

NATIONAL Assessment Centre Services

Form 1 (2006)

NUMA 118126165

| | | | | |
|------------|--------------------|--|-----------------------|---------|
| Date In | 28/9/18 17:05 | Job description | Date & Time Completed | Done by |
| Ref No | NA/ AIG 18017682/4 | SAS e-filing | | |
| Veh No | SLE 99420 | E-mail (within 4hrs, A/P: 2hrs) | | |
| DOA | 28/9/18 07:20 | I-Motor Claim Form | | |
| OT | Reporting Only | I-Motor W/O (Within, OD 2hrs, TP 4hrs) | | |
| IP Insurer | | I-Photo Uploaded | | |
| | | Assessment/Survey Report | | |
| | | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: | Fax: |
| IP Particulars: | Veh No: 5JX 9559B | 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 repaler.

() 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:- | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: 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 claimant against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | * N5: Courtesy Car / Tpl Allowance \$5 | | |
| | * N6: Repair Co-ordination \$10 | | |
| | * N7: Post Repair Inspection \$25 | | |
| | * N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | 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 | 28/09/2018 17:05 |
| Date Of Accident | 28/09/2018 07:20 |
| Exact Location Of Accident | STILL RD TWDS EUNOS B4 GEYLANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLE9942D |
| Insured/Policyholder | |
| Name Of Registered Owner | SAPPIDEEN IDRIS ANWAR |
| NRIC No | S2688181A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96450385 |
| Alternative Phone No | OFFICE-96450385 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | NISSAN |
| Model | QASHQAI |
| 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 | 2100478190-02 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | RASHIDAH BINTE KADER SAHEER |
| NRIC No | S7136690A |
| Date Of Birth | 09/10/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/01/1996 |
| Driving Experience | 22 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91395084 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 566 PASIR RIS ST 51 #07-110 |
| Postcode | 510566 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | |
| 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) | 1 |

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 ATTACHED 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 | SJX9559B |
| 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

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

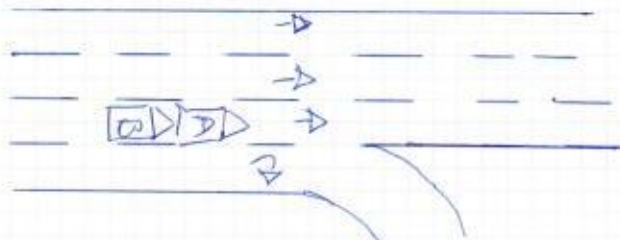
Witnessed by Reporting Centre Personnel

Sketch Plan

A: S2E9942D

B: SJX9559B

STILL RD TOWARDS ENDS.



Date of Accident : 28/09/2018 Accident Time: 0720HRS (24-HR-Format)
 Accident Place : STILL ROAD TOWARD ENOUS BEFORE GELAND RO
 Vehicle No. (Car Plate No.) : SL89942D Make/Model: NISSAN QASHQAI
 Insurance Company : AIG Policy No: _____
 Owner or Company Name /IC No. : IDRIS ANWAR SAPPIDEEN
3068 8181A
 Owner or Company Contact No. : 9645 0385 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : RASHIDAH BINTE KADER SAHEER
 DRIVER'S Date Of Birth : 09/10/1971 DRIVER'S License Pass Date 15 JAN 1996
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 566 PASIR RIS STREET 51 #07-110 510566
 DRIVER'S Contact No./ Alt No. : 1) 9139 5084 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : RSAHEER71@GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

| | |
|------------------------------|------------------------------|
| Vehicle No: <u>SJX9559B</u> | Vehicle No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

*** NEW - Passenger's name & gender:**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7136690A

NAME

1



RASHIDAH BINTE KADER
SAHEER

09-10-1971

F

Country of Birth

SINGAPORE



HYUNDAI

2739067



NRIC No. S7136690A



Blood Group: Date of issue

O+ 21-11-1995

APT BLK 566 PASIR RIS STREET 51 #07-110
SINGAPORE 510566

NRIC No: S7136690A

Date: 02/02/2013

No: 6959834

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

15 Jan 1996

NP 428A

Licence No: S7136690A



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 7 1 3 6 6 9 0 A**

Name:

**RASHIDAH BINTE KADER
SAHEER**

Birth Date: **09 Oct 1971**

Issue Date: **28 Aug 2003**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2688181A



SAPPIDEEN IDRIS ANWAR

Race
MALAY
Date of Birth
08-07-1967
Country of Birth
SRI LANKA



A8014457

NRIC No. S2688181A



Nationality
AUSTRALIAN

Blood Group
AB+ve
Date of issue
17-12-1998

APT BLK 566 PASIR RIS STREET 51 #07-110
SINGAPORE 510566

NRIC No: S2688181A

Date: 02/02/2013

No: 6959833

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Sappideen Idris Anwar
 Period of Insurance : 10 Aug 2018 To 09 Aug 2019
 Engine No. : MR20423101W
 Chassis No. : SJNFBAJ11U1740913

Vehicle No. : SLE9942D
 Policy No. : 2100478190-02
 Endorsement No. :
 Issued Date : 27 Jun 2018

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 2.0 PREMIUM 2014
 Engine Capacity/Tonnage : 1,997.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/PAFF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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

* 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)

Sappideen Idris Anwar - \$600 (Own Damage)

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

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

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: United Overseas Bank Limited

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).

0500610556

TAN CHONG CREDIT PTE LTD - KTP
 511 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE