

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA418101025

Date In: 06/08/2018 11:20	Job description	Date & Time Completed	Done by:
Ref No: NGA/AG18014251Y	SAS e-filing		
Veh No: SL8 6497T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/08/2018 18:15	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: FBL 4084E	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N11) against INC \$20		
	9) N12: Idao 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	06/08/2018 11:20
Date Of Accident	03/08/2018 18:55
Exact Location Of Accident	ALONG SUPREME COURT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6497T
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	KUCINTA1221@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97311221
Alternative Phone No	OFFICE-97311221

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	99994528/100863843
Cover Note Number	

Driver

Name of Driver	SAFIE BIN EDI
NRIC No	S1761056B
Date Of Birth	23/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97311221
Fax Number	
Contact Number	OTHERS-97311221
Email Address	KUCINTA1221@HOTMAIL.COM

Address	BLK 667D JURONG WEST STREET 65 #04-129
Postcode	644667
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?	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?	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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL4084E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SYAFIQ BIN SBTU
NRIC/Passport Number	S8943545E
Contact Number	88088127
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

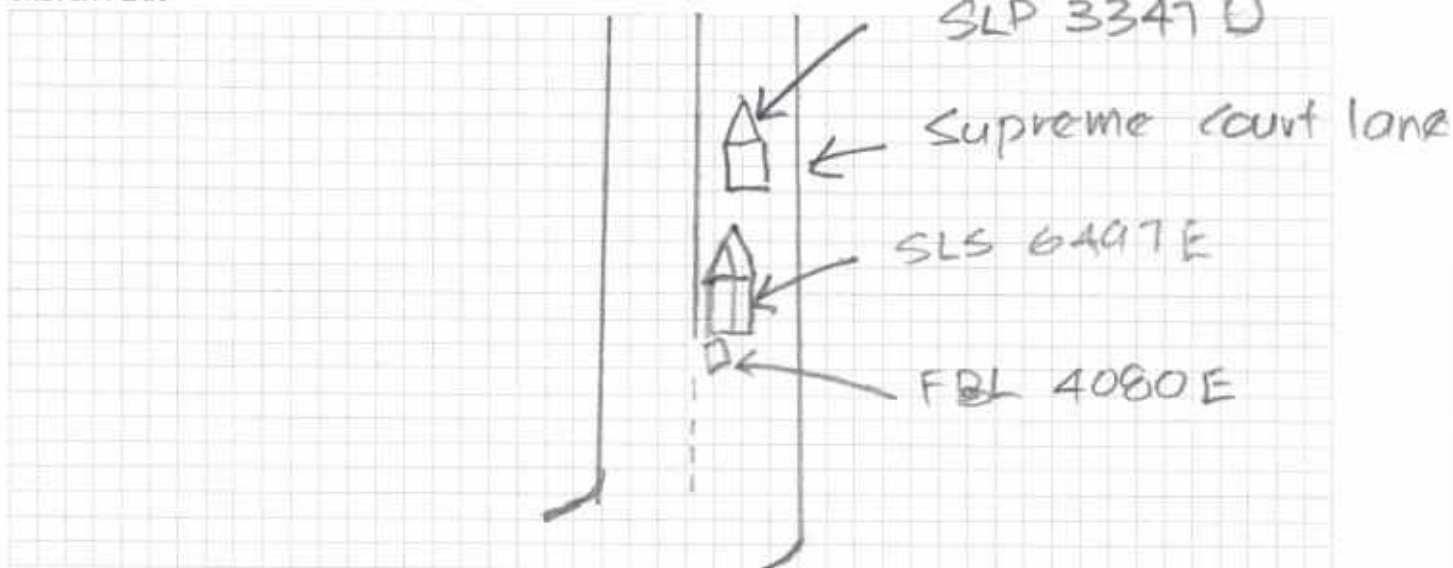


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3.8.2020 as I was travelling on Supreme Court Lane suddenly the car of me Toyota white (SLP 3347 D) slowed down and stopped. I also began to slow down my car. Suddenly I felt my car was hit from the rear.

Upon checking I discovered a motorbike FBL 4080 E had hit my rear left bumper and the rider was still in shock. I check and ask his condition was okay and he admit he not focus and rushing for delivery (Honestbox). There damaged on my left bumper and side of my car. The rider motorbike front tyre also damaged in the accident.

After changing contact and taking some picture I left the scene.

DECLARATION

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 3, 8, 18 (DD/MM/YYYY), TIME: 18:58 (HH:MM)
LOCATION: Supreme Court Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 6497 T
b) INSURANCE COMPANY: AIC
c) POLICY NUMBER: 999999828 / 100863843
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda / Freed
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: Vincor Leasing and rental pte ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Safie Bin Edli (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1761056B CONTACT: 97311221
c) ADDRESS: BK 667D, Juveng West Street 65
04-124 644667

*d) DATE OF BIRTH: 23/04/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24-10-98

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

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: FBL A080E MODEL: _____
b) DRIVER'S NAME: Muhammad Syahid Bin Sabtu
c) NRIC/FIN/PASSPORT: S6943545E CONTACT: 88088127

9. THIRD PARTY VEHICLE

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


* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = kucinta 1221 @hotmail.sg
VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1761056B



SAFIE BIN EDI

سافيح بن ادي

Race
MALAY

Date of Birth: 23-04-1966 Sex: M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE
DRIVING LICENCE

SAFIE BIN EDI

1761056B

Issue Date: 23 Apr 1966
Valid Until: 10 Mar 2004




04594



1761056B

Blood Group: B+ Date of issue: 04-08-1992

APT BLK 867D JURONG WEST STREET 65 #04-129
SINGAPORE 644687


NRIC No: S1761056B Date: 12-01-2005 No: 6110543

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	20 Oct 1968
Class 2A Motorcycles between 201 cc and 400 cc	20 Oct 1968
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 1996

NP 420A

Licence No: S1761056B





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

POLICY SCHEDULE

COMPREHENSIVE COMMERCIAL MOTOR

ATTACHMENT (II)

PERIOD OF INSURANCE : (both dates inclusive)	From : 19 Jul 2018 To : 18 Jul 2019	POLICY NO. : 999994528/100863843 ENDORSEMENT NO. : 00000	
INSURED :	Vincar Leasing and Rental Pte Ltd		
ADDRESS :	-		
BUSINESS/PROFESSION :	Fleet Trade	SUBJECT TO ENDORSEMENT(S) : 1,15,18,25,26d,57,72(b),89,92,131,157,209,212(a),215(a) The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience. Issued in SINGAPORE on 25 Jul 2018	
REGISTRATION NO. :	SLS6497T		
MAKE & TYPE OF BODY :	HONDA FREED 1.5G A		
YEAR OF REGISTRATION :	2017		CC/TONNAGE 1496.0
SEATING CAPACITY :	4		
CHASSIS NO. :	GB71038893		
ENGINE NO. :	LEB5566926		
SUM INSURED :	\$1.00		
INSURING WITH COE/PARF :	Yes		
EXCESS :			
NAMED DRIVERS :			
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :	MayBank		

Person(s) Entitled To Drive :

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

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience

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.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.



501980-000
VINCAR PTE LTD
1 CHANG CHARN ROAD
#05-02 OC BUILDING
SINGAPORE 159630

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative

ORIGINAL

SSC03K