

# NATIONAL Assessment Centre Services

(wef 1 Jan'03)

|                                    |  |                       |         |
|------------------------------------|--|-----------------------|---------|
| Inc No: <b>01/12/18</b>            | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/HIC 180-21637/13</b> | SAS e-filing                             |                       |         |
| Veh No: <b>5GW 9829M</b>           | E-mail (Within 3hrs, AIC 2hrs)           |                       |         |
| DOA: <b>30/11/18</b> <b>1400</b>   | I-Motor Claim Form                       |                       |         |
| Q1) <b>(TP)</b> Reporting Only     | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                    | I-Photo Uploaded                         |                       |         |
|                                    | Assessment/Survey Report                 |                       |         |
|                                    | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: **TWINCOR** Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

TP Particulars: Vch No: **FB44323E** 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: \_\_\_\_\_

( ) Apply for Transport Allowance ( ) / Courtesy Car ( )

( ) QC Check / Post Repair Inspection ( )

( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Actions: \_\_\_\_\_

**NA1808030**

Claimant's Particulars:

Insured/Owner:

Policy No:

Damaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:

| Invoice Preparation Checklist                   |             | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
|   |             | Inc Bill  | Add Bill  |
| 1) AR: Accident Reporting (\$30);               |             |           |           |
| 2) DA: Damage Assessment (\$100);               | INC (\$80)  |           |           |
| 3) TP: 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) NI: Idno DA + SMRT Survey                    | \$160       |           |           |
| 8) NIUC Additional Services:-                   |             |           |           |
| ON*   |             |           |           |
| *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: Idno Mobile                             | \$0         |           |           |
| Invoice dated                                   |             |           |           |
| Invoice dated                                   |             |           |           |
|   | Fax Charged |           |           |
|   | Fax 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             | 01/12/2018 10:19                                 |
| Date Of Accident           | 30/11/2018 14:00                                 |
| Exact Location Of Accident | BEACH RD TWDS CRAWFORD ST@JUNC OPHIR RD/BEACH RD |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGW9829M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ZAIDI BIN UTTU       |
| NRIC No                     | S7036261I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96719287 |
| Alternative Phone No        | OFFICE-96719287      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | MITSUBISHI  |
| Model  | LANCER EX   |
| 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             | 1700028304-01                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | UTTU BIN AB RAHMAN    |
| NRIC No              | S0983722A             |
| Date Of Birth        | 14/11/1946            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 28/06/1979            |
| Driving Experience   | 39 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94288886  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 539 WOODLANDS DR 16<br>#03-117 |
| Postcode  | 730539                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | PARENT                             |
| 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?  | 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?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |            |
|-------------------------------------|------------|
| Vehicle Registration Number         | FBL4323E   |
| Vehicle Make/Model/Colour           |            |
| Details Of Properties               |            |
| Vehicle Category                    | MOTORCYCLE |
| Name of Driver                      |            |
| NRIC/Passport Number                |            |
| Contact Number                      | 97740264   |
| 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:

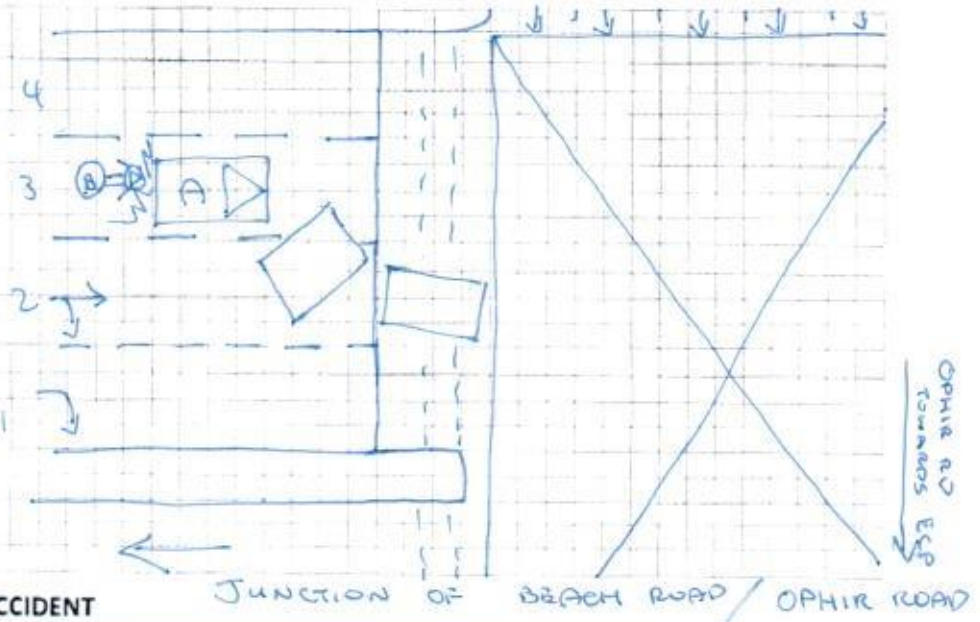
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

BEACH ROAD TOWARDS CRAWFORD STREET.

