

# NATIONAL Assessment Centre Services.

[wef 1 Jan 2005]

17 MAY 2004

Date In: 30/10/2008 17:54	Job description	Date & Time Completed	Done by
Ref No: 1189/116450197014	SAS e-filing		
Veh No: 8JG 784L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/2008 19:00	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: 207755X	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:
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Date/Time	Actions

Client's Particulars:	Invoice Preparation Checklist:	Am (\$)	Abn (\$)
	1) AR: Accident Reporting (\$30):		
	2) DA: Damage Assessment (\$100):	INC (\$80)	
	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
Driver/Owner:	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-in INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors Comments:	
2nd Lt:	
2/3:	



## 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 GtA 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	30/10/2018 17:54
Date Of Accident	29/10/2018 19:00
Exact Location Of Accident	BKE TOWARDS WOODLANDS BEFORE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7884L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97114727
Alternative Phone No	OFFICE-97114727

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656
Cover Note Number	

### Driver

Name of Driver	AKBAR BIN ABDUL ALI
NRIC No	S1424872B
Date Of Birth	15/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97114727
Fax Number	
Contact Number	OTHERS-97114727
Email Address	NOEMAIL

Address	BLK 44 CHAI CHEE STREET #04-112
Postcode	461044
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	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7755X
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)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC6046T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 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.

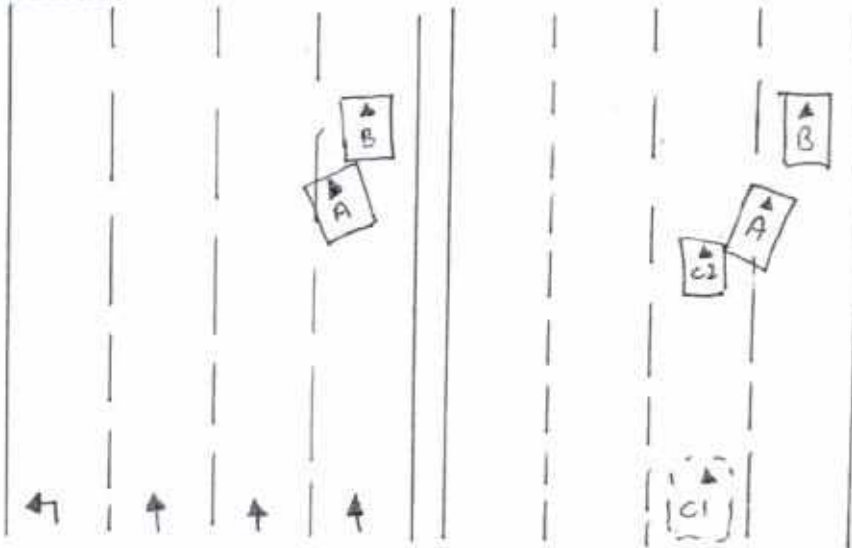


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Joseph Lim*  
NRIC/FIN No: *900111111111*

# SKETCH PLAN



BKE towards woodlands before Dairy Farm Exit

- (A) SJQ 7884L
- (B) SLD 7755X
- (C) SHC 6046T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A couldn't stop in time and hit onto Vehicle B. As I pull my steering back, my rear happened to go into lane 2. Vehicle C then swipe my rear portion.

## 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.:

30/10/2018  
Rashid Hassan

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 29/10/18 (dd/mm/yy) Time of Accident: 19:00 (24-HR-FORMAT)  
Vehicle No.: SJQ 7884 L Vehicle Make & Model: Hyundai Avente  
Exact location of Accident: BKE towards Woodlands Before Dairy Farm Exit  
Policyholder's Name / IC No.: Asset Limo 53309913K  
Driver's Name / IC No.: Akbar Bin Abdul Ali 51424872B (As Above) ☐  
Driver's Contact No.: 97114727 Company Contact No.: \_\_\_\_\_  
Driver's Address: 44 Chai Chee Street #04-112 S'461044  
Insurance Company: AIG Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

**No. of Passengers (Including Driver):** 02

**Passenger Name :** Passenger Grab  
**Passenger Name :** \_\_\_\_\_

**Gender :** Male  
**Gender :** \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: SLD 7755 X (B)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: SHC 6046 T (C)

Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report, information will be discarded after one week.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

AKBAR BIN ABDUL ALI

Birth Date: 15 Jul 1960

Issue Date: 19 Feb 2003

S1424872B

1000221877A

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. S1424872B

AKBAR BIN ABDUL ALI

INDIAN

15-07-1960

SINGAPORE

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	27 Mar 1989
Class 2A	Motorcycles between 201 cc and 400 cc	27 Mar 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Nov 1978

Licence No: S1424872B

APT BLK 44 CHAI CHEE STREET #04-112

S1424872B

10/04/2012

No: 6955551





HOTLINE TEL. (85) 6415-3000  
FAX. (85) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1984 (MALAYSIA)

M.L.000

(The below excess is subject to GST)

THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$1500.00 (Sect II)
CERTIFICATE NO.	SJQ7884L	WINDSCREEN EXCESS	NA
POLICY NO.	999994656	SUM INSURED	NA
		INSURING WITH COE/PARF	NA
		SJQ7884L	
		ASSET LIMO	
1) VEHICLE REGISTRATION NO.			
2) NAME OF INSURED			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE		25 May 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		09 March 2019	

\*Any person who is driving on the insured's order or with their permission.

S\$1,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old with less than 2 year driving experience.

Intended usage is for limousine/ rental purposes.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured.
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY NA

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 90 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 25 May 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000

HUND

55 Lorong L Telok Kurau

#02-59 Bright Centre

Singapore 425500

AUTHORISED REPRESENTATIVE

ORIGINAL

SSP000