

# NATIONAL Assessment Centre Services

(Ref: JA-102)

MAA418/01085

Date In: 06/08/2018 11:20	Job description	Date & Time Completed	Done by
Ref No: N/A/AUG18/014251Y	SAS e-filing		
Veh No: SLR 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 4080E	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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$30</p>		<p>Am't (\$)</p> <p>Est Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Invoice dated</p>		<p>Fee Charged</p> <p>Fee Charged</p>	

## 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
<b>Insured/Policyholder</b>	
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	
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	FBL4080E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SYAFIQ BIN SABTU
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

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.



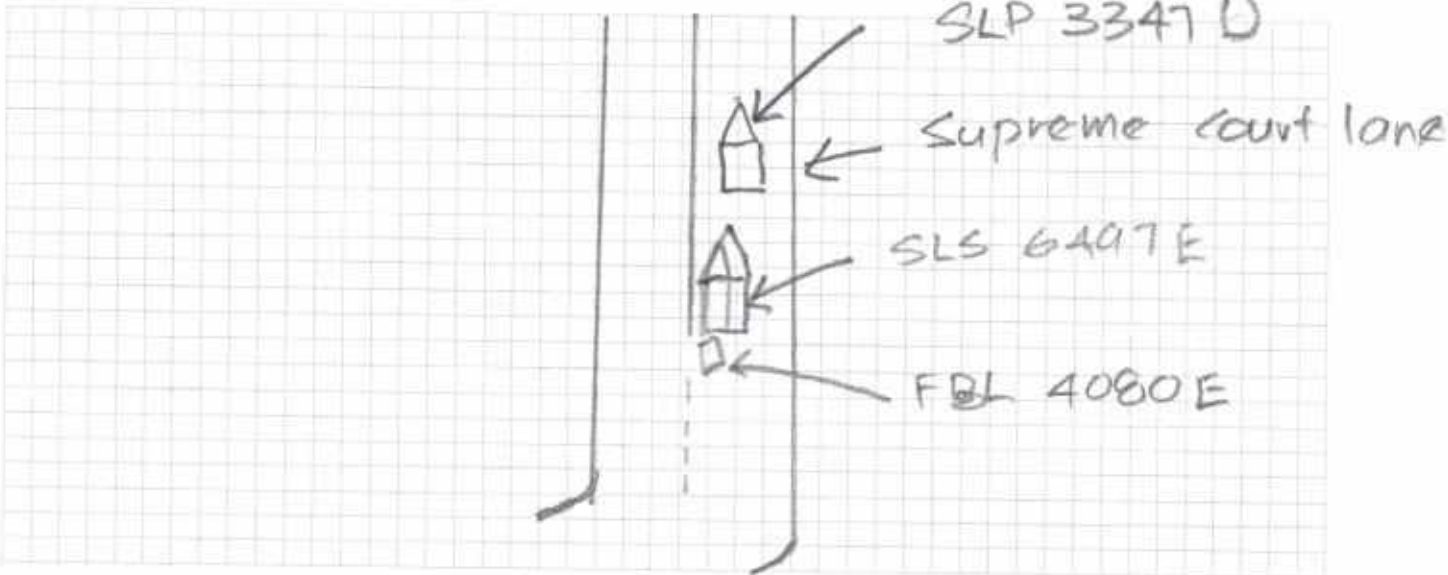
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3.8.08 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.



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: 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: AIG  
 c) POLICY NUMBER: 999994528 / 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: 517610568 CONTACT: 97311221  
 c) ADDRESS: BK 667D, Jurong West Street 65  
04-124 (644667)  
 \*d) DATE OF BIRTH: 23/04/1966 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 29.10.98

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 4080E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Muhammad Syahid Bin Sabtu  
 c) NRIC/FIN/PASSPORT: 38943545E CONTACT: 88288127

## 9. THIRD PARTY VEHICLE

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

email = kucinta 1221@hotmail.sg

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1761056B



NAME  
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  
S1761056B  
Date of Birth 23 Apr 1966  
Issue Date 10 Mar 2004

04594



NRIC No. S1761056B

Blood Group B+ Date of Issue 04-08-1992


APT BLK 667D JURONG WEST STREET 65 #04-129  
SINGAPORE 844687  
NRIC No: S1761056B Date: 12-01-2005 No: 8116543

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Oct 1988
Class 2A	Motorcycles between 201 cc and 400 cc	20 Oct 1988
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)

<b>PERIOD OF INSURANCE</b> (both dates inclusive)	From : 19 Jul 2018 To : 18 Jul 2019	<b>POLICY NO.</b> : 999994528/100863843 <b>ENDORSEMENT NO.</b> : 00000	
<b>INSURED</b>	Vincar Leasing and Rental Pte Ltd		
<b>ADDRESS</b>			
<b>BUSINESS/PROFESSION</b>	Fleet Trade	<b>SUBJECT TO ENDORSEMENT(S) :</b> 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	
<b>REGISTRATION NO.</b>	SLS6497T		
<b>MAKE &amp; TYPE OF BODY</b>	HONDA FREED 1.5G A		
<b>YEAR OF REGISTRATION</b>	2017		<b>CC/TONNAGE</b> 1496.0
<b>SEATING CAPACITY</b>	4		
<b>CHASSIS NO.</b>	G871038893		
<b>ENGINE NO.</b>	LEB5566926		
<b>SUM INSURED</b>	\$1.00		
<b>INSURING WITH COE/PARF</b>	Yes		
<b>EXCESS</b>			
<b>NAMED DRIVERS</b>			
<b>HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :</b>	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

SSGD08K

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MINA 08101085 Vehicle Registration No: SL86K977  
Name (as shown in NRIC) : SAFIE BIN FDI NRIC/FIN/Passport No : S1761056B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97311221  
Email Address : \_\_\_\_\_  
Date of Accident : 03/08/2018 Time of Accident : 18:55  
Place of Accident : Arroyo Supreme Ocean Centre  
Insurance Company : AIA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1/P VEHICLE NUMBER TO FBL 4080E

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid Wajid  
NRIC/FIN No: \_\_\_\_\_  
Date: 13/08/2018