VEHICLE A  
- SGW 9829 M

VEHICLE B  
- FBL 4323 R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MOVING FORWARD AND BRAKED TO STOP  
ALONG BEACH ROAD TOWARDS CRAWFORD ST.  
I WAS ON THIS THIRD LANE.

I WAS MOVING STRAIGHT AHEAD WHEN THE TRAFFIC  
LIGHT TURNED GREEN. WHEN GOING STRAIGHT, SUDDENLY  
A VEHICLE CUT INTO MY LANE FROM THE RIGHT, AND  
SO I APPLIED BRAKES TO COMPLETE STOP AND MANAGED TO  
STOP IN TIME. SUDDENLY I FELT A IMPACT FROM THE  
REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS  
A VEHICLE (MOTOR BICYCLE FBL 4323 R) THAT COLLIDED  
TO THE REAR OF MY VEHICLE.

VEHICLE A - SGW 9829 M  
VEHICLE B - FBL 4323 R

## DECLARATION

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

utter  
Policyholder's Signature  
Date & Time:

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

ofyur 01/12/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





S0983722A



UTTU BIN AB RAHMAN

MALAY

Date of birth

14-11-1946

Sex

M

Issued at  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0983722A**  
Name: **UTTU BIN AB RAHMAN**

Birth Date: 14 Nov 1946  
Issue Date: 17 Dec 2008

001687368E



NRIC No. S0983722A



Date of issue

20-10-2010

Address

APT BLK 539 WOODLANDS DRIVE 16  
#03-117  
SINGAPORE 730539

Licence No. S0983722A

S / No. 9000138956

Class 3  
Class 2  
Class 2A  
Class 2B

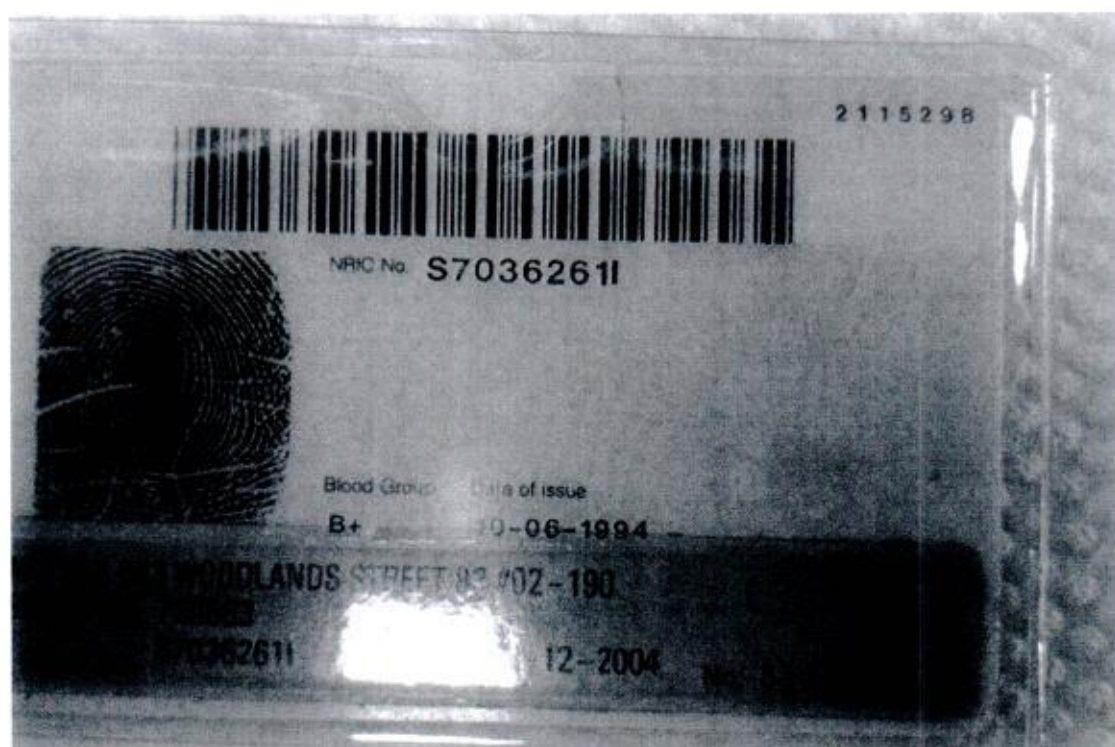
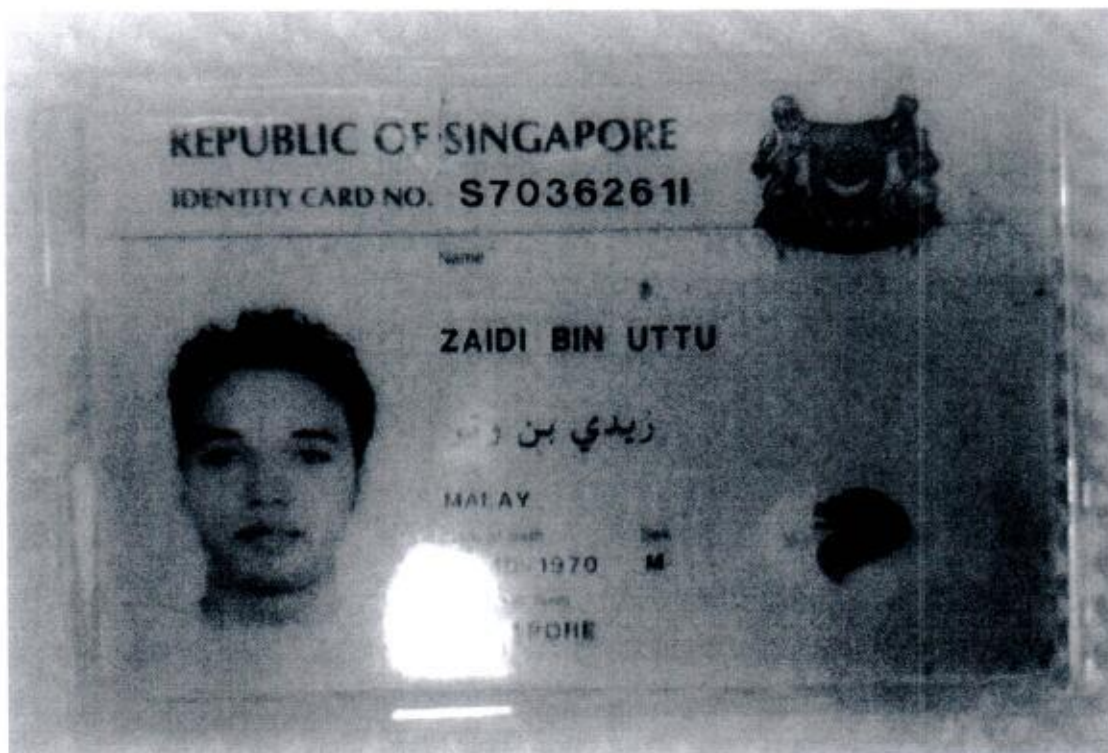
Motor cars < 3000 kg with ≤ 7 passengers, exclusive of the  
Motorcycles > 400 CC  
Motorcycles between 201 CC and 400 CC  
Motorcycles ≤ 200 CC

