

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA118 630972

Date In: 5/7/18-16:25	Job description	Date & Time Completed	Done by
Ref No: NA/A191800P218/24	SAS e-filing		
Veh No: 8LK3006P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 3/3/18-19:45	i-Motor Claim Form		
OD : <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PBE 2946H	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 ()	

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

NA1801413	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
	*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 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 2 / 3:			

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 05/03/2018 16:25
 Date Of Accident 03/03/2018 19:45
 Exact Location Of Accident SLIP RD PIE (CHANGI) TWDS UPPER CHANGI RD EAST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK3006P
Insured/Policyholder
 Name Of Registered Owner ADZHAR BIN HAIRIS
 NRIC No S1677989Z
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90046405
 Alternative Phone No OFFICE-90046405

Vehicle Particulars

Manufacturer KIA
 Model FORTE K3 1.6A
 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 THIRD PARTY
 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 2100496920-01
 Cover Note Number

Driver

Name of Driver ADZHAR BIN HAIRIS
 NRIC No S1677989Z
 Date Of Birth 25/09/1964
 Occupation INDOOR
 Date Of Driving Pass 23/12/1998
 Driving Experience 19 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90046405
 Fax Number
 Contact Number OFFICE-90046405
 Email Address NOEMAIL

Address	BLK 534 BEDOK NORTH STREET 3 #06-850
Postcode	460534
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	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?	
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)	3
Passenger 1	NAME: : NUR AZURAH SAHHARI GENDER: : FEMALE
Passenger 2	NAME: : DHIA ALEESA ADZHAR GENDER: : FEMALE

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

REFER TO 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	FBE2946H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TOH LAY HEONG
NRIC/Passport Number	S1592114E
Contact Number	96745290
Address	BLK 727 PASIR RIS STREET 21 #08-482
Postcode	78209

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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. 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: 5/3/2018

12:30pm

Driver's Signature

(If driver is not the policyholder)

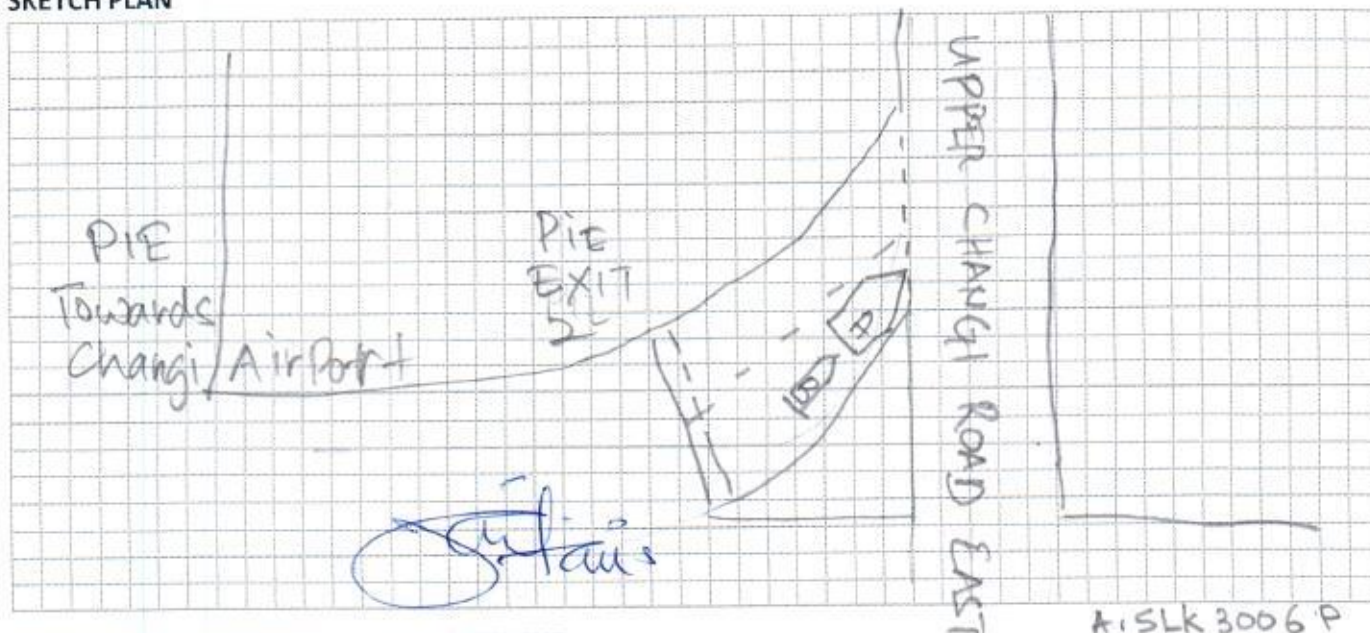
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. SLK 3006 P
D. FBE 2946H

As per attached.

DECLARATION

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

S. Tan
Policyholder's Signature

Date & Time: 5/3/2018
12:30pm

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

[Signature]
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident on 3rd Mar 2018

When: 3rd Mar 2018 at around 7:45pm

Where: Exit 2 from PIE towards Changi Airport

Who: Toh Lay Heong, S1592114E, Vehicle no: FBE2946H, Certificate no: 5047476705-07, NTUC Income. Contact no: 96745290

I was travelling along PIE towards Changi airport at around 7:45pm on the 3rd Mar 2018 with my wife and daughter. I took exit 2 and stopped my car at the merging junction of Upper Changi Road East for incoming cars to clear when a motorbike ride by Toh Lay Heong crashed onto my car from the rear. I exited my car and found Toh lay Heong was trapped under her fallen bike. I help to raise her bike and free her. She was able to stand up without any physical injury. I assess my car and found my right side rear bumper was damaged by the accident. We both took photo of the damaged and exchange particulars. Toh Lay Heong agreed that I make the claim through her insurance arising from this accident instead of a private settlement offered by Toh Lay Heong.

ACCIDENT STATEMENT (Part 1)

WHATAPP

VIDEO

Accident Date/Time & Location

Date of Accident : 03/03/2018
 Time of Accident : 07:45 AM (P)
 Exact Location of Accident : Junction of PIE Exit 2 a
 Upper Changi RD East.

Country / State of Loss :

Details of own vehicle

Vehicle Registration Number :

SLK3006P

Insured / Policy Holder (own vehicle)

Name of the Registered Owner
 (See Insurance Certificate) :

ADZHAR BIN HAIRIS

NRIC (Singaporean /PR) :

S1677989Z

Fin / Passport Number :

-

Company Reg No :

-

Email Address :

Adzhar.Hairis@Futureelectronics.com

Mobile Phone no. :

90046405

Alternate Phone no. :

-

Vehicle Particulars (Own vehicle) (A)

Manufacturer :

KIA

Model :

FORTA K3 1.6A

Exact Purpose for which vehicle was being used
 at time of accident :

Private Use / Commercial Use / Hire & Reward /
 Parked

Are you claiming under your own insurance
 policy for repair to your vehicle ? :

Yes / No
 :If No Please Indicate Intention : 3rd Party /
 Reporting Only

Vehicle Category :

Private / Commercial / Motorcycle / Taxi/ Bus/

Goods Vehicle/ Tanker/ Motor Trade/ Government / Pte Hire

Insurance Company (Own Vehicle)

Handling Insurer :

AIG

Type of the coverage :

Comprehensive / 3rd Party / 3rd party Fire & theft

Fleet Policy :

Yes / No

Policy Number :

2100496920-01

Cover Note Number :

-

Is the driver same as Insured :

YES/NO

1

Driver Particulars

Name of Driver : Adzhar Bin Hains
NRIC (Singaporean /PR) : S167798912
Fin / Passport Number : _____
Date of Birth (as in DD/MM/YYYY) : 25/09/1964
Occupation : Indoor / Outdoor
Date of Driving passed : 23/12/1998
Gender : Male / Female
Mobile Number : 90046405
Fax : _____
Alternative Phone no: _____
Address : Blk 534, #06-850, Bedok
North St. 3 (460534)
Email (Compulsory) : _____
Was driver an employee of the Insured's Company? : Yes / No
If no, Relationship of the Driver with the Insured : Owner / Paid Driver / Relatives / Friend / Parent / Spouse / Children / Sibling / Hirer
Does the Driver own any other vehicle ? : No / Yes
Vehicle Registration Number of Driver's own Vehicle. : SLK 3006 P
Insurance Company of driver's own vehicle (if applicable) : _____

