NATIONAL Assessment Centre	Services part 1 sarios	MNA418162184	C,		
Date In: 11/2018 (5:04:	Jeb description	Date &Time Completed	Done by		
RETNO: NBA/1748022594/	SAS c-filing				
Veh No: Sal 1708 L	E-mail (within this, AIC 2hi	s)	*		
DOA: 17/12/2018 11:30	l-Motor Claim Form				
OD / TP V Reporting Only	i-Motor W/O (Within: OD 2hts, TP 4hrs)				
Oly 11 A. Reporting Omys	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Repo	rt			
Tr Hadici	Ass't Report by Fax / Ha	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (	The state of the s	Tol: F	ax:		
TP Particulars: Veh No: XV	5819B INC	C( , )/Non-INC( ).			
Owner / Driver: (		Tel:	)		
Policy No: ( ) Perio	d: (	) Cover Type: (	)		
Confirmed by : (	Dater	Timer	)		
		0-20%; P: 21-79%. P: 80-1	00%]		
	nranty: YES ( )/NO (	)			
Excess: (\$ ) Londing: \$1,000	( )/\$2,000( )	Managaran and Angel	<del>delichtenin menine</del> a		
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( ) Walk-In Customer : Customer's Inform		Strictly NO rater of repairer.			
Drive-in ( )/ Towed-in ( ); Invoice:		<u> </u>	<del></del>		
	YES( )/NO( )	; Towing Co: ( · , '	(A) C T (AMILY A GORDON TO THE TOTAL		
Common week (UNE COMMENCED RECEIVED	ATTEMPT OF THE STATE OF STATE	公司 中国企业的国际中国中国	with thomas by		
	rtesy Car ( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$300]	( ·)		<del></del>		
	0) ( )				
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Claumant aphraighty see		icat Reporting (\$30); INC (\$8			
Driver/Owner:	3) TF : Towin	y-Through Survey	7545		
Contact No:	A PT + Fulloy	- A IN THE COLUMN TO SERVICE AND A SERVICE A	\$30		
	6) TR: Re-in	spection	\$75		
Damaged Portion:	7) NI : Idao I	OA + SMRT Survey	160		
OC Charlest by Character Character	on:				
QC Checked by (Engr-In-Charge):	* N6: Reps	lesy Car / Tpt Allowande	\$10 510		
Auditors Comments:	With Walley Start NY: Fast	Repeir Inspection Collect Excess Coordination	\$25 \$3		
Tal. 1;	TP (N11)	TP (Non INC) against INC	30		
	9) N12: Idao		MATERIAL C		
1 2/3:	Involce dates		ESTERIES		

#### 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 witholding 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.
- 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:

THE RESERVE OF THE RE	ACCIDENT STATEMENT	
Date Of Report	17/12/2018 15:04	
Date Of Accident	17/12/2018 11:30	
Exact Location Of Accident	PIE BEFORE BALESTIER EXIT 7A TOWARDS JURONG	
Country/State of Loss	SINGAPORE	
DI	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT1708L	
Insured/Policyholder		
Name Of Registered Owner	MOHAMED HAJA NAZIMUDEEN	
Co Reg No	S8280088L	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92384982	
Alternative Phone No	OFFICE-91443884	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	130-1.6 FD (A)	
Exact Purpose for which vehicle was being used at time of accident	Wally and representation of the	
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 CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100334601-05	
Cover Note Number		
Driver		
Name of Driver	JAARVIS ALI S/O MOHAMED KASSIM	
NRIC No	S9122419D	
Date Of Birth	29/06/1991	
Occupation	INDOOR	
Date Of Driving Pass	16/10/2017	
Driving Experience	1 YEAR AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91443884	
Fax Number		
Contact Number	OTHERS-92384982	
EMail Address	NOEMAIL	

Address

BLK 453 JURONG WEST STREET 42

#06-96

Postcode

640453

r ostoode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FRIEND

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 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

SKV5819B

Vehicle Make/Model/Colour

NISSAN SYLPHY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOHN NGIAM TEE XIONG

NRIC/Passport Number

S9006828H

Contact Number

90469361

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJX8815T

Vehicle Make/Model/Colour

HONDA STREAM

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 3**

Vehicle Registration Number

SCM9866T

Vehicle Make/Model/Colour

MERCEDES BENZ E400

**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

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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:
  - 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 k not the policyholder)

Date & Time:

7/12-

Reporting Centre Personne's Signati

Name:

NRIC/FIN No.1

SKETCH PLAN	PIL CEMPORT	CALLESTICK)	EYIN TO	TOWNERS	Fredry
			P		
A) 557	17021		0		
B) sky					
c) SJX	Appropriate the second		10		
D) scm			B		
		1 1	A A		
DESCRIBE CIRCUMST	ANCES OF THE ACCIDE	ENT			
of PIE 2 reacti	divity under (7vas) when don time, in font. 7/2 2 cas	a car	gen brak ge fost e 3 cas is	ed in fro	nt dalkersh
DECLARATION  I/We declare the foregoin  Policyholder's Signature  Date & Time:	or particulars are true in e  Oriver's Sig (If driver is	nature not the policyholder)	Name	ow 17(1) Ting Centre Persons	12000 per signature management

