

NATIONAL Assessment Centre Services

Date In: 09/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418006533/13	SAS e-filing		
Veh No: SJM5620R	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 07/04/18 0745	i-Motor Claim Form		
QD (IP) Reporting Only	i-Motor W/O (Within 10P 2hrs TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**M GARAGE**) Tel: Fax:)

TP Particulars: Veh No: **GBC16R** 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

NA1802156	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2/3:	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) NI: 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	\$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 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	09/04/2018 18:23
Date Of Accident	07/04/2018 07:45
Exact Location Of Accident	SLIP RD OF JURONG PORT RD & JLN BUROH TWDS PENJURU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5620R
Insured/Policyholder	
Name Of Registered Owner	WOODANDS 11 CAR RENTAL
Co Reg No	53227415J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92209467

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994666
Cover Note Number	

Driver

Name of Driver	HASMAN BIN HASHIM
NRIC No	S7938967F
Date Of Birth	29/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91180557
Fax Number	
Contact Number	
E-Mail Address	HANNAHAS0410@GMAIL.COM

Address	BLK 967B JURONG WEST ST 93 #09-835
Postcode	642967
Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured	NO OTHER - HIRER
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	
Was any body injured in the Accident?	YES
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

PLS REFER TO THE 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	GBC16R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HASMAN BIN HASHIM
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK PAIN

SJM5620R

YES

NO

SKETCH PLAN

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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 lodging 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 Purpose(s); and
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purpose(s).
- (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.

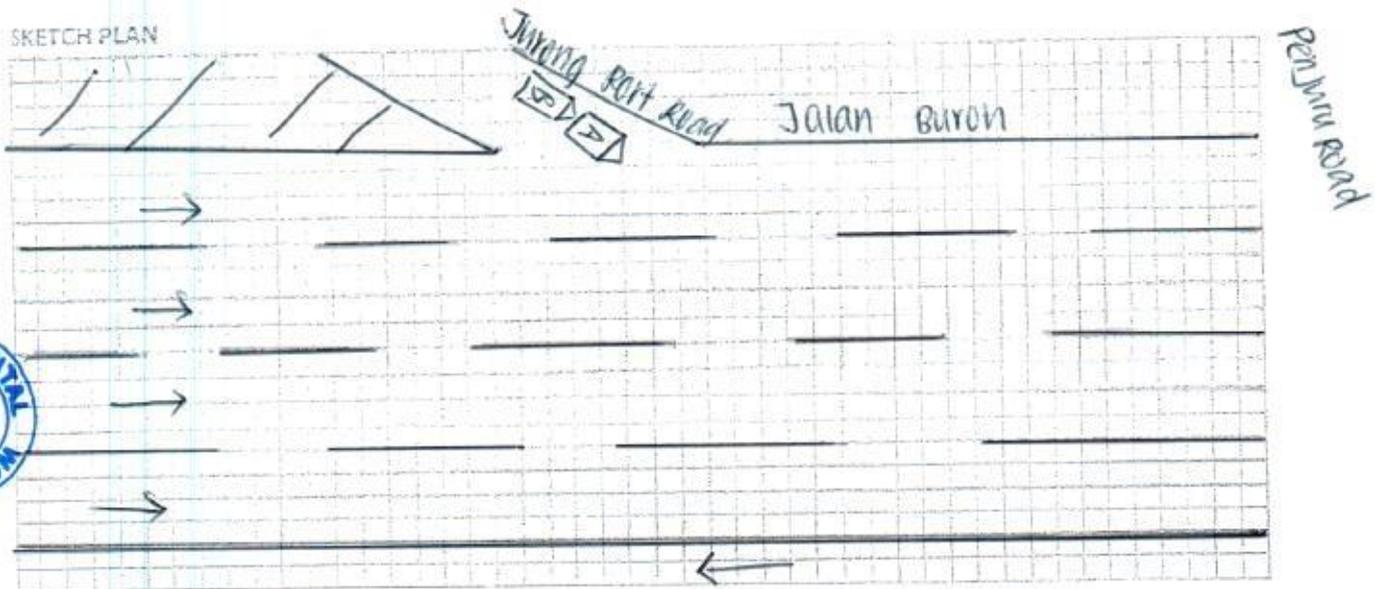


Policyholder's Signature
Date & Time:


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

 09/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/04/2018 at about 0745 hrs at slip road of Jurong port road and Jalan Burch towards Penjuru road. I was stopping at the above slip road waiting for the clearance of main traffic. Suddenly, I heard a loud bang from behind. I alighted and realised it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damage to my vehicle.