ACCIDENT STATEMENT (Part 2)**General Information of the Accident**

Type of Accident : Frt to RR
(eg. Chain Collision, Head-on collision, Side Swipe, Front to Rear)
Weather Conditions : Clear / Raining / Other
If Other, please state the conditions
Road Surface : Wet / Dry

Other Information

- a. Was anybody injured in the Accident : No / Yes
If Yes, was any injured conveyed to hospital by ambulance: No / Yes
b. Was any foreign vehicle involved in this accident? : No / Yes
c. Foreign vehicle registered number
d. Foreign vehicle category
e. Number of vehicles involved in the accident :
f. Was there any witness : No / Yes

Details of Police Action

Was the Accident Reported to the police ? : ☒ No / Yes
if Yes, Please state which police Station

Was notice of intended Prosecution given ? : ☒ No / Yes
If Yes, against whom ?

I have been approached by unknown person (s),
soliciting/ offering accident claims assistance : Yes / ☒ No

No of passengers (including driver) :

03

If YES: Name

as there any video capture? :

NUR AZURAH SAHARI

DHIA ALEESA ADZAH

SEX: Male / ☒ FEMALE

☒ No / Yes

Details of Other Vehicle / Property (B)

Vehicle Registration Number

Vehicle Make / Model / Colour

Details of Properties

Vehicle Category: PTE CAR/COMMERCIAL / TAXI/ PTE HIRE / BUS/ ☒ MOTORCYCLE / GOODS /
MOTOR TRADE / TANKER / GOVERNMENT / MOBILE EQUIPMENT

FBE 2946H

Insured / Policy Holder / Driver

Name of Driver

Personal Identification

NRIC (Singaporean / PR)

FIN / Passport Number

Contact

Address

Tom Lay Heong

S15-92114 E

96745290

BK 572, Pasir Ris St. 21
#08-482 (1851)

Insurance Company

Name of the Insurance Company

NTUC Income

Nature of Damage

No of Passengers (including Driver)

01

Details of Witness

Name

Phone

Email Address

Details of Other Vehicle / Property (C)

Vehicle Registration Number
Vehicle Make / Model / Colour
Details of Properties

Insured / Policy Holder / Driver

Name of Driver

Personal Identification

NRIC (Singaporean / PR)

FIN / Passport Number

Contact

Address

Insurance Company

Name of the Insurance Company

Nature of Damage

No of Passengers (including Driver)

Details of Witness

Name

Phone

Email Address

Details of Injured Person

Name

Address 1

Address 2

Postal Code

Approximate Age


Injured Sustained

Injured Person on which vehicle

Was seat belt worn ?

Was Injured conveyed to hospital by ambulance?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1677989Z



Name
ADZHAR BIN HAIRIS

Race
JAVANESE

Date of Birth
25-09-1964

Country of Birth
SINGAPORE

Sex
M

S1677989Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1677989Z**


Name
ADZHAR BIN HAIRIS

Birth Date: **25 Sep 1964**


Issue Date: **16 Dec 2002**

1000007069H

2724400



NRIC No: **S1677989Z**



Blood Group
O+

Date of Issue
25-10-1995

APT BLK 534 BEDOK NORTH STREET 3 #06-850
SINGAPORE 460534


NRIC No: **S1677989Z** Date: **23/10/2015**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Dec 1998

NP 428A

Licence No: **S1677989Z**





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Adzhar Bin Hairis
 Period of Insurance : 12 Jan 2018 To 11 Jan 2019
 Engine No. : G4FGGH658698
 Chassis No. : KNAFZ4411MH5668952

Vehicle No. : SLK3006P
 Policy No. : 2100496920-01
 Endorsement No. :
 Issued Date : 07 Dec 2017

ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A SX
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2017
 Insuring with COE/PARF : Yes

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 \$5,000 as "Inexperienced Driver Excess" (IDR*) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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. 165) and Section 55 of the Road Transport Act, 1987 (Malaysia), 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)

Adzhar Bin Hairis - \$800 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 276 Pandan Gardens Singapore 609339 65554501

2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 158951 64278600

3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 97461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG S.G. 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. 165), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

C&C FULCO-CORP SALES
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

¹AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

89P3LT