

NATIONAL Assessment Centre Services. (part 1 of 2) NA18018029657

Date In: <u>02/03/2018</u> <u>14:11</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA18018029657</u>	SAS e-tiling		
Veh No: <u>SLM 867E</u>	E-inoll (within 3hrs, A/C 3hrs)		
D.O.A: <u>02/03/2018</u> <u>11:20</u>	E-Motor Claim Form		
OD: <u>TP1</u>	E-Motor W/O (within 3hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VWHP		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: <u>AY 19145</u>	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-In Customer: Customer's information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Removals: <u>INC 6788 0016</u>	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: _____

Date/Time: _____

Actions: _____

<u>NA1801373</u>	Invoice Preparation Checklist	Amount	Amount
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$40	
Assigned Portion:	4) FT: Follow-Through Survey	\$150	
	5) FT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$15	
	7) NI: (DA + SMRT) Survey	\$160	
	8) NTUC Additional Services		
	9) NI: (DA + SMRT) Survey	\$160	
	10) NI: (DA + SMRT) Survey	\$160	
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	100) NI: (DA + SMRT) Survey	\$160	

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 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 02/03/2018 14:11
 Date Of Accident 02/03/2018 11:20
 Exact Location Of Accident ALONG TANJONG KATONG ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM867E
Insured/Policyholder
 Name Of Registered Owner AHMED MAMDOUH MOHAMED IBRAHIM ELMASRY
 Passport No/FIN G6304372P
 Email Address AHMED.MASRY@HOTMAIL.COM
 Mobile Phone No (LOCAL) +65-97380027
 Alternative Phone No OFFICE-97380027

Vehicle Particulars

Manufacturer AUDI
 Model R8-4.2 QUATTRO (A)
 Exact Purpose for which vehicle was being used at time of accident DRIVING TO WORK
 Are you claiming under your own insurance policy for repair to your vehicle? YES
 If No, Please state action to be taken
 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 1700045955
 Cover Note Number

Driver

Name of Driver AHMED MAMDOUH MOHAMED IBRAHIM ELMASRY
 Passport No/FIN G6304372P
 Date Of Birth 01/11/1981
 Occupation INDOOR
 Date Of Driving Pass 21/01/2011
 Driving Experience 7 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-97380027
 Fax Number
 Contact Number OFFICE-97380027
 EMail Address AHMED.MASRY@HOTMAIL.COM

Address	57 MEYER ROAD #21-09 THE CCAFRONT ON MEYER
Postcode	437878
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	GY1914S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MERVIN
NRIC/Passport Number	
Contact Number	86926371
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

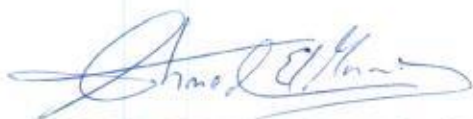
SKETCH PLAN

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**.
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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 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:

2/3/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

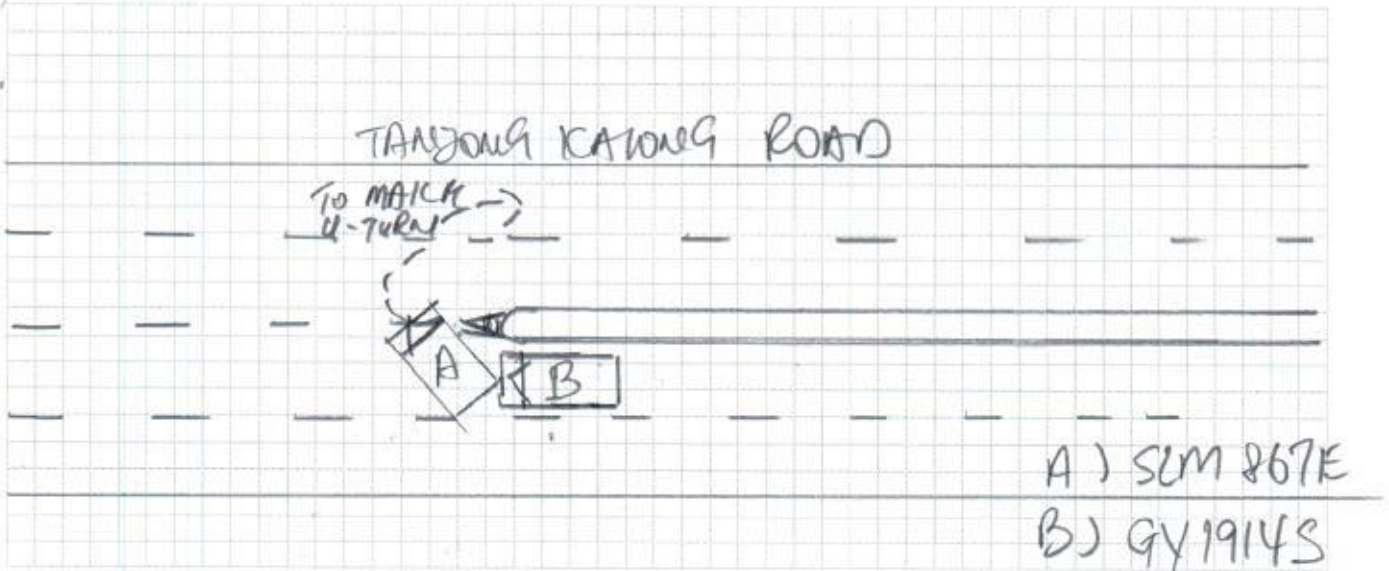


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE : 2/3/2018
TIME : 11:20 AM

was driving along Tanjong Katong Road and was trying to make a U-turn (right signal on) and as I was turning I got hit by another car on the rear right side of the vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

2/3/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

ans 02/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 2 / 3 / 2018 (DD/MM/YYYY), TIME: 11 : 20 (HH:MM)

LOCATION: TANJONG KATONG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 8676
 b) INSURANCE COMPANY: AIU
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: AUDI RS5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) _____
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) _____

2. INSURED / POLICY HOLDER

- a) NAME: AHMED MAMDOUH MUHAMMAD IBRAHEM (MALE / FEMALE) CLARIFY
 b) NRIC/FIN/PASSPORT: C6304378P CONTACT: 97380087
 c) ADDRESS: 57 MEYER ROAD, THE SCARF ON MEYER
UNIT 2109, 437878

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (Including driver)
(1)

- DRIVER AS ABOVE
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 1 / 11 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21 JAN 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) Owner
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) _____

7. a) REPORTED TO POLICE (YES/NO) _____

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
 (Including driver)
()

- a) VEHICLE NUMBER: G Y 1914 S MODEL: TOYOTA
 b) DRIVER'S NAME: MERVIN CONTACT: 86926371
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

* No of passenger
 (Including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

Email: ahmed.masry@hotmail.com

Fax: _____
 V1060

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SIMPSON SPENCE YOUNG



Name
AHMED MAMDOUH MOHAMED IBRAHIM ELMASRY
Occupation
SHIP BROKER

FIN
G6304372P

Date of Application
18-05-2016
Date of Issue
19-08-2016
Date of Expiry
13-10-2019



L7126857

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G6304372P**
Name
AHMED MAMDOUH MOHAMED IBRAHIM ELMASRY

Birth Date: **01 Nov 1981**
Issue Date: **19 Jan 2016**
Valid Till: **20/01/2021**

002520187C



VISIT PASS
Immigration Regulations

Name
AHMED MAMDOUH MOHAMED IBRAHIM ELMASRY



Date of Birth **01-11-1981** Sex **M** Nationality **EGYPTIAN**
FIN **G6304372P** Date of Issue **19-08-2016** Date of Expiry **13-10-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 21 Jan 2011

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ahmad Mamdouh Mohamed Ibrahim Elmasry
Period of Insurance : 28 Aug 2017 To 27 Aug 2018
Engine No. : CFS004526
Chassis No. : WUAZZZ0T5BA903082

Vehicle No. : SLM867E
Policy No. : 1700045955
Endorsement No. :
Issued Date : 28 Aug 2017

ABOUT THE COVER

Make/Model : AUDI RS 5 4.2 FSI
Engine Capacity/Tonnage : 4,163.00 CC
Driver Restriction : Named Driver Basis

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2011
Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive*

- a) The Policyholder
- b) Any person who is named as a "named driver" under this Policy

Age Condition : Not Applicable

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 Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$8000 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ahmad Mamdouh Mohamed Ibrahim Elmasry - \$8000 (Own Damage)

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

Approved Reporting Centres/AIG 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 6738 6200. Alternatively, You may refer to AIG website www.aig.com.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

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. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0600064600

DIRECT CLIENTS 014 95
AIG BUILDING 78 SHENTON WAY #07-16
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE