

# NATIONAL Assessment Centre Services: [wef 1 Jan 05] MN A118061184

Date In: 10/5/18-17:35	Job description	Date & Time Completed	Done by
Ref No: NA/A1G18008606/24	SAS e-filing		
Veh No: 5JK62064	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/4/18-06:55	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: (	Tel:	Fax:
TP Particulars:	Veh No: 5JK62064	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

NA1802966	<b>Invoice Preparation Checklist</b>	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) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iFT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	10/05/2018 17:35
Date Of Accident	12/04/2018 06:55
Exact Location Of Accident	PIE (CHANGI) BEFORE JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6206H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED NAZRY BIN MOHAMED NOOR
Work Permit No	S7714627Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97366698
Alternative Phone No	OFFICE-97366698
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	IMPREZA 5D 2.5 WRX-S AWD 5MT
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700093335
Cover Note Number	
<b>Driver</b>	
Name of Driver	NUR AZRYN SHAH BIN SATAH
NRIC No	S84020381
Date Of Birth	20/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90119014
Fax Number	
Contact Number	OFFICE-90119014
Email Address	NOEMAIL

Address	BLK 121A EDGEDALE PLAINS #15-237
Postcode	821121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	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

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	SJJ204H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :



## 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:

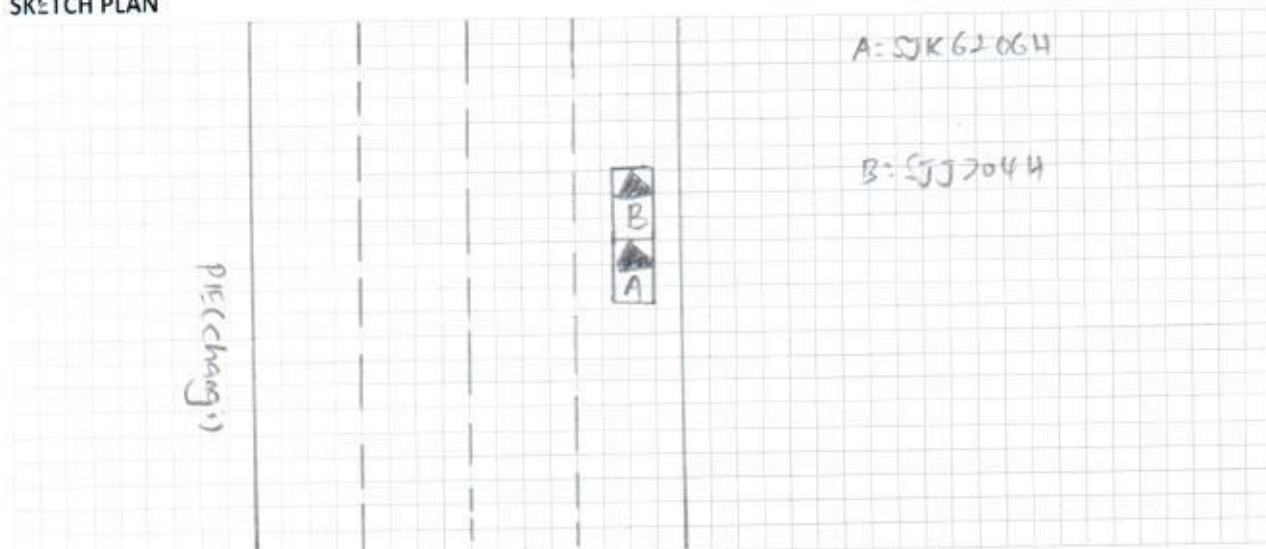
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 4/5/18  
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

Refer to statement.

## 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 PIE (CHANGI) BEFORE JALAN EUNOS EXIT. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 4 / 18) (DD/MM/YYYY), TIME: (06:55) (HH:MM)

LOCATION: PIE (Changi) before Jalan Eunos Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JK62064  
 b) INSURANCE COMPANY: Alfa  
 c) POLICY NUMBER: 1700693335  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Mohamed Nazry Bin Mohamed Noor (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 577146272 CONTACT: 97366698  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Nur Azryn Shah Bin Syah (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90119014  
 c) ADDRESS: Blk 121A Edgevale Plains #15-237 (821211)

\*d) DATE OF BIRTH: (20 / 1 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 2005

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

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

6. WAS ANYBODY INJURED (YES / NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5JJ2044 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger (including d) (1)

\* No of passenger (including d) (2)

\* No of passenger (including d) (-)

Email = azrynshah30@gmail.com

fax =



**SINGAPORE  
POLICE FORCE**



A/20171115/2074

1 of 4

**POLICE REPORT (NP299)**

Report No. A/20171115/2074

Police Station Of Origin  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Date/Time Report Made 15/11/2017 14:08	Vide Report No.		Station Diary No. 19	
Name Of Informant NUR AZRYN SHAH BIN SATAH	Address APT BLK 121A EDGEDALE PLAINS #15-237 SINGAPORE 821121			
ID Type / ID No. NRIC NO / S8402038I	Contact No. Home/Office		Mobile 82999540	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation ROPE ACCESS TECHNICIAN	Sex Male	Age 33	Date of Birth 20/01/1984	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 15/11/2017 12:30 - 15/11/2017 13:45	Location Of Incident 71 KALLANG BAHRU SINGAPORE 330071 Cash Converters			

**Brief details.**

On 15/11/2017 at about 1230hrs, I and my wife went into a cash converters located at 71 Kallang Bahru as I wish to exchange for another item.

I and wife shopped for a while inside the shop and arrived at the camera section, I placed my wallet and mobile phone side by side on top of the display cabinet. I continued looking around at the cameras through the glass panel. I recalled that I walked away from my wallet and mobile phone for a very short

Signature Of Officer Recording The Report:

A / Sgt 2 POH JIA HUI, DANIEL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Rochor N.P.C /  
Staff Sgt MUHAMMAD RASUL BIN ANI  
Contact No.: 62949999

Authentication Stamp

Signature Of Informant:

Date/Time:  
15/11/2017 14:08

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20171115/2074

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 o.

Report No. A/20171115/2074

time approximately less than one minute.

Later on the same day at 1345hrs, when I walked to retrieve my wallet and mobile phone. I discovered that my wallet was missing from the top of the display cabinet that I placed on initially.

I enquired from the cash converters staff to view the CCTV however I was asked to lodge a Police report. As such, I am lodging this report for Police investigation. That is all.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Stolen	Hermes			1		One black long wallet
2	Identity Card	Stolen	SINGAPORE NRIC			1		One Singapore NRIC belongs NUR AZRYN SHAH BIN SATAH

Signature Of Officer Recording The Report:

A / Sgt 2 POH JIA HUI, DANIEL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Rochor N.P.C /  
Staff Sgt MUHAMMAD RASUL BIN ANI  
Contact No.: 62949999

Authentication Stamp

Signature Of Informant:

Date/Time:  
15/11/2017 14:08

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



A/20171115/2074

3 of 4

Report No. A/20171115/2074

3	Licence	Stolen	Qualified Driving Licence		1		One Singapore Driving Licence belongs NUR AZRYN SHAH BIN SATAH
4	Credit Card / Debit Card/ ATM Card	Stolen	DBS BANK LTD		1		One DBS ATM card
5	Credit Card / Debit Card/ ATM Card	Stolen	UNITED OVERSEAS BANK LTD		1		Two UOB Bank cards
6	General property	Stolen			1		One DBS iBanking token
7	Cash	Stolen			1	Singapore Dollars 50.00	Cash amounting to SGD50/-
8	General property	Stolen			1		One CNB Supervision card
9	Personal Document	Stolen			1		One international rope access card

Signature Of Officer Recording The Report:

A / Sgt 2 POH JIA HUI, DANIEL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Rochor N.P.C /  
Staff Sgt MUHAMMAD RASUL BIN ANI  
Contact No.: 62949999

Authentication Stamp

Signature Of Informant:

Date/Time:  
15/11/2017 14:08

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



REPORT TYPE: 2017

4 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171115-0074

10	Personal Document	Stolen					One work at night card
11	Personal Document	Stolen					One SSC card
12	Personal Document	Stolen					One CSOC card

Signature Of Officer Recording The Report

A / Sgt 2 POH JIA HUI, DANIEL

Signature Of Interpreter  
Not applicable

Officer In-Charge Of Case

A / Rochor N.P.C /

Staff Sgt MUHAMMAD RASUL BIN ANI

Contact No.: 62949989

Authentication Stamp



Singapore Police

Signature Of Informant

Date/Time  
15/11/2017 14:08

Classification Of Case





Type	Country Code	Passport No
PA	SGP	E6636773F
Name		



Sex      Nationality  
M      SINGAPORE CITIZEN  
Date of birth      Place of birth  
20 JAN 1984      SINGAPORE  
Date of issue      Date of expiry  
27 MAR 2017      27 APR 2018  
Modifications      Authority  
SEE PAGE 2      MINISTRY OF HOME AFFAIRS  
National ID No  
884020381

PASGPNUR<AZRYN<SHAH<BIN<SATAH<<<<<<<<<<<<<<<  
E6636773F1SGP8401201M1804272S8402038I<<<<<38





# CERTIFICATE OF INSURANCE

24-HOUR  
IMPORTANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Mohamed Nazry Bin Mohamed Noor  
Period of Insurance : 26 Dec 2017 To 26 Oct 2018  
Engine No. : JF1GHEKD38G015276  
Chassis No. : JF1GHEKD38G015278

Vehicle No. : SJKE20GH  
Policy No. : 1700093335  
Endorsement No. :  
Issued Date : 26 Dec 2017

### ABOUT THE COVER

Make/Model	SUBARU IMPREZA WRX 2.5	Sum Insured	Market Value	First Year of Registration	2008
Engine Capacity/Tonnage	2 457 00 CC	OR Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

#### 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 for any authorized driver only if the one meets the specified age condition.  
You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" ("YIDE") if you are a Young Authorized Driver (defined as someone is under the age of 25 and is 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, racing, stock-market, delivery, not in terms testing, the removal of goods other than cartons or containers with any trade or business of use for any business maintenance with Motor Tolls.

Takes of Use 150000 - 150000 Optional

\* Limitations rendered irrespective by Section 8 of the Motor Vehicle (Third Party Risk and Compensation) Act/Cap. 185, and Section 32 of the Road Transport Act - 1987 (Malaysia) and not to be extended unless these findings.

### EXCESS

Section 1  
Fire - \$5,000 (Cash Damage) - \$5,000 (Theft) - \$5,000 (Flood) - \$5,000

Section 2  
Property Damage - \$5,000

Windscreen - \$100

Named Driver and Excess (where applicable)

Mohamed Nazry Bin Mohamed Noor - \$2000 (Zero Damage)

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

Approved Reporting Centres/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, this shall be the repairer having the accident repairs carried out at the S&P Agent's workshop.  
For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour customer emergency helpline at 650 6326 2200. Alternatively, you may refer to our website [www.aig.com.sg](http://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 : DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act/Cap. 185, Third Party Act/Cap. 186 (Malaysia) and Motor Vehicle (Third Party Risk) Rules, 1988 (Malaysia).

0009044000

DIRECT CLIENTS 014 99

AIG BUILDING 78 SHENTON WAY #07-15

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*J. J. J.*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

78 Shenton Way #07-15 AIG Building 079120 | T: +65 6418 2000 | F: +65 6410 3725 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.