drivers, and motor tractors/vehicles ≤ 2500 kg

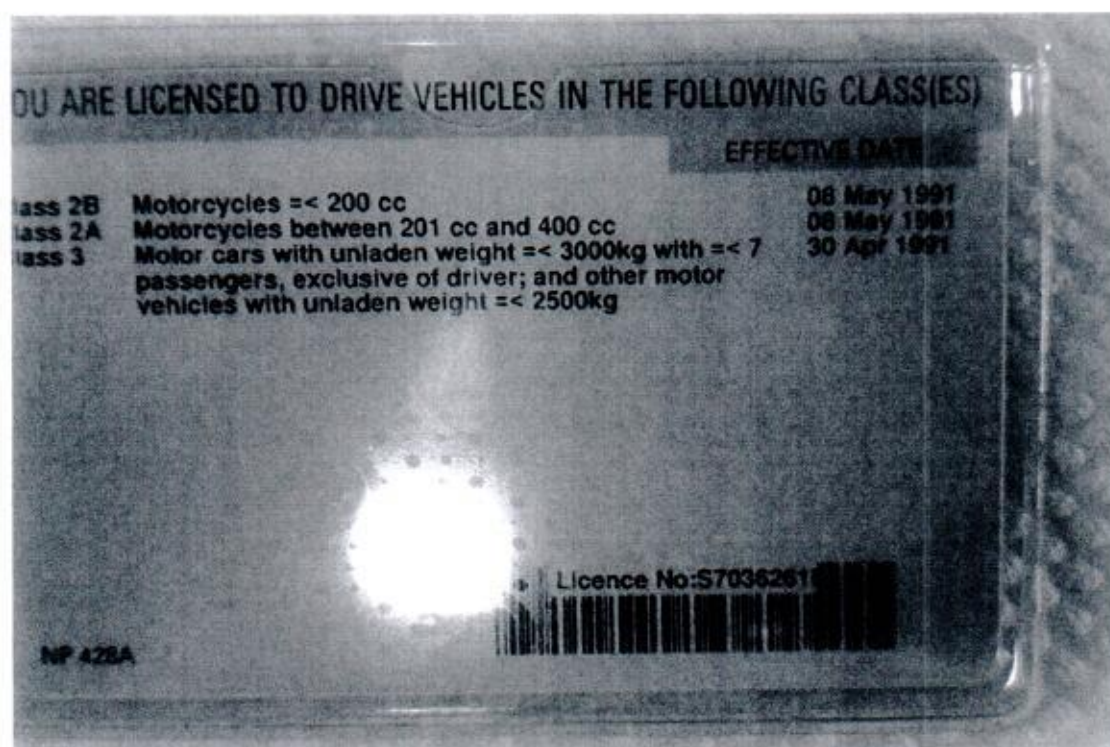
28 Jun 1979  
28 Jun 1979  
28 Jun 1979

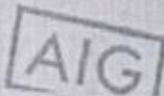
|   |   |                           |                            |
|---|---|---------------------------|----------------------------|
| <b>Vehicle No.</b>  | SAW 9529M   | <b>Model / Make</b>       | 16M3 LANCIA EX 1.6         |
| <b>Date of Accident</b>   | 30/11/2018  |                           |                            |
| <b>Time of Accident</b>   | 1400  | <b>HRS</b>                |                            |
| <b>Location of Accident</b>   | BEACH ROAD TOWARDS CRAWFORD STREET AT THE JUNCTION OF OPHIR RD / BEACH ROAD |                           |                            |
| <b>Exact purpose use during accident</b>  | PRIVATE USE   |                           |                            |
| <b>Name of Owner</b>  | ZAHID BIN UTM   |                           |                            |
| <b>Telephone No.</b>  | H/P : 96719287  | <b>Home :</b>             | <b>Office :</b>            |
| <b>NRIC</b>   | S7036261I   |                           |                            |
| <b>Address</b>  | BLK 863 WOODLANDS ST 83 #02-190 S(730863)                                   |                           |                            |
| <b>Claim type</b>   | OD  | <u>THIRD PARTY</u>        | REPORTING ONLY             |
| <b>Insurance Company</b>  |   |                           |                            |
| <b>Type of Coverage</b>   | <u>Comprehensive</u>  | Third Party               | Third Party / Fire / Theft |
| <b>Policy No.</b>   |   |                           |                            |
| <b>Name of Driver</b>   | As Above If <u>No</u> , UTM BIN AB RAHMAN                                   |                           |                            |
| <b>NRIC</b>   | S0983722A   | <b>Any Passengers :</b>   |                            |
| <b>Date of birth</b>  | 14/11/1946  |                           |                            |
| <b>Occupation</b>   | Outdoor   | /                         | <u>Indoor</u>              |
| <b>Driving License Pass Date</b>  | 28 JUN 1979   |                           |                            |
| <b>Gender</b>   | <u>Male</u> / Female  |                           |                            |
| <b>Contact No.</b>  | H/P : 94288886  | <b>Home :</b>             | <b>Office :</b>            |
| <b>Address</b>  | BLK 539 WOODLANDS DR 16 #03-117 S(730539)                                   |                           |                            |
