

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA19006842**

Date In: 15/1/19-14:54	Job description	Date & Time Completed	Done by
Ref No: NA/19000905/24	SAS e-filing		
Veh No: 5677757	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/19-09:40	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: WA4496K	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: _____

Date/Time	Actions

NA1900914 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR : Accident Reporting (\$30);		In Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : 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) 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 (Non 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	15/01/2019 14:54
Date Of Accident	14/01/2019 09:40
Exact Location Of Accident	BKE TWDS PIE AFTER DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT775J
Insured/Policyholder	
Name Of Registered Owner	LAMBERT ALDINO RUMAMBI KAMALDIN
NRIC No	S8020866I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92396040
Alternative Phone No	OFFICE-92396040
Vehicle Particulars	
Manufacturer	KIA
Model	SORENTO 2.2(A) CRDI 2WD S/R
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	2100504641-01
Cover Note Number	
Driver	
Name of Driver	LAMBERT ALDINO RUMAMBI KAMALDIN
NRIC No	S8020866I
Date Of Birth	16/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92396040
Fax Number	
Contact Number	OFFICE-92396040
EEmail Address	NOEMAIL

Address	BLK 437 FAJAR ROAD #08-378
Postcode	670437
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : NURLIANAH BINTE NURUDDIN 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

REFER TO 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	WA4296K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SKU4845L
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 3

Vehicle Registration Number SKM2213R
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 NURLIANAH BINTE NURUDDIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGT775J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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

BKE/PIE after dairy Pa



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I VEH A (SGT 775J) was travelling along BKE TOWARDS PIE. VEH C (SKJ 4845L) which was in front of me came to a stop. I managed to stop in time. I then felt an impact from my vehicle rear. I alighted to find out that VEH B (WA 4296K) have failed to stop in time and collided into my vehicle rear portion. The impact causes my vehicle to propel forward and collided into VEH C. I found out that I was involved in a chain collision which also include VEH D (SKM 2213R).

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.:

Date of Accident : 14/1/19 Accident Time: 09:40 (24-HR-Format)

Accident Place : BKE/PIE after dairy farm Exit

Vehicle Reg. No. (Car Plate No.) : SA7 775J

Vehicle Make/Model : Kia Sorento 2.2 A Diesel

Insurance Company : AIG Policy No. 2100504641-01

Owner or Company Name /IC No. : Lambert Aldino Rumbi / 58020866 I

Owner or Company Contact No. : 9239 6040 Owner's Hp - Company Tel -

DRIVER'S Name / IC No. : - As Above

DRIVER'S Date Of Birth : 16/07/1980 DRIVER'S License Pass Date 09/10/2001

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 437 Teger Rd 408-378 s(670437)

DRIVER'S Contact No./ Alt No. : 1) 9239 6040 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : -

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 04 (1m, 1f, 1f) Nurliangh Binte Nuruddin

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: WA 4296K CB

Vehicle Reg. No: SKU 4845L CC

Vehicle Make/Model: Myvi

Vehicle Make/Model: -

Name Driver: -

Name Driver: -

IC No. Driver: -


IC No. Driver: -

Driver's Contact & Add: -

Driver's Contact & Add: -

Vehicle Reg No: SKM 2213 R CA

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80208661



Name
**LAMBERT ALDINO RUMAMBI
KAMALDIN**


Race
INDONESIAN

Date of birth
16-07-1980

Country of birth
SINGAPORE

Sex
M

S80208661



4741753



NRIC No. S80208661



Date of issue
04-07-2011

Address
**APT BLK 437 FAJAR ROAD
#08-378
SINGAPORE 670437**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S80208661


Name:
**LAMBERT ALDINO RUMAMBI
KAMALDIN**

Birth Date: 16 Jul 1980

Issue Date: 20 Mar 2017



002667366A



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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	07 Apr 2003
Class 2A Motorcycles between 201 cc and 400 cc	25 Jan 2005
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	09 Oct 2001

NP 428A

Licence No: S80208661





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lambert Aldino Rumambi Kamaldin
Period of Insurance : 22 Mar 2018 To 21 Mar 2019
Engine No. : D4HBHH309872
Chassis No. : KNAPH81BMH5318510

Vehicle No. : SGT775J
Policy No. : 2100504641-01
Endorsement No. :
Issued Date : 16 Mar 2018

ABOUT THE COVER

Make/Model : KIA SORENTO 2.2 A DIESEL
Engine Capacity/Tonnage : 2,199.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARE : 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 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" ("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.

Loss of Use 1500cc - 1600cc

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lambert Aldino Rumambi Kamaldin - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278600
3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: Daimler Financial Services Africa & Asia Pacific Ltd

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).

0500708274

CYCLE & CARRIAGE - ALTHAM(KIA)
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SURNAME