

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 19/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/AIG/17024037/13	SAS e-filing		
Veh No: 5JD5902	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12/17 1230	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: (ZERO GRAVITY Tel: Fax:)

TP Particulars: Veh No: SKC58294 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 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

NA/1707812

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);			
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:-			
OD*			
*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 ability.
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 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	19/12/2017 15:38
Date Of Accident	19/12/2017 12:30
Exact Location Of Accident	PARKWAY SHOPPING CENTRE EXITING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD590Z
Insured/Policyholder	
Name Of Registered Owner	D'ARANJO JOSEPH IRVING LINDSAY
NRIC No	S1366048D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96361755
Alternative Phone No	OTHERS-96361755

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100067282-09000
Cover Note Number	

Driver

Name of Driver	D'ARANJO JOSEPH IRVING LINDSAY
NRIC No	S1366048D
Date Of Birth	23/10/1959
Occupation	INDOOR
Date Of Driving Pass	05/03/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96361755
Fax Number	
Contact Number	OTHERS-96361755
Email Address	NOEMAIL

Address 49 YARROW GARDENS
 Postcode 455042
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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 INSIDE CARPARK
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TOT HE ATTACHED STATEMENT.

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 SKC5829Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

IMPORTANT NOTICE

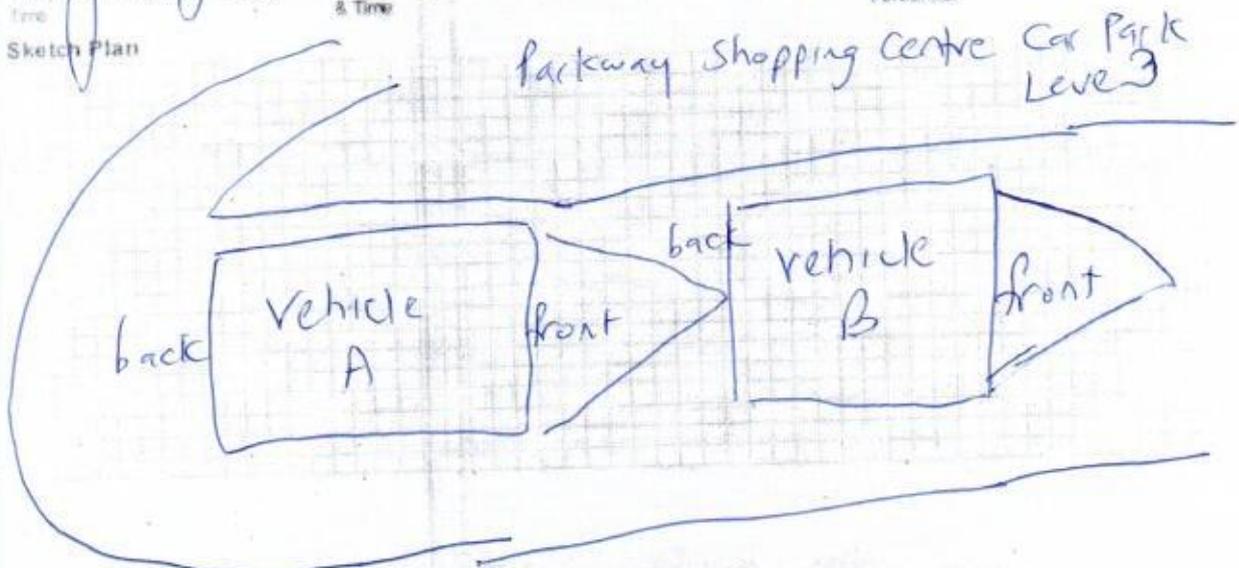
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 disclosed 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 tang 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.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 19/12/17
Witnessed by Reporting Centre Personnel

Sketch Plan



A - SJD590Z
B - SKL5829Y

Describe Circumstances of the Accident

I was coming out of Parkway Shopping Centre car park. The car SKC 5829Y was in front of me. The car slowed down but I was too slow to stop and I banged into it at the rear. My car is vehicle A - SJD 590Z.

