

# NATIONAL Assessment Centre Services (wef 1 Jan 2003) MNA 118100383.

Date In: 318/18 14:51	Job description	Date & Time Completed	Done by:
Ref No: NAI AIG 18014126/44	SAS e-filing		
Veh No: 336 9396T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2117/18 16:15	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: JPF 3688-	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

<b>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2 / 3:	<b>Invoice Preparation Checklist</b> 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 2003) 6) TR: Re-inspection \$75 7) N1: Idao 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 (N-on INC) against INC \$20 9) N12: Idao Mobile 30	Amt (\$) Est Bill <b>30.00</b>	Amt (\$) Add Bill
	MNA 1804892		
	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	03/08/2018 14:51
Date Of Accident	21/07/2018 16:15
Exact Location Of Accident	JALAN BERTINGKAT SKUDAI
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9396T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BS CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450033

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	999994637
Cover Note Number	-

### Driver

Name of Driver	ABDUL MUHAIMIN ANNAFIQ BIN ABDUL RAZAK
NRIC No	S9537551J
Date Of Birth	11/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86894470
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 462 SEMBAWANG DR #05-237
Postcode	750462
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	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?	YES
Foreign Vehicle Registration Number	JPF3688 (PRIVATE CAR)
Number of vehicles involved in the accident	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	JPF3688
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MASIRHAM BIN MASIRIN
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.
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.



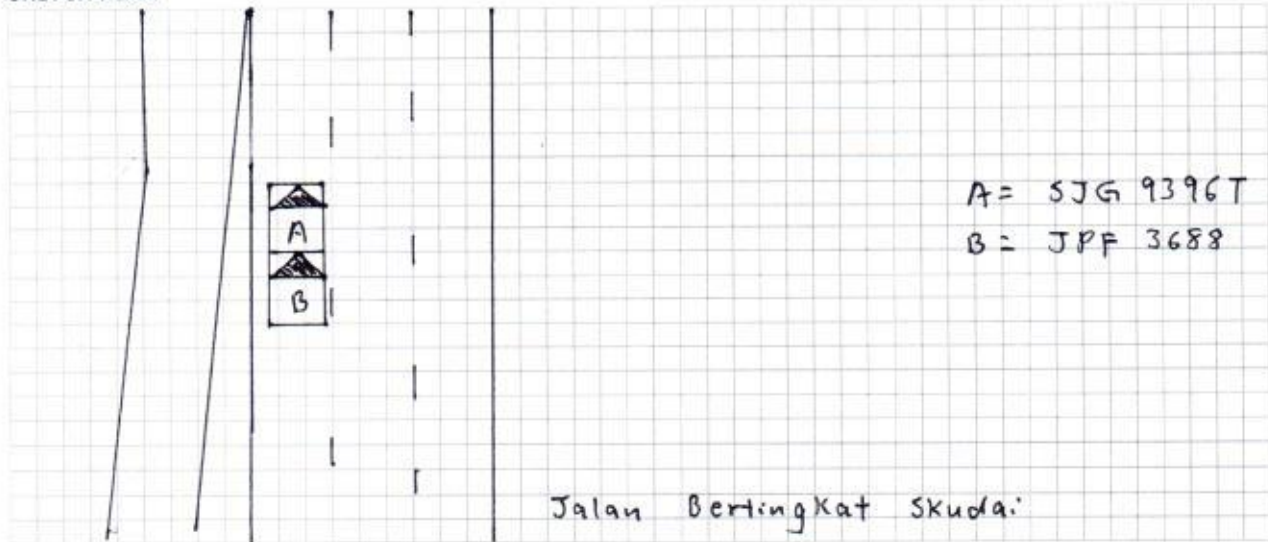
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A = SJG 9396T  
B = JPF 3688

Jalan Bertingkat Skudai

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 21 / 7 / 18 ) (DD/MM/YYYY), TIME: ( 16 : 15 ) (HH:MM)

LOCATION: Jalan BBT Bertingkat Skudai

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG 9396T  
b) INSURANCE COMPANY: AGI  
c) POLICY NUMBER: \_\_\_\_\_  
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: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: BS Car Rental Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8145 0033  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Abdul Muhaimin Annafiq Bin Abdul Razak (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8689 4470  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JPF 3688 MODEL: Myvi  
b) DRIVER'S NAME: Mam Sirhan Bin Masirin  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

\* waiting police Report.

Email =

fax =

VIDEO = No.





**SINGAPORE  
POLICE FORCE**



F/20180727/2075

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180727/2075

Police Station Of Origin  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE 757633  
Tel No: 1800-5549999

Date/Time Report Made 27/07/2018 11:56	Vide Report No.	Station Diary No. 35	
Name Of Informant ABDUL MUHAJIB ANNAFIQ BIN ABDUL RAZAK	Address APT BLK 462 SEMBAWANG DRIVE #05-237 SINGAPORE 750462		
ID Type / ID No. NRIC NO / S9537551J	Contact No. Home/Office	Mobile 86894470	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation NSF	Sex Male	Age 22	Date of Birth 11/10/1995
			Race Malay
Institution/School Name	Language English		
Date/Time Of Incident 21/07/2018 16:15 - 21/07/2018 16:15	Location Of Incident Jalan Berdingkat Skudai MALAYSIA		

**Brief details.**

On 21/07/2018 at about 1615hrs, I was driving my rented vehicle SJG9396T, a Black Honda Stream, along Jalan Berdingkat Skudai of Johor Bahru. I was driving along the extreme left lane on the three lanes road. The traffic was heavy and the vehicle at my front came to a stop. I also stopped my vehicle but I heard a loud bang from the back of the vehicle. From my rear view mirror I saw a yellow colour Myvi JPF3688. I got out of my vehicle and I saw the Myvi have hit onto my vehicle rear. Myself and the yellow Myvi driver pulled our vehicles to the side and exchange particulars. We also took photographs of the

Signature Of Officer Recording The Report: F / Sr Staff Sgt NG YU HOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2018 11:56
Officer In-Charge Of Case: F / Sembawang N.P.C / Sr Staff Sgt SOFIAN BIN AHMAD AZAMI Contact No.: 65549999	Classification Of Case:

Authentication Stamp

SN 085



Signature: \_\_\_\_\_

Singapore Police Force

Your report is classified as:

<input type="checkbox"/>	Lost & found
<input type="checkbox"/>	Insurance Claims
<input type="checkbox"/>	Marriage / Contract / Civil Proceedings
<input type="checkbox"/>	Tenancy Dispute (Contractual)
<input checked="" type="checkbox"/>	Others (Please Specify) <u>Insurance Claim</u>

As these are not criminal matters, no further investigations will be carried out. However, civil remedies may be available. You are advised to consult a qualified professional for further advice.





**SINGAPORE  
POLICE FORCE**



F/20180727/2075

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180727/2075

damages. The Myvi driver's particulars as follows:

Masirham Bin Masim

680911-01-6495

No7 Jalan Delima 5/11 Daman Delima Dua 81100 Johor Bahru.

Hp: 0127556232

Both of us then made our way to the nearest police station to make a police report but I wasn't given a copy of the report. I have informed my insurance company and was told to lodge a police report in Singapore and submit to them for claim.

That is all.

Signature Of Officer Recording The Report:

F / Sr Staff Sgt NG YU HOW

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

F / Sembawang N.P.C /

Sr Staff Sgt SOFIAN BIN AHMAD AZAMI

Contact No.: 65549999

Signature Of Informant:

Date/Time:

27/07/2018 11:56

Classification Of Case:

Authentication Stamp

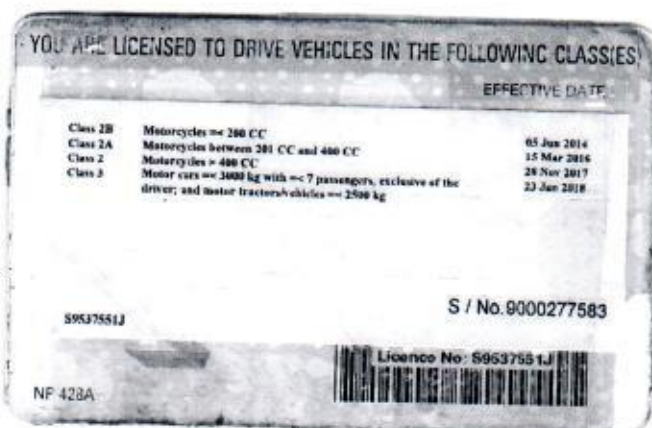
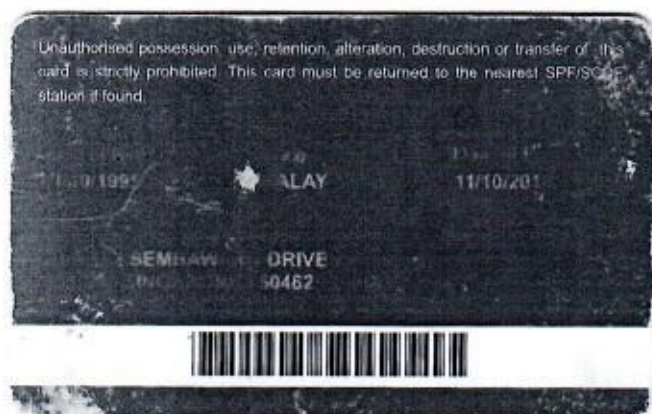
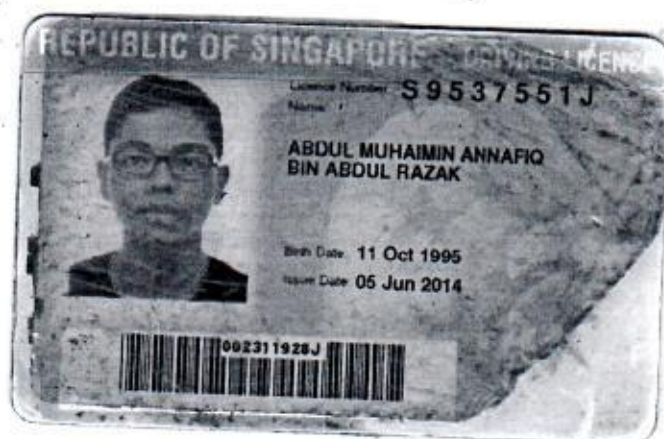
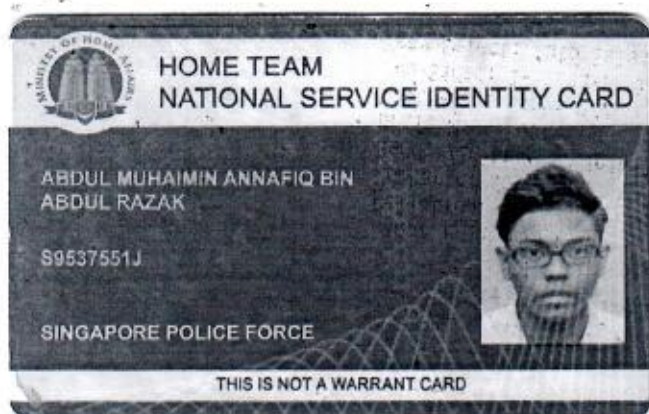


Signature:

SN 035

Singapore Police Force





Blk 462 Sembawang Dr #05-237  
(CS) 750462.





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2.400

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994637 SJG9396T

(The below excess is subject to GST)

POLICY EXCESS S\$2000.00 (II)  
WINDSCREEN EXCESS N/A

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

SJG9396T  
BS Car Rental Pte Ltd

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE  
FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

01 June 2018  
01 April 2019

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing 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 the carriage of passengers or goods in connection with the Insured's business.  
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.  
The Policy does not cover  
1) Use for 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.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY Teck Wei Credit Pte Ltd

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 07 Jun 2018

691991-000  
Moh Kok Heng  
78 Shenton Way  
#07-16  
SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY