NATIONAL Assessment Centre	Services	Seet to Jureous	TMA 1180494 05		
Date In 13 / 4 / 18 17:45	Jeb description		Date & Time Completed	Done l	Ŋ.,
	SAS e-filing				
MAT /410 18 00 68 1 - 1/11	E-mail (within 5	ihrs, AIC 2hrs)			
21/E 0-11 0	i-Motor Clair	n Form			
D.O.A : 13/4/18 16:40	I-Motor W/O	(Within: OD 2h)	"Ali apris)		
OD D Reporting Only	i-Photo Uplos				
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp	**********	
Preferred Wksp / INC Assign Wksp / QW: (La properties de la seconda		Tel: Fau	40)
	FJ 149 G.	INC ()/Non-INC()		
Owner / Driver: (13 11 101		Tcl)	
Policy No: () Perio	od: ()	Cover Type. ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est Status (V	VO): N: 0-2	0%; P: 21-79%. F: 80-10	0%]	
	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	0()/\$2,000	()	41		
General Remarks:-	12/5 / 1000 (100)			100 March 1	
() Walk-In Customer: Customer's inform	nation strictly Cor	nfidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer				10	
Drive-In ()/ Towed-In (); Invoice:		10();	Towing Co. ()
	Record		Date&Time Completed	Done	by
Remarks:- (INC hotline: 6788 6616)	urtesy Car (1		Allah III. I a saa	
1) rippi) to Transfers	uriesy car (,			
2) QC Check / Post Repair Inspection	1001)			
3) Upload Resurvey Photo [Repair Cost > \$30	001	/			
Injury:			The state of the s		
Date/Time Actions				(Grander)	
2					
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N.	A1802333	100 (C) (See) (S) (S) (S)	eparation Checklist	1st Bill	Add Bil
laimant's Particulars :-		1) AR : Accide 2) DA : Dame	ge Assessment (\$100); INC (\$8	Apply to be a proper or the same of the sa	
		3) TF : Towing	Fee S40	5120	
Driver/Owner		STET : Follow	-Through Survey (Resurvey)	\$30	
Contact No:		For cleimin	cogningt INC Only (well 10 Jan 200)	\$75	
Parmaged Portion:			A + SMRT Survey	\$160	
	1	8) NTUC Add	itional Services.		
C Checked by (Engr-In-Charge):		*N5: Court	ssy Cer / Tpt Allowance	\$3 510	-
			r Co-ordination Repair Inspection	\$25	
Auditors' Comments :-		*NB: DV /	Collect Excess Coordination	\$3 \$20	
at 1:		TP (N11): 9) N12: (dne l	TP (Frin INC) against INC dobits	30	1376 0000
at 2/3;		Invoter dated	Fee Charged Fee Charged		MARK A
		Lauraice dated	Tien the Late of t	grounds their	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Any false reporting may be referred to the Police for investigation.

- 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 ladgement 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

 By the ladgement of this report to the insurers, you nereby conseiforesaid. 	
	ACCIDENT STATEMENT
Date Of Report	13/04/2018 17:45
Date Of Accident	13/04/2018 16:40
Exact Location Of Accident	PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ6291U
Insured/Policyholder	
Name Of Registered Owner	SUMARNI BINTI SADALI
NRIC No	S1402178G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96653080
Alternative Phone No	OFFICE-96653080
Vehicle Particulars	
Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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	2100453191-02
Cover Note Number	
Driver	
Name of Driver	KASSIM BIN KARIM

KASSIM BIN KARIM Name of Driver S0093955B NRIC No

16/04/1954 Date Of Birth INDOOR Occupation 20/03/1981 Date Of Driving Pass

37 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96653080 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 718 TAMPINES ST 72 #02-55

Postcode

520718

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

3

Passenger 1

: ARANDSON MUHD HAZWAN BIN MUHD IRFAN

GENDER:

: MALE

Passenger 2

NAME:

NAME:

: MAID MARYATI

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

PLEASE REFER TO 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 Vehicle Make/Model/Colour

SFJ149G

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode.

Insurance Company Name

Page 2 of 11

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD5865M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on 13/4/18 at +: 41 pm, I was driving my vehicle A ale	ung
Paya Leber flyover. due to the heavy truttic, I drive	slowy
suddenly I felt an import from behind. Then I reasli	
there were 3 cens involved in an accident. Vehicle B	hit
on my near portion.	

DECLARATION

I/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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

	Date of Accident	: 13/4/18 Accident Time: 4:4/pn (24-HR-Format)
	Accident Place	: Paya Lebor fly over
	Vehicle. No. (Car Plate No.)	: SKZ 62914 Nake/Model: mazda
	Insurace Company	: AlG Policy No: 2100453191-02
	Owner or Company Name /IC No.	: Sumarni Binti Sadali
	Owner or Company Contact No.	:Owner's Hp _ 96653080 Company Tel
	DRIVER'S Name / IC No.	: Kassim Bin Karim 150093955B
	DRIVER'S Date Of Birth	: 16/4/1954 DRIVER'S License Pass Date 30/3/198
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: husbard
	DRIVER'S Address	: BIK718 Tampinos St 72 # 02-55 5520718
	DRIVER'S Contact No./ Alt No.	:1) 96653080 2)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	
	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	river):3
		ar camera: YES \NO s being used at the time of accident: Private use Work purpose
	Other I	Party Driver's Particular (if any)
	Vehicle. No: SFJ 149	G (NTUL) Vehicle. No: SHD5865M
	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver/Contact:	IC No. Driver/Contect:
① q1	* NEW - Passenger's name & mason mund HAZWAN WID MARYATI (F)	BIN MUHD IRFAN (M)
(3) La	MAD MINE JULY (1)	







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

Class 28 M

Motorcycles not exceeding 200 cc Matercycles between 201 cc and 400 cc Motorcycles exceeding 400 cc

Motor Cars and Motor Tractors the weight of which unlades does not exceed 2500 kilograms PASS DATE

31 Jan 1977 31 Jan 1977

31 Jan 1977

NP 428A

Ucence No; 500998588



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Sumarni Binti Sadali / \$14021786

Period of Insurance

: 28 Jan 2018 To 27 Jan 2019

Engine No. Chassis No. : PE30862839 : JM6CC1071G0109196 Vehicle No.

: SKZ6291U

Policy No.

: 2100453191-02

Endorsement No.

Issued Date

: 27 Dec 2017

ABOUT THE COVER

Make/Model

: MAZDA BIANTE

Engine Capacity/Tonnage: 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

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 indentrify 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.

Age Condition

: All Age Condition

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, recing, pace-making, reliability trial or speed-losting, 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. 189) 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscroon: \$100

Named Driver and Excess (where applicable)

Sumami Binti Sadali - \$600 (Own Damage)

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

1. Trans Eurokars Pta Ltd. Add: 5 Ubi Close. Singspore 408605 63958899

For other: Approved Reporting Centres/A/G Authorised Repairers, presse contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to A/G website www.alg.com.ag or A/G SG Mobile App. Simply search and download "A/G SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

15We hereby worldy that the policy to which this Conflicture of Inturence relates is issued in accordance with the provisions of the Motor Vehicles Third Party Risks and Compensation) Act (Cop. 189), Part IV of Since Road Transport Act, 1997 (Manysia) and Motor Vehicles (Third Party Risks) Hules, 1909 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE DEBTT

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Lld.