(A) SJM5620R

(B) GBC 1GR

DECLARATION

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

Policyholder's Date & Time:



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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

09/04/18

SINGAPORE ACCIDENT STATEMENT

Accident Date:	07/04/2018	Time:	745AM	(hh:mm) 24 hr format
Location	Sip ROAD of JURONG RUA ROAD and Jalan BINIH TOWARDS PENJURU ROAD.			
Vehicle Number	SJM 5620R			
Insured Name	WOODLANDS 11 CAR RENTAL			
NRIC/FIN	AEN: 53227415J	Contact Number	9220 9467 (David)	
Make	Honda	Model	fit 1.3G	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No,Pls select: (/) Third Party () Reporting				
Insurance Company	AIG ASIA PACIFIC			
Type of Policy	() Comprehensive	(/) Third Party Fire & Theft	() TP Only	
Policy Number	999994666			
Name of Driver	HASMAN BIN HANIM			() Same as Insured
NRIC / FIN	S7938967F	Contact Number	9118 0557	
Date of Birth	29 NOV 1979			
Driving Pass Date	28 APR 2017			
Occupation	() Indoor	(/) Outdoor		
Gender	(/) Male	() Female		
Email Address	Bik 967B JURONG WEST ST 93 () NO EMAIL			
Address of Driver	(hannahs0410@gmail.com) #09-835 (642967)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured HIRER				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? (/) Yes () No				
If yes, injured detail BACK PAIN				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	GBC 16R			
Veh C				
Veh D				
Veh E				
Veh F				

1 driver only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7938967F**

Name: **HASMAN BIN HASHIM**

Birth Date: **29 Nov 1979**

Issue Date: **28 Sep 2017**



Driver

Sim 56202

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 28 Sep 2017



NP 428A



(~~09 APR 2018~~)

ADVICE TO IDENTITY CARD (IC) HOLDER WHO HAS REPORTED LOSS IC

You have reported the loss of your identity card (IC) to our office. If you subsequently recover your IC, you are advised to bring it back to us by ~~09 APR 2018~~ (Mon - Fri: 8.00am to 4.30pm; Sat: 8.00am to 12.30pm) for the facility of the refund of your IC replacement fee. Please come in person to ICA with the following documents:

- Original IC which was recovered
- Original IC collection slip
- A photocopy of your bank passbook showing your particulars, most importantly your account number to facilitate the refund of the IC replacement fee

Any request for refund of IC replacement fee due to recovery of lost IC after above *grace period will not be acceded to. If the lost IC is found after the expiry of grace period, it must be returned to our office for cancellation.

Losing an IC is a serious matter. We would like to take this opportunity to remind you to be extra careful with your IC.

IC COLLECTION SLIP



NRIC NO : S7938967F (PINK IC) FEES : \$100.00

NAME : HASMAN BIN HASHIM

COLLECTION COUNTER : Please obtain a queue ticket from the Self Service Ticketing Kiosk.

COLLECTION DATE : (23/04/2018) DATE OF ISSUE : 22/03/2018

REGISTRATION OFFICER : THILAGARANI D/O ODAIAPPAN SIGNATURE/RTF OF RECIPIENT: _____

COLLECTION HOURS : 8.00 am - 4.30 pm (Mon-Fri)
8.00 am - 12.30 pm (Sat)

Your IC will be destroyed if you do not collect it within 3 months from the collection date and you will have to pay the fee for a new replacement IC. Do not wear Colored/Patterned contact lenses during collection.
You may authorise a Singapore Citizen or Singapore Permanent Resident to collect the IC on your behalf. Please inform the proxy to produce his/her IC and the collection slip duly completed on the reverse side of the collection slip. Proxy collection is not allowed at SingPost and iCollect.



HOTLINE TEL: (65) 6479-8891
FAX: (65) 6415-3722

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18B)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1988
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M 2 40

THIRD PARTY FIRE & THEFT - COMMERCIAL MOTOR		<small>(The below excess is subject to GST)</small>	
CERTIFICATE NO.	SJM5620R	POLICY EXCESS	S\$1500.00 Section (ii)
POLICY NO.	999094666	WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.		SUM INSURED	MARKET VALUE
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SJM5620R	
4) DATE OF EXPIRY OF INSURANCE		Woodlands 11 Car Rental	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		01 March 2018	
		28 February 2019	

Any person who is driving on the insured's order or with their permission.
 S\$1,500.00 Section ii Excess is applicable to driver's age above 22 years old and more than 2 years driving experience in Singapore.
 S\$6,000.00 Section ii Excess is applicable to driver's age below 22 years old and/or less than 2 years driving experience in Singapore.

Provided that the person driving is permitted in accordance with the training 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 for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE	Not included
HIRE PURCHASE COMPANY	NA

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18B) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I, the hereby carry out the policy to which this Certificate relates in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18B) and Part II of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 01 Mar 2018

503957-000
HUND
55 Lorong L, Telok Kurus,
#02-08
Bright Centre
Singapore 426500

AIG Asia Pacific Insurance Pte. Ltd.

M. Anis

Authorized Representative

ORIGINAL

SSPOC

