

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA11835305**

Date In: 18/10/18-1343	Job description	Date & Time Completed	Done by
Ref No: 4A/1618018950/24	SAS e-filing		
Veh No: JUL87223	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: K/10/18-08.50	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: 6LQ4710B	INC () / Non-INC ()
Owner / Driver: (
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: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time

Actions

NAIP06624 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1st Bill	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:-				
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 (N-in INC) against INC \$20				
9) N12: Idac 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 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. 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	18/10/2018 13:43
Date Of Accident	15/10/2018 08:50
Exact Location Of Accident	791A UPP EAST COAST RD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8722S
Insured/Policyholder	
Name Of Registered Owner	BIRDY DRIVE
Co Reg No	53354411D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97239372
Alternative Phone No	OFFICE-97239372

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT 4WD SR
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	REPORTING ONLY
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	1800030258
Cover Note Number	

Driver

Name of Driver	NURIHDINAS BINTE ROSLI MRS NURIHDINAS FARREN
NRIC No	S8510778Z
Date Of Birth	08/04/1985
Occupation	INDOOR
Date Of Driving Pass	01/09/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97239372
Fax Number	
Contact Number	OFFICE-97239372
EMail Address	NOEMAIL

Address	24 FERNWOOD TERRACE
	#09-02
Postcode	458554
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	SIDE SWIPE
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)	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

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	SLQ4710B
Vehicle Make/Model/Colour	MAZDA 3
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:



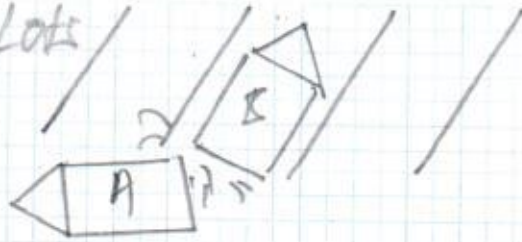
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Parking Lots



Vehicle A SLL8722S
Vehicle B SLQ4710B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dated 15/10/2018 around 8:50am.
my car reverse and accidentally hit onto
a stationary car.
my vehicle A is a Mitsubishi Outlander (SLL8722S)
The other vehicle B is a Mazda 3 (SLQ4710B)

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

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.:

SINGAPORE ACCIDENT STATEMENT

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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
- ★ Date Of Accident
- ★ Exact Location Of Accident
- ★ Country/State of Loss

15 10 2018
15 10 2018 8:50 am
791A Upper East Coast Rd Carpark
Singapore

DETAILS OF OWN VEHICLE

- ★ Vehicle Registration Number
- Insured/Policyholder
- Name Of Registered Owner / Company
- RIC No / Work Permit No / ROC No
- Email Address
- Mobile Phone No
- Alternative Phone No

SL 8722S
Birdy Drive
5335 4411D
ecv@elitecarventures.com
(LOCAL) 9723 9372
Others-

Vehicle Particulars

- ★ Manufacturer
- ★ Model
- ★ Exact Purpose for which vehicle was being used at time of accident
- ★ Are you claiming under your own insurance policy for repair to your vehicle?
If No, Please state action to be taken

Mitsubishi
Mitsubishi Outlander 2.4 CVT
Private Use / Commercial Use / Hirer Use

Yes / No / Third Party / Reporting

(Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government)

- ★ Vehicle Category
- Insurance Company
- Name of Insurance Company
- ★ Type Of Coverage
- Let Policy

AIG
Comprehensive

- ★ Policy Number
- Cover Note Number

Yes / No
1800030258

Driver

- ★ Name of Driver
- ★ NRIC No
- ★ Date Of Birth
- ★ Occupation
- ★ Date Of Driving Pass
- Driving Experience
- ★ Gender
- ★ Mobile Number
- Fax Number
- Contact Number
- EMail Address

Nurhdinas Binte Rosli Mrs Nurhdinas Farren
S85107782
08 04 1985
Indoor / Outdoor
01 09 2012
Female
(Local) 9723 9372
Others-
birdy.farren@yahoo.com

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

24 Fernwood Terrace #09-02

S (458554)

Yes / No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

☆ Number of Passengers (Including Driver)

Details of Police Action

☆ Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Collision :

Rainning / Clear / Other :

Wet / Dry / Other :

Yes / No

Yes / No

Name: _____

Yes / No

Yes / No

Yes / No

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

FAX NO:

Yes / No

Attachment(s)

Are accident photos available for attachment?

☆ Was there any video captured by Car Camera?

Was there any audio recorded?

Yes / No

Yes / No

Yes / No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

SLQ 4710B
Mazda 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8510778Z



Name
NURIHDINAS BINTE ROSLI
MRS NURIHDINAS FARREN

Race
MALAY

Date of birth 08-04-1985 Sex F

Country of birth
SINGAPORE



S8510778Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8510778Z

Name
NURIHDINAS BINTE ROSLI

Birth Date: 08 Apr 1985

Issue Date: 23 Jun 2010



001868244D



4570514



NRIC No. S8510778Z



Date of Issue
07-05-2010

24 FERNWOOD TERRACE #09-02
SINGAPORE 458554

NRIC No. S8510778Z Date: 29/03/2018


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

		EFFECTIVE DATE
C	Class 2B Motorcycles \leq 300 CC	13 Jun 2010
	Class 3A Motor cars without clutch pedals \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals \leq 2500 kg	01 Sep 2012

S8510778Z

S / No. 9000161217

Licence No: S8510778Z



NP 428A



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Birdy Drive
Period of Insurance : 22 Mar 2018 To 21 Mar 2019
Engine No. : 4B12SH8913
Chassis No. : JMYXTGF3WHZ001389

Vehicle No. : SLL8722S
Policy No. : 1800030258
Endorsement No. :
Issued Date : 22 Mar 2018

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.4 CVT
Engine Capacity/Tonnage : 2360 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : 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/or Inexperienced Driver Excess" ("YIDR") if You are or 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 whilst drawing 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 for any purpose in connection with Motor Trade.

* 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, 1997 (Malaysia), are not to be included under these headings.



EXCESS

Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Nurhidias Binte Rosli Mrs Nurhidias Farren - \$2000 (Own Damage) \$2000 (Property Damage), Peter M Farren - \$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 Ubi Rd 3 Singapore 408650 67461000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 606336 65984501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG web-site www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please indicate. (Company reserves the right to accept/reject the inclusion of any Named Drivers).

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

I/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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (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. Janik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPLLC