

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MN A118107685

Date In: 20/8/18-15:30	Job description	Date & Time Completed	Done by
Ref No: NA/A118107685/24	SAS e-filing		
Veh No: SLK6275A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/8/18-15:15	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: SLK6275A	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:-	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	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 2005)			
	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-in INC) against INC \$20 N12: Idao Mobile 30				
Invoice dated Invoice dated		Fee Charged 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	20/08/2018 15:30
Date Of Accident	18/08/2018 11:15
Exact Location Of Accident	JUNC SERANGOON GARDEN WAY & BRIGHTON CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6235A
Insured/Policyholder	
Name Of Registered Owner	M3 TRADING AND SUPPLIER
Co Reg No	53351204B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100498836-01
Cover Note Number	

Driver

Name of Driver	MD MOSHIUR RAHMAN KHAN
NRIC No	S7765366Z
Date Of Birth	19/07/1977
Occupation	INDOOR
Date Of Driving Pass	10/07/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91899676
Fax Number	
Contact Number	OFFICE-91899676
Email Address	NOEMAIL

Address	BLK 525 WOODLANDS DRIVE 14 #03-439
Postcode	730525
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	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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

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	SLG8840K
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)

SKETCH PLAN

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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:



GIA Records Management Centre

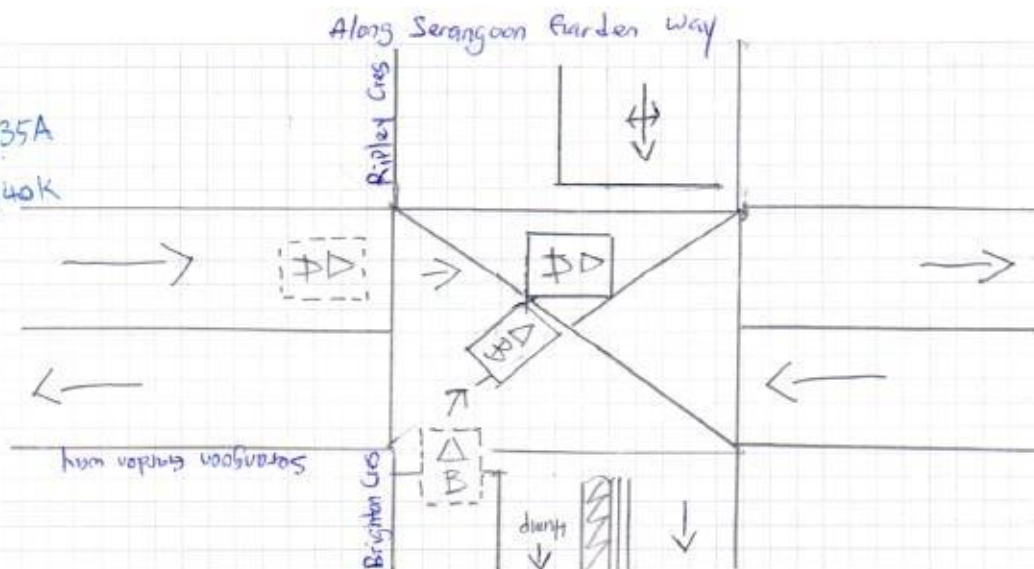
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Veh A: SLK6235A

Veh B: SLG8840K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I vehicle "A" bearing car plate number SLK6235A was travelling along Serangoon Garden Way. I felt a bang on the right side of my vehicle and i stop and alighted to check. I found out that vehicle "B" bearing car plate number SLG8840K fail to check and collided with my vehicle right side.

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.:

VEHICLE NO: SLK 6235 AMAKE & MODEL: Mitsubishi Attrage 1-2

DATE OF ACCIDENT	<u>18 / 08 / 2018</u>	
TIME OF ACCIDENT	<u>11.15</u> <u>AM</u> / PM	
LOCATION OF ACCIDENT	<u>Serangoon Garden Way X Brighton Crescent</u>	
Exact Purpose use during accident		
NAME OF OWNER	<u>M3 Trading And Supplier</u>	
TELP NO		
NRIC / BIZ	<u>53351204 B</u>	
CLAIM TYPE	<u>OD</u> / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	<u>AIG</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>2100498236 - 01</u>	
NAME OF DRIVER	<u>As above</u> / If No: <u>MD Mashur Rahman Khan</u>	
NRIC	<u>S7765366Z</u>	Any passengers: <u>02 - female</u>
DATE OF BIRTH	<u>19 / 09 / 1997</u>	
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>10 / 07 / 2008</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	<u>9189 9676</u> Office:	Home:
ADDRESS	<u>BK 525 Woodlands Drive 14 #03-439</u>	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:	
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / <u>Raining</u> / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	<u>No</u> / If yes : Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes : Where?	
VEHICLE B NO.	<u>SLK 8840 K</u>	Any Passenger :
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	<u>Autowerke Automotive Pte Ltd</u>	
TELP NO	<u>8 Kaki Bukit Ave 4 #05-01/02</u>	
CONTACT PERSON	<u>Premier Building Singapore 415875</u>	
FAX NO.	<u>Alex Ben 9091 0000</u>	
	<u>6282 4292</u>	
	<u>Enquiry @ autowerke . com . sg</u>	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7765366Z**



Name

MD MOSHIUR RAHMAN KHAN

Race

BENGALI

Date of birth

19-09-1977

Sex

M

Country of birth

BANGLADESH

S7765366Z

8924775



NRIC No. **S7765366Z**



Nationality

BANGLADESHI

Date of issue

18-04-2008

APT BLK 525 WOODLANDS DRIVE 14 #03-439
SINGAPORE 730525

NRIC No: **S7765366Z**

Date: **09/07/2009**

No: **6254603**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7765366Z**

Name:

MD MOSHIUR RAHMAN KHAN

Birth Date: **19 Sep 1977**

Issue Date: **10 Jul 2008**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Jul 2008

NP 428A





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : M3 Trading And Supplier
 Period of Insurance : 23 Jan 2018 To 22 Jan 2019
 Engine No. : 3A92UDP2514
 Chassis No. : MMBSTA13AHH003812

Vehicle No. : SLK6235A
 Policy No. : 2190498836-01
 Endorsement No. :
 Issued Date : 19 Jan 2018

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
 Engine Capacity/Tonnage : 1193 Tonnage Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order (or with their 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 Inexperienced Driver Excess" ("YIDE") if you are of 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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
 2) use while towing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; c) use for any purpose in connection with Motor Trade.

* Limitation imposed irrespective 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

Fee - \$0 (Own Damage) - \$2000 (Theft) - \$0 (Flood Cover) - \$0

Section 2

Property Damage - \$2000

Windscreen - \$100

Named Driver and Excess (where applicable)

Mr. Mohd. Rahman Khan - \$2000 (Own Damage) \$2000 (Property Damage)

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

1. Cycle & Carriage Customer Service Centre (For windscreen claim only): Add: 330 12th Rd 3 Singapore 408605 67461000

2. Cycle & Carriage Body & Paint Centre: Add: 208 Randan Gardens Singapore 609379 65644501

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 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

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, 1956 (Malaysia).

0500722050

C&C FULCO-CORPORATE
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

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