

NATIONAL Assessment Centre Services

MINAC067893

Date In: 25/05/2018 09:42	Job description	Date & Time Completed	Done by
Ref No: NBR/BLG/8009506	S&S e-illing		
Veh No: SLB 6249H	E-mail (withle start, AIC start)		
O.O.A: 24/05/2018 16:35	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor VVO (withle start, VV start)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assess Report by Fax/Hand to Owner/VVH32		

Preferred Wkg / INC Assign Wkg / OWI	Tel:	Fax:
TP Particulars	Yell No: GBS 9186X	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: BSL Status (WO): NI 0.20%, PI 21.79%, PI 80.100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-In Question: 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: ()

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Action:

MINAC03313	Invoice Preparation Checklist
Vehicle/Owner:	1) AR: Accident Reporting (J20)
Subject No:	2) DA: Damage Assessment (J100) INC (40)
Assigned Person:	3) TP: Towing Fee
	4) PT: Follow Through Survey
	5) RT: Follow Through Survey (Recovery)
	6) TR: Towing Fee
	7) NTUC: Additional Survey
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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	25/05/2018 09:42
Date Of Accident	24/05/2018 16:35
Exact Location Of Accident	SLE TOWARDS CITY (AT WOODLANDS AVENUE 12 EXIT 9)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6249H
Insured/Policyholder	
Name Of Registered Owner	RUHAIDI BIN HASSAN
NRIC No	S7702969I
Email Address	AMIRYLSYAKUR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81812044
Alternative Phone No	OTHERS-81812044

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	2100460719-02
Cover Note Number	

Driver

Name of Driver	RUHAIDI BIN HASSAN
NRIC No	S7702969I
Date Of Birth	17/01/1977
Occupation	INDOOR
Date Of Driving Pass	24/09/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81812044
Fax Number	
Contact Number	OTHERS-81812044
EMail Address	AMIRYLSYAKUR@HOTMAIL.COM

Address	BLK 11A WOODLANDS AVENUE 6 #02-06
Postcode	738993
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	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	5
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)	2
Passenger 1	NAME: : SITI RASHIDAH BINTE ABDUL KARIM 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 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	GBG9786X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ8554J
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGK5284Z
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)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	UNKNOWN
Vehicle Category	NA/UNKNOWN
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	RUHAIDI BIN HASSAN
Approximate Age	
Injuries Sustain	LEG AND HAND PAIN
Injured person in which vehicle?	SLB6249H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



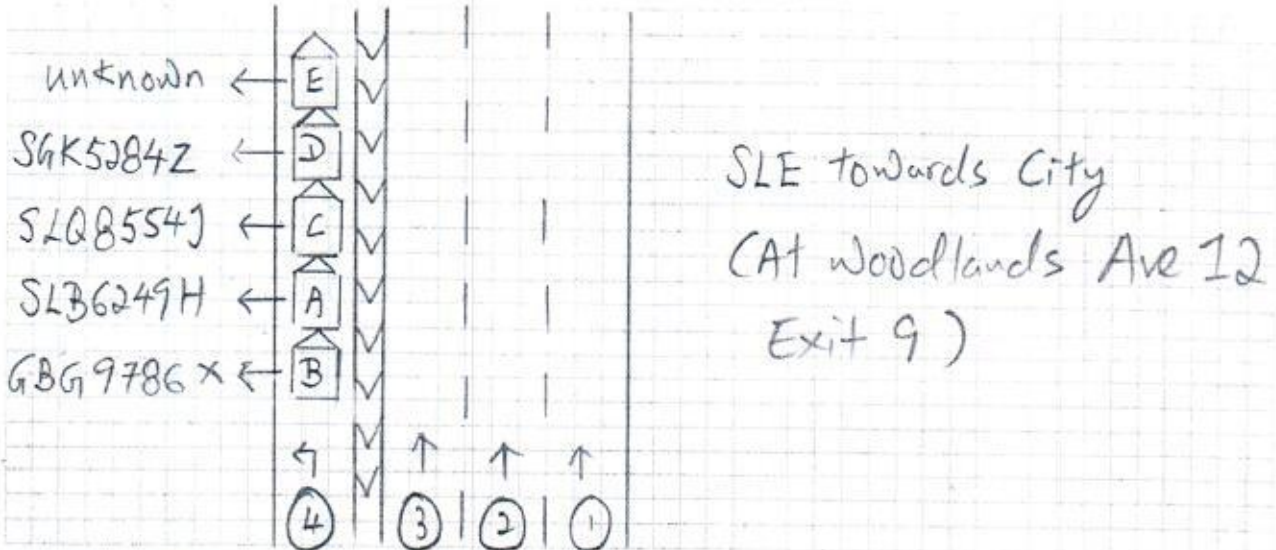
Policyholder's Signature
Date & Time:



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

25/05/2018
Reporting Centre Personnel's Signature
Name: Roshni WATHAB
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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: 25/05/2018
NRIC/FIN No.: [Signature]

On 24.05.18 at about 16:35 hours along SLE towards City (At Woodlands Avenue 12 Exit 9). While I was travelling straight on lane 4, when my front vehicle (C) slow down and stopped hence I follow suit.

When I saw on my mirror, the vehicle (B) approached fast and hit onto rear portion of my vehicle (A) and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C), it causing the damages of my vehicle (A) front & rear portion. It was a chain collision of total 5 vehicles involved and I have 1 passenger inside my vehicle (A).

Vehicle (A): SLB 6249H

Vehicle (B): GBG 9786X

Vehicle (C): SLQ 8554J

Vehicle (D): SGK 5284Z

Vehicle (E): Unknown



an 25/05/2018
Red Li WAHAB

SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/05/2018		Time: 16:35		(hh:mm) 24 hr format	
Location SLE towards city (At Woodlands Ave 12 Exit 9)					
Vehicle Number SLB 62494					
Insured Name Ruhaidi Bin Hassan					
NRIC/FIN 577029691			Contact Number 81812044		
Make Toyota		Model Wish			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company AIG					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 2100460719-02					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN			Contact Number		
Date of Birth 17/01/1977					
Driving Pass Date 24/09/1997					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address amirulsyakur@hotmail.com () NO EMAIL					
Address of Driver B1E 11A Woodlands Avenue 6					
#02-06 Singapore 738993					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Ruhaidi Bin Hassan Leg & Hand Pain.					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party Name / Nric Contact					
Veh B GBG 9706X					
Veh C SLQ 8554J					
Veh D SGK 5284Z					
Veh E Unknown					
Veh F					

Passenger = Siti Rashidah Binte Abdul Karim (F).

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77029691



Name
RUHAIDI BIN HASSAN

روحيدي بن حسن
Race
MALAY

Date of birth
17-01-1977

Sex
M

Country of birth
SINGAPORE

3899591

SLB6249 H

Owner & driver

3899591



NRIC No. S77029691



Date of issue
17-01-2000

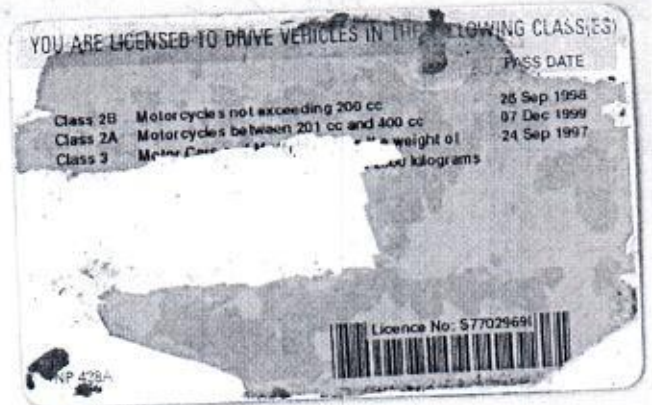
BLK 11A WOODLANDS AVENUE 6 #02-08
SINGAPORE 738903

NRIC No. S77029691

Date: 11/11/2016



SLB 6249 H
Owner & driver





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : **Ruhani Bin Hassan**
 Period of Insurance : **15 Apr 2018 To 14 Apr 2019**
 Engine No. : **22R1751617**
 Chassis No. : **JTDGG20W00J003569**

Vehicle No. : **SLB6249H**
 Policy No. : **2100460719-02**
 Endorsement No. :
 Issued Date : **14 Mar 2018**

ABOUT THE COVER

Make/Model : **TOYOTA NEW WISH**

Engine Capacity/Tonnage : **1,798.00 CC**

Driver Restriction : **NA**

Sum Insured : **Market Value**

Off Peak Car : **No**

First Year of Registration : **2016**

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.

The Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$2,000 as "Young and/or inexperienced Driver Excess" ("YDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 7 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 school, 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 Trials.

Loss of Use: 1000cc - 1800cc Optional

* Limitations imposed hereunder by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 146) and Section 95 of the Road Transport Act, 1987 (Malaysia), will not be included under these headings.

EXCESS

Section 1

Fire - \$0; Own Damage - \$800; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$150

Named Driver and Excess (where applicable)

Ruhani Bin Hassan - \$800 (Own Damage)

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

Approved Reporting Centres/AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 30 Steps App. Simply search and download "AIG 30" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: **TOKYO CENTURY LEASING (SINGAPORE) PTE LTD**

We warrant hereby that the information which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 146) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

15 APR 2018

15 APR 2018

15 APR 2018

SINGAPORE (1412)

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE