

NATIONAL Assessment Centre Services. [wef 1 Jan 08] MNA 118136290.

Date In: 20/10/18 14:11	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18019074164.	SAS e-filing		
Veh No: SFA 141 R.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/10/18 16:45.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SJH 2J..	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: (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

MA1806326		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Ref Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		20.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2008)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		* 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-on INC) against INC \$20			
		9) N12: Idac 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 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	20/10/2018 14:11
Date Of Accident	19/10/2018 16:45
Exact Location Of Accident	TAMPINES AVE 7 JUNC WITH TAMPINES AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ141R
Insured/Policyholder	
Name Of Registered Owner	LE MAN TRANSPORT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91884137

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	1700064435-01
Cover Note Number	-

Driver

Name of Driver	SULAIMAN BIN YA'AKUB
NRIC No	S1524905F
Date Of Birth	24/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/04/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91884137
Fax Number	
Contact Number	
Email Address	SULAIMAN.YAAKUB@YAHOO.COM.SG

Address	BLK 107 TAMPINES ST 11 #08-341
Postcode	521107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : SITI WARTINI
	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH2J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS CHONG
NRIC/Passport Number	
Contact Number	90044397
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 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.

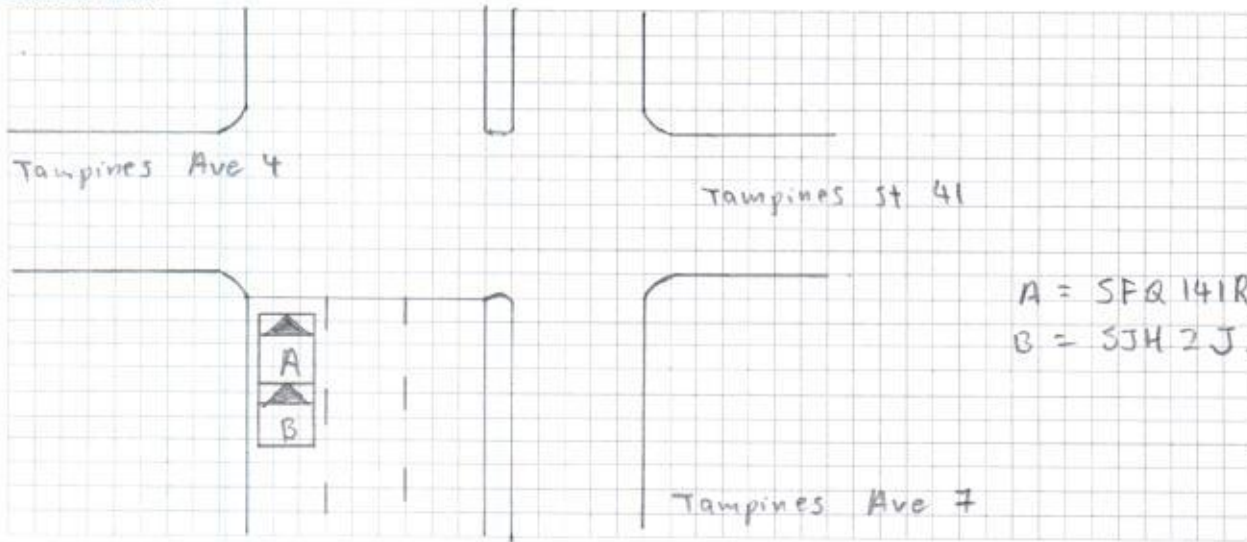


Policyholder's Signature
Date & Time:

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

Please refer to statement

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.:

I STOP AT THE TRAFFIC JUNCTION OF TAMPINES AVE 7 & TAMPINES AVE 4 DUE TO RED LIGHT. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJH2J) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 10 / 18) (DD/MM/YYYY), TIME: (16 : 45) (HH:MM)

LOCATION: Tampines Ave 7 Junc with Tampines Ave 4.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA141R
b) INSURANCE COMPANY: AIG.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: After work.
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: Le Man Transport (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91884137.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sulaiman Bin Ya' Akub. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91884137
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: SJH 2 J. MODEL: _____
b) DRIVER'S NAME: Mrs chong.
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90044397.

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

Seat: wartini

* No of passenger
(including driver)
()


* No of passenger
(including driver)
()

Email = sulaiman.yaakub@yahoo.com.sg.


fax =

VIDEO = Yes.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S1524905F**
 Name
SULAIMAN BIN YA'AKUB
 Birth Date **24 Apr 1962**
 Issue Date **03 Apr 2014**

002291013J



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S1524905F**



Name
SULAIMAN BIN YA'AKUB
 سليمان بن يعقوب
 Race
MALAY
 Date of birth
24-04-1962 Sex
M
 Country of birth
SINGAPORE

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	19 Jul 1997
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	27 Apr 1982
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	23 Aug 1991

NP 428A

Licence No: S1524905F



4778794



NRIC No. **S1524905F**


 Date of issue
04-10-2011

Address
APT BLK 107 TAMPINES STREET 11
#08-341
SINGAPORE 521107

CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Le Man Transport
Period of Insurance : 17 Oct 2018 To 16 Oct 2019
Engine No. : 3A92UGK6506
Chassis No. : MMBSTA13AJH000537

Vehicle No. : SFQ141R
Policy No. : 1700064435-01
Endorsement No. :
Issued Date : 27 Sep 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/PAFF : 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" ("YIDER") 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.c) use 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, 1987 (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)

Sulaiman Bin Ya'akub - \$2000 (Own Damage) \$2000 (Property Damage)

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

1. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600
2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65664501

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

If the vehicle is hired for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with the service operator. 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: United Overseas Bank Limited

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500722790

C&C FULCO-CEDRIC(MIT)

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSA