

NATIONAL Assessment Centre Services. [wef 1 Jan 2005]

Date In: 22/1/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418021142/13	SAS e-filing		
Veh No: SJ5583C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/18 1955	i-Motor Claim Form		
(11) (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: (VISION AUTOWORK	Tel:	Fax:
TP Particulars:	Veh No: SJ5446U	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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1807660	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (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 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	22/11/2018 14:40
Date Of Accident	21/11/2018 19:35
Exact Location Of Accident	ADAM RD TWDS LORNIE RD(FARRER FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5583C
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN MOHAMED SAID
NRIC No	S7109327A
Email Address	IBAN102@YAHOO.COM
Mobile Phone No	(LOCAL) +65-85712624
Alternative Phone No	OTHERS-85712624

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	1800109434
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MOHAMED SAID
NRIC No	S7109327A
Date Of Birth	24/03/1971
Occupation	INDOOR
Date Of Driving Pass	27/07/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85712624
Fax Number	
Contact Number	OTHERS-85712624
Email Address	IBAN102@YAHOO.COM

Address	BLK 183 PASIR RIS ST 11 #03-46
Postcode	510183
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	RAINING
Road Surface	WET

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?	YES
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)	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

PLS REFER TO THE 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	SLJ5446U
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 INJURED PERSON 1

Name	ABDUL AZIZ BIN MOHAMED SAID
------	-----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK

SJT5583C

YES

NO

SKETCH PLAN

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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:

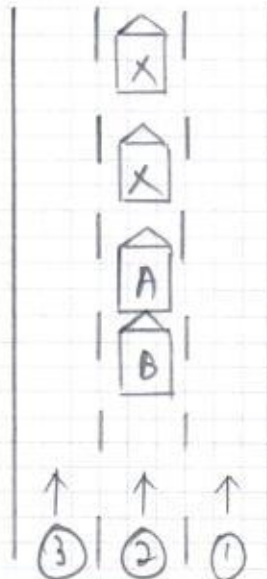
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



A = SJ15583C

B = SLJ5446U

Adam Road
towards
Lornie Road
(At Farrer Flyover)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 22/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 21.11.18 at about 19:35 hours along Adam Road towards Lornie Road (At Farrer Flyover). I was stationary on the lane 2 and it was heavy traffic, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): SJT 5583C

Vehicle (B): SLJ 5446U

A handwritten signature in blue ink, consisting of stylized cursive letters, likely 'JL' or 'SL', followed by a horizontal line.

SINGAPORE ACCIDENT STATEMENT

Accident Date:	21/11/2018	Time:	19:35.	(hh:mm) 24 hr format
Location	Adam Road towards Lornie Road (At Farrer Flyover)			
Vehicle Number	SJT 55836			
Insured Name	Abdul Aziz Bin Mohamed Said			
NRIC / FIN	S7109327A	Contact Number	85712624	
Make	Toyota	Model	V10S	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	1800109434			
Name of Driver	(<input checked="" type="checkbox"/>) Same as Insured			
NRIC / FIN	Contact Number 85712624			
Date of Birth	24/03/1971			
Driving Pass Date	27/07/1994.			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	iban102@yahoo.com () NO EMAIL			
Address of Driver	BLK 183 Pasir Ris Street 11. #03-46 Singapore 510183.			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others				
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes () No				
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No				
If yes, injured detail Abdul Aziz Bin Mohamed Said Back & Neck Pain.				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SLJ 5446U			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7109327A



ABDUL AZIZ BIN MOHAMED
SAID

Race
MALAY
Date of Birth
24-03-1971
Country of Birth
SINGAPORE

Sex
M



SJT5593C

Owner & Driver.



0597372



NRIC No. S7109327A

Blood Group
A+

Date of issue
02-11-1992

APT BLK 183 PASIR RIS STREET 11 #03-46
SINGAPORE 510183

NRIC No: S7109327A

Date: 17/12/2009

No: 6320265


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7109327A**

Name: **ABDUL AZIZ BIN MOHAMED SAID**

Birth Date: **24 Mar 1971**
Issue Date: **29 May 2003**

000524806D



SJT 55836

Owner & Driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jul 1994

NP 428A

Licence No: S7109327A



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : ABDUL AZIZ BIN MOHAMED SAID
Period of Insurance : 19 Oct 2018 To 18 Oct 2019
Engine No. : 1NZX974315
Chassis No. : MR053HY9305131457

Vehicle No. : SJT5583C
Policy No. : 1800109434
Endorsement No. :
Issued Date : 10 Oct 2018

ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : 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 authorized 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 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.

* 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ABDUL AZIZ BIN MOHAMED SAID - \$800 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

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: MayBank

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).

0501295000

INSURE LINK PTE LTD
2 KALLANG AVE #08-16 CT HUB
SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Yim Ying Loh