Tuas Lamp post 85
Vehicle Reg. No. (Car Plate No.) : GBH5601S
Vehicle Make/Model : Toyota ~~Hiace~~ NISSAN NV350
Insurance Company : AIG Policy No. _____
Owner or Company Name /IC No. : Shi Fuge Pte Ltd
Owner or Company Contact No. : 9888 8885 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhamad Iszahr Bin Hamid
DRIVER'S Date Of Birth : 04-12-1993 DRIVER'S License Pass Date 27-06-2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 223A Sumang Lane #03-171 S 821-223
DRIVER'S Contact No. / Alt No. : 1) 8535 3044 2) 8918 4478
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
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): 04 - 3 Female passengers. Wife & 2 Daughters
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 Particular (if any)

Vehicle Reg. No: GBE9015Z
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: XD 8575A
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____