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 12 18 JOD/MM/YYY), TIME: 11 : 30 J(HH:MM)
LOCATION: PIE (Before Beliter exit 70 touch Sung)
1. DETAILS OF VEHICLE
alvehicle Number: SJT1708 L
DINSURANCE COMPANY: A 16
C)POLICY NUMBER: 2100334601-05
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
D)MAKE & MODEL: H-LUNDAL ISO
f)TYPE:(SALOON / COURE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Wak-
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE PHO (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Mohamed Haja Nortinudeen (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: S & 2 8 008 CONTACT: 92 38 4982.
FLIEND (F) CIADDRESS: 70B Tele ( Blongal Heights # 11-517 S(102070
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passange, DRIVER
(Including driver) DINDICCENTRASSPORT SERVICE MOHAM 20 KASSIM (MALE / FEMALE)
(2) DINRIC/FIN/PASSPORT: 3912) 4150 CONTACT: 9/44 38F4.
CIADDRESS: 453 Junny Wast St 42 #06- 96 5(640453)
*d)DATE OF PIDTUL 36 . 26 . 1991
*d) DATE OF BIRTH: (29/06/1991) (DD/MM/YYYY)
DATE OF DRIVING PASS 16 UCT 2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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:
# No of passinger a) VEHICLE NUMBER: SKVS819B MODEL: NISSAN SYLPHA.
MODEL NOWBER,
( Including driver) b) DRIVER'S NAME: John Norm Tec XiOng ( ) NRIC/FIN/PASSPORT: 59006725H CONTACT: 90469361
() NRIC/FIN/PASSPORT: STORE CONTACT: 9046 9361
the of programmer of population of programmer of population of programmer of programme
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT:
( )
SCM98667 MERC 5400
MIZIC ZTOS.
·

email =

## PASSPORT (SE



## REPUBLIC OF SINGAPORE

Type Country Code Pass PA SGP E41 Name

E4165835C



JAARVIS ALI S/O MOHAMED KASSIM

SINGAPORE CITIZEN 29 JUN 1991 10 OCT 2013

SINGAPORE 25 MAY 2019

SEE PAGE 2 S91224190

MINISTRY OF HOME AFFAIRS

PASGPJAARVIS<ALI<SO<MOHAMED<KASSIM<<<<<<< E4165835C4SGP9106293M1905250S9122419D<<<<<50 .

# REPUBLIC OF SINGAPORE DRIVING LICENCE --- S9122419D JAARVIS ALI SIO MOHAMED KASSIM - 29 Jun 1991 --- Deru 31 Jul 2017 002708874G

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

EFFECTIVE DATE

Motorcycles == 200 CC Motor cars == 3000 kg with == 7 passengers, exclusive of the driver; and motor tracorcycehicles == 2500 kg

31 341 3817 14 Oct 3817

N9122419D

S / No.9000310861

NP 429A

Licence No:591224190



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Mohamed Haja Nazimudeen

Period of Insurance

: 28 Mar 2018 To 27 Mar 2019

Engine No.

: G4FC9U659236

: KMHDC51DR9U182565 Chassis No.

Vehicle No.

: SJT1708L

Policy No.

Issued Date

: 2100334601-05

Endorsement No.

: 20 Mar 2018

### ABOUT THE COVER

Driver Restriction

Make/Model

: HYUNDALL 30

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration

Off Peak Car : No

Insuring with COE/PARF : No

2009

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

a) The Policyholder b) Any offering

: NA

by Any other person who is driving on the Policyholden's order or with higher permission.
This frolicy will indemnify the Policyholder or any authorised traver only it he/sine meets the specified age condition.

You have to pay an coditional 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 29 endor has less. than 2 years' driving expenience.

Age Condition

All Age Condition

Limitation as to use\*

Use only for social, demestic and plasture purposes and for the Policyholder's loasinous. This Policy does not cover use for Fire or reward, driving fullion, driving test, racing, page-flasing, their army purpose in connection with Motor Trace.

Lass of Use 1500cc - 1800cc Optional

Limitations rendered inoperative by Section 8 of the Motor Varioties (Thirtt-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1957 (Malaysia), are not to be included under those headings.

#### EXCESS

Section 1

Fire - SD Own Damage - \$600 Theft - SD Flood Cover - \$0

Section 2

Property Dannage + 30

Windscreen: \$100

Named Driver and Excess (where applicable)

Mohamed Haja Nazimudeen - \$600 (Own Damage)

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

Approved reporting controls and Authorised Reported violating reports. When the first region along the Vehicle must be certed by by one of an Authorised Reported. When the first region along the first region and the folia Agent's workened additionable Reported out 24-hour incomes an action of the first region and the folia Agent's workened for a suppression of the first region and district anamed and district and district and district and district and dist

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

With hereby cartify that the policy to which this Certificate of Insurance relates is assured in accordance with the provisions of the Motor Various Third Party Plans and Compensation, Adv. Cas. 1804. Plan to of the Road Transport Act., 1987 (Malaysia) and Motor Veticles (Third Party Risks) Rollin. 1988 (Malaysia)

0503906000

CHESSA INSURANCE AGENCIES P.L. 10 KAKI BUKIT AVE 4 #04-64 PREMIER @ KAKI BUKIT SINGAPORE 415874 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. ALITHORISED REPRESENTATIVE