Vehicle A = SJD 590Z

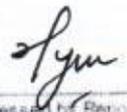
Vehicle B = SKC 5829Y

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

 19/12/17
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 19 Dec 2011 Time 12.30 Hrs *estimated*
 Exact Location Of Accident * Parkway Stopping Centre exiting car park

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * S1D 590 2

Insured / Policyholder

Name of Registered Owner * Joseph Daranjo
 NRIC/FIN/Passport Number * S13 66048D

Vehicle Particulars

Manufacturer Toyota
 Model AXIO 1.5

Exact Purpose for which vehicle was being used at time of accident * Private use Commercial use Hire & reward
 Others - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes No Others
 If No, please state action to be taken * Third Party Claim Reporting Only
 Vehicle Category * Private Commercial Motorcycle

Insurance Company

Name of Insurance Company * AIG
 Type of Coverage *
 Fleet Policy Yes No
 Policy Number * 2100067282 - 09000
 Cover Note Number *

Driver

Name of Driver * Joseph Daranjo
 NRIC/FIN/Passport Number * S13 66048D
 Date of Birth * 23-10-59
 Occupation * Director
 Date of Driving Pass * 5 Mar 1979
 Gender * Male Female
 Mobile Number * 96361755
 Address * 49 Yarrow Gardens (455042)

Email Address
 Was driver an employee of the insured's Company? * Yes No
 If no, Relationship of the Driver with the Insured * N.A

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

SJD 590 L
SJD 590 2

General information of the Accident

Type of Accident * Hit rear bumper
Weather Conditions * Clear Raining Others inside car park
Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name *
Address *
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes No
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SKC 5829 Y
Vehicle Make / Model / Colour
Detail Of Properties
Name of Driver *
NRIC/Passport Number
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

Details Of Witness

Name
Phone Number
Email Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1366048D



Name

D'ARANJO JOSEPH IRVING
LINDSAY

Race

EURASIAN

Date of birth

23-10-1959

Country/Place of birth

SINGAPORE

Sex

M



5427752



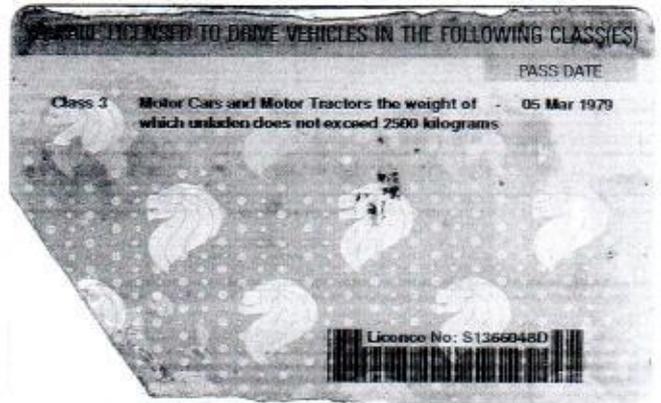
NRIC No. S1366048D



Date of issue
26-02-2015

Address

49 YARROW GARDENS
SINGAPORE 455042





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, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS	OWN DAMAGE EXCESS S\$500.00 (1)
CERTIFICATE NO. 2100067282-09000	WINDSCREEN EXCESS S\$100.00 <small>(for policies with effect from 1st November 2002)</small>
	SUM INSURED Market Value
	INSURING WITH COE/PARF Yes
1) VEHICLE REGISTRATION NO.	SJD590Z
2) NAME OF INSURED	D'aranjo Joseph Irving Lindsay
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	10 Mar 2017
4) DATE OF EXPIRY OF INSURANCE	9 Mar 2018
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition	
a) The Insured. b) Any other person who is driving on the Insured's order or with his permission. This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 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 *	
Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop. APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS) 1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 3. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501) 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)	
LOSS OF USE	Loss of Use 10 Days (1600cc) - Refer to policy wordings for details
NAMED DRIVER	NA
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN	UNITED OVERSEAS BANK LTD
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (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, 1987 (Malaysia).

Issued At Singapore 7 Feb 2017

AIG Asia Pacific Insurance Pte. Ltd.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCSYK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6048D
Vehicle Details	
Vehicle No.:	SJD590Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	26 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X A
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	1NZC937869
Chassis No.:	NZE1416070645
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$11,781.00
Original Registration Date:	10 Mar 2008
First Registration Date:	10 Mar 2008
Transfer Count:	0
Actual ARF Paid:	\$11,781.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Mar 2018