

# VALLEY 17 ASSESSMENT CENTRE SERVICES

SM0822380005

Date: 28/03/2022 16:13	Vehicle Description: SAS e-filing
Ref No: NBA/A1422002828/Y	E-mail (within 24 hrs):
Veh No: SMC 1906K	i-Motor Claim Form
Doc: 24/03/2022 16:30	i-Motor W/O (within 24 hrs):
TP Reporting Unit	i-Photo Uploaded
TP Insurer	Assessment/Survey Report
	Ass't Report by Fax / Hand to Owner/Whse

Preferred Wkap / INC Assign Wkap / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FALCON TRUCK	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%, F: 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 or 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 :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: 1st DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1C:		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Coordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$4		
	• LP (N11): TP (N5 + INC) against INC \$20		
	9) N12: 1st Mile \$10		
	Invoice dated		
	2nd Bill 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 Submission	28/03/2022 16:13 (SGT)
Date of Accident	24/03/2022 16:30 (SGT)
Exact Location of Accident	1 Stadium Dr, Singapore 397629
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1906K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RASDEEN BIN MOHAMED ALI
NRIC No	SXXXX139H
Email Address	razsurfer67@hotmail.com
Mobile Phone No	(Phone) +65-93370400
Alternative Phone No	+65-93370400

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	Private car
Transmission	Auto
CC	1995

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800074181-03
Cover Note Number	-

### DRIVER

Name of Driver	RASDEEN BIN MOHAMED ALI
NRIC No	SXXXX139H



Date Of Birth	23/02/1967
Occupation	Indoor
Date Of Driving Pass	13/08/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93370400
Alt. Phone Number	+65-93370400
Email Address	razsurfer67@hotmail.com
Address	BLK 248 PASIR RIS STREET 21 #07-159
Address complement	-
Postcode	510248
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN POLICE REPORT G/20220325/7061

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FALLEN TREE
Details of property damaged in accident	PUBLIC LIABILITY
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

### 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

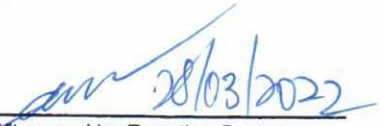
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

  
28/03/2022

### Sketch Plan



F: SMC1906K.

||||| : TREE.



**Describe Circumstances of the Accident**

ON THE STATED DATE AND TIME, I PARKED AND LEFT MY VEHICLE.

THE PASSERBYs WERE INFORMING ME THAT A TREE FELL ONTO MY VEHICLE.

I WENT BACK TO MY VEHICLE AND SAW THE SAID TREE ON TOP OF MY VEHICLE.

POLICE REPORT 4/20220325/7061


**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

 28/03/2022  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



G/20220325/7061

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20220325/7061

Date/Time Report Made 25/03/2022 16:22	Vide Report No.	Station Diary No.
Name Of Informant RASDEEN BIN MOHAMED ALI	Address 248 PASIR RIS STREET 21 #07-159 SINGAPORE 510248	
ID Type / ID No. NRIC NO / S1829139H	Contact No. Home/Office: Mobile: 93370400	
Nationality SINGAPORE CITIZEN	Email Address RASDEEN@ACSINDEP.EDU.SG	
Occupation Teachers' aide	Sex Male	Age 55
Institution/School Name	Date of Birth 23/02/1967	Race Indian
Date/Time Of Incident 24/03/2022 17:00 - 24/03/2022 22:00	Location Of Incident 1500 EAST COAST PARKWAY NATIONAL SAILING CENTRE SINGAPORE 468963	

**Brief details.**

At 4.30pm, a heavy storm hit the National Sailing Centre. My car was parked at the designated carpark. I was in the shelter. The strong winds uprooted the tree nearby and crashed onto the roof of my car. There was nobody else around the carpark and my car was the only one that was damaged. Nparks was called when the storm passed. They had to cut the tree in pieces to remove it away from the car. An Npark officer was onsite and a qualified arborist did mention to the Sailing Ctr that the trees were in bad condition. A crane was required to move the bigger tree trunks. All was cleared by 2200hrs. The extend

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: 25/03/2022 16:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20220325/7061

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220325/7061

of the damage caused the roof of the car to collapse, rear windscreen shattered, suspension was compromised, alignment was also compromised. Car was left there to be towed next day. It was unsafe to drive the vehicle. There were many witnesses from the sailing Centre to the fallen tree episode. I wish to claim public liability from National Sailing Centre's insurers and any other claims related to the incident of no fault of my own.

Subjects Involved			
Victim			
Person Name	RASDEEN BIN MOHAMED ALI		
ID Type	NRIC NO	ID No	S1829139H
Gender	Male	Age	55
Race	Indian	Language	English
Occupation	Teachers' aide	Address	248 PASIR RIS STREET 21 #07-159 SINGAPORE 510248
Mobile No	93370400	Is Informant A Victim?	Yes
Person Name	RASDEEN BIN MOHAMED ALI (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: 25/03/2022 16:22
Officer In-Charge Of Case:	Classification Of Case:



VEHICLE NO: SMC1906K.

MAKE &amp; MODEL : SUBARU FORESTER.

AUTO / MANUAL

DATE OF ACCIDENT	24 / 03 / 22.	C.C.
TIME OF ACCIDENT	1630	AM / PM.
LOCATION OF ACCIDENT	NATIONAL STADIUM CENTRE	CARLIARIC
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	PARKED.
NAME OF OWNER	PASDEEN BIN MOHAMMED ALI.	
EMAIL	PAZSURFER67@HOTMAIL.COM	Office: MOBILE: 93370400.
NRIC	S1829139H.	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	AIG.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	180007418103	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	"	
DATE OF BIRTH	23 / 02 / 67.	
ANY PASSENGER	YES / <u>NO</u> : NOBODY INSIDE.	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	13 / 08 / 87.	
GENDER	Male / Female	
CONTACT NO.	Mobile: -	Office: Home:
EMAIL	-	
ADDRESS	248 PASIR RIS ST 21 #07-159 SC510248).	
DOES DRIVER OWN OTHER VEHICLES?	NO. / If yes: Reg No.	INSURER: -
RELATIONSHIP	Employee / If No: SELF.	
WEATHER CONDITION	<u>Clear</u> / <u>Raining</u> / Other:	
ROAD SURFACE	<u>Dry</u> / <u>Wet</u> / Other:	
ANY INJURIES	<u>NO</u> / <u>YES</u> : Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	PUBLIC LIABILITY	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		





# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Rasdeen Bin Mohamed Ali  
Period of Insurance : 27 Jun 2021 To 26 Jun 2022  
Engine No. : FB20YD95724  
Chassis No. : JF1SJ5KC5JG110658

Vehicle No. : SMC1906K  
Policy No. : 1800074181-03  
Endorsement No. :  
Issued Date : 16 May 2021

### ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L

Engine Capacity/Tonnage : 1,995.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

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.

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2018  
Insuring with COE/PAFF : Yes

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* 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 - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Rasdeen Bin Mohamed Ali - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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](http://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: MayBank

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).

0500619234

TAN CHONG CREDIT SUBARU-GCW

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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