| <b>Driver have any own vehicle</b>  | <u>No</u>   | If yes, Reg No.           |                            |
| <b>Relationship</b>   | Employee,   | If no, state <u>OWNER</u> |                            |
| <b>Weather condition</b>  | <u>Clear</u>  | Raining                   | Other                      |
| <b>Road Surface</b>   | <u>Dry</u>  | Wet                       | Other                      |
| <b>Any Injuries</b>   | <u>No</u>   | If Yes, Who?              |                            |
| <b>Name And Contact No.</b>   |   |                           |                            |
| <b>Name And Contact No.</b>   |   |                           |                            |
| <b>Police Report</b>  | <u>No</u>   | If Yes, Where?            |                            |
| <b>Vehicle B No.</b>  | FBL 4323E   | <b>Any Passengers :</b>   |                            |
| <b>Name of Driver</b>   | MUHAMMAD AMIR NARIS   | <b>Contact No. :</b>      | 97740264                   |
| <b>Vehicle C No.</b>  | BIN MUHAMMAD AMIN   | <b>Any Passengers :</b>   |                            |
| <b>Vehicle D No.</b>  |   | <b>Any Passengers :</b>   |                            |
| <b>Vehicle E no.</b>  |   | <b>Any Passengers :</b>   |                            |
| <b>Vehicle F No.</b>  |   | <b>Any Passengers :</b>   |                            |
| <b>Vehicle G No.</b>  |   | <b>Any Passengers :</b>   |                            |
| <b>Witness Name</b>   |   | <b>Witness Contact :</b>  |                            |
| <b>Accident Portion</b>   | REAR  |                           |                            |
| <b>Camera Recorder</b>  | <u>Yes</u> / No   | FAT / REAR :              |                            |
| <b>Email Address</b>  |   |                           |                            |
| <b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b> |   |                           |                            |
|   | Yes / No  |                           |                            |
| <b>PARTICULAR WORKSHOP</b>  | TWINCAR AUTOMOTIVE PTE LTD  |                           |                            |
| <b>CONTACT NO.</b>  | 6842 0051 / 6744 0510   |                           |                            |
| <b>CONTACT PERSON</b>   | IAN   |                           |                            |
| <b>FAX NO</b>   | 6741 0510   |                           |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>   | sales@n51.com.sg  |                           |                            |











AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78th Fl.



## CERTIFICATE OF INSURANCE

### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Zaidi Bin Utlu  
Period of Insurance : 17 Jul 2018 To 18 Jul 2019  
Engine No. : 4A92CP5276  
Chassis No. : JMY8RCY1AGU000669

Vehicle No. : SGW9825M  
Policy No. : 1700028304-01  
Endorsement No. :  
Issued Date : 29 Jun 2018

#### ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.6L  
Engine Capacity/Tonnage : 1,590 CC  
Driver Restriction : NA  
Sum Insured : Off Peak Car  
Market Value : No  
First Year of Registration : 2017  
Insuring with COE/PAF : Yes

#### Person or Classes of Persons Entitled to Drive\*

1. The Policyholder  
2. Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will not cover any person or any vehicle if the insured is driving under the influence of alcohol or drugs.  
You have to pay an additional sum of \$1,000 as "Young, under-licensed Driver Excess" (YUE) if the driver is a Young, under-licensed Driver (aged 21 and below) who has been driving for 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 for hire, driving test, racing, prize driving, roadworthy trial or speed testing, the carriage of goods other than cargoes in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Loss : \$100K - \$600K

\* Limitations, conditions and exclusions by Section 8 of the Motor Vehicle (Third-Party Risk and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Amended), are not to be construed under these headings.

#### EXCESS

Section 1  
Fire - \$0, Over Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2  
Theft - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Zaidi Bin Utlu - 50% (Over Damage)

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

1. Cycle & Carriage Authorised Service Centres: Add 20 Lany Kee Rd Singapore 130014 54708655  
2. Cycle & Carriage Authorised Service Centres (for windscreen repairs): Add 395 Ulu Rd Singapore 400130 6744-1000  
3. Cycle & Carriage Authorised Service Centres: Add 200 Pandan Gardens Singapore 649139 88534301

The above Approved Reporting Centres/Authorised Repairers, please contact for 24-hour accident emergency hotline at 645 0238 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) for AIG 24-hour hotline. Simply search for "AIG 24-hour hotline" on Google Play.

#### IMPORTANT NOTES

Reinsured by Company/Employer's Loan: United Overseas Bank Limited

This Certificate is only valid for the policy to which this Certificate of Insurance relates and is not valid for any other policy. It is subject to the Motor Vehicle (Third-Party Risk and Compensation) Act (Cap. 186) and the Road Transport Act, 1987 (Amended) and Motor Vehicle (Third-Party Risk and Compensation) Act (Cap. 186) and the Road Transport Act, 1987 (Amended).

Printed Name of Policyholder

Printed Name of Policyholder

Printed Name of Policyholder

Printed Name of Policyholder

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE