

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA18094273

Date In: 21/7/18-14:17	Job description	Date & Time Completed	Done by
Ref No: NA/A/18013290/24	SAS e-filing		
Veh No: JEN1850C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/7/18-10:30	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: JLB 3835	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

NA804609	Invoice Preparation Checklist	Am't (\$) Int 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		
	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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	21/07/2018 14:17
Date Of Accident	20/07/2018 10:30
Exact Location Of Accident	INTERNATIONAL PLAZA MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1850C
Insured/Policyholder	
Name Of Registered Owner	KATO KOKI
NRIC No	S7487098H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96951180
Alternative Phone No	OFFICE-96951180

Vehicle Particulars

Manufacturer	NISSAN
Model	ELGRAND HIGHWAY STAR 2.5 MCVT 7AB HID SR
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	2100371458-04
Cover Note Number	

Driver

Name of Driver	YOUSRI BIN BAHARON
NRIC No	S6841344C
Date Of Birth	10/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98128207
Fax Number	
Contact Number	OFFICE-98128207
Email Address	NOEMAIL

Address	BLK 627 BEDOK RESERVOIR ROAD #02-1602
Postcode	470627
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SLB383S
Vehicle Make/Model/Colour	BMW 520i/ GOLD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLAUDIA TAN
NRIC/Passport Number	
Contact Number	97838362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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)**

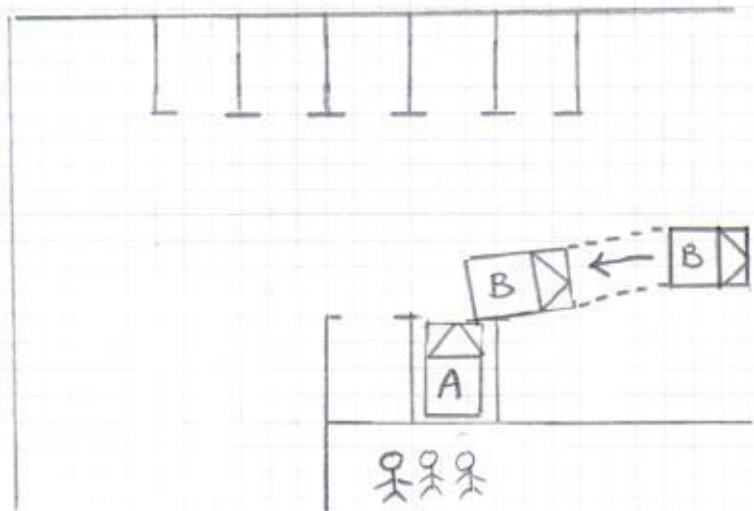
I understand, acknowledge, agree and consent that:

- (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:

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



International Plaza
Level 7 carpark

(A) SKN1850C (parked)
(B) SLB383S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/7/2018 at about 10.30am, I was standing behind my vehicle (A) SKN1850C. I saw vehicle (B) SLB383S was reversing. Suddenly, I heard a bang sound and realised vehicle (B) SLB383S had hit onto my vehicle (A) SKN1850C front left portion. No one was injured.

I have eyes witness :

Mazlan 9006 1077

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)

Reporting Centre Personnel's Signature
Name:

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: 10 Anson Road at car park level 7
(International Plaza)
Purpose when vehicle was used at the time of accident: Office
(eg. Going Home)

Date & Time of Accident: 20/1/18, 10:30am

Details of Own Vehicle

Vehicle Registration Number: SKN1850C Make / Model: Nissan Elgrand
Claiming Own insurance: YES / NO If No, Reporting only / Third Party Claim
Name of Preferred Workshop: Optima Wertz Pte Ltd Contact: 6484 9919

Insured / Policy Holder

Name of Registered Owner: Kato Koki (boss) Inpness NRIC: S74870984
Address: 36 Lakeshore View Singapore 098321
Mobile No: Office: 6822 6623 Benjamin (Person in charge)
Other Contact: Home No. / Office / Others: 9695 1180
Security (Care)

Driver

Name of Driver: Yousvi Bin Baharon NRIC / Fin: S6841344C
Driving License Pass Date: 16/2/1989 DOB: 10/12/1968
Address: Blk 627 Bedok Reservoir Rd #02-1602 Singapore 470627
Occupation: INDOOR / OUTDOOR Mobile No: 9812 8207
Gender: MALE / FEMALE Other Contact: Home No. / Office / Others:
Email:
Driver an employee: YES / NO If no, what is relationship with the policyholder: employee
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES / NO Policy Number: 2100371458-04 Type of Coverage: comprehensive

General Information of Accident

Type of Accident: (HEAD-REAR / SIDE SWIPE / OTHERS: Reverse bang parked car
Weather Conditions: CLEAR / RAINING / OTHERS: CLEAR
Road Surface: DRY / WET
Any video captured by car camera?: YES / NO
Any police report made: YES / NO
For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 0
Any witness?: YES / NO
Injured party: YES / NO (*If Yes, pls provide name & tel)

Details of Other Vehicle Property 1

Vehicle Registration No: SLB 383S
Vehicle Make / Model / Colour: BMW 520i Gold
Name of Driver: Claudia Tan
No. of Passenger (Including Driver):
NRIC:
Contact Number: 9783 8362
Nature of Damage:

Details of Other Vehicle Property 2

REPUBLIC OF SINGAPORE DRIVING

Licence Number: **S6841344C**

Name: **YOUSRI BIN BAHARON**

Birth Date: **10 Dec 1968**

Issue Date: **13 Jan 2003**

ASP

1000111952H

001 NO ONE ELSE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6841344C**

Name: **YOUSRI BIN BAHARON**

يسري بن باهرون
Race

MALAY

Date of Birth: **10-12-1968** Sex: **M**

Country of Birth: **SINGAPORE**

潘發展私人有限公司 FOLLOWING CLASS(S)

A. S. PHOON PTE LTD

Head Office: 339, Changi Road Singapore 49845 Tel: (65) 6747 7770 Fax: (65) 6841 1263 29 Oct 2000

Ubi: 674 300 Tel: (65) 6747 7770 Fax: (65) 6841 1263 29 Oct 2000

Yoh Guan: 814 36 101 Tel: (65) 6747 7770 Fax: (65) 6841 1263 29 Oct 2000

Website: www.asphoon.com Email: Enquiry@asphoon.com

Licence No: **S6841344C**

NP 428A

1096768

S6841344C

MRIC No: **S6841344C**

Blood Group: **A+** Date of Issue: **09-07-1993**

APT BLK 627 BEDOK RESERVOIR RD #02-1602
SINGAPORE 470627

NRIC No: **S6841344C** Date: **15/12/2010** No: **6628967**



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kato Koki
Period of Insurance : 21 May 2018 To 20 May 2019
Engine No. : QR25529865Q
Chassis No. : JN1TBAE52Z0802090

Vehicle No. : SKN1850C
Policy No. : 2100371458-04
Endorsement No. :
Issued Date : 05 Apr 2018

ABOUT THE COVER

Make/Model : NISSAN ELGRAND 2.5
Engine Capacity/Tonnage : 2,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : 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 \$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, 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 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

Windscreen : \$100

Named Driver and Excess (where applicable)

Kato Koki - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG 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, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised 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 SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503073000

KHOO LEONG PENG DAREN
335 BUKIT TIMAH ROAD #10-01
SINGAPORE 259718

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCHFY

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