

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNR 19 0081 60

Date In: 12/1/19 - 18:12	Job description	Date & Time Completed	Done by
Ref No: NA/A1619001125/24	SAS e-filing		
Veh No: 1KQ 8307	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 12/1/19 - 07:05	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: 4219394	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 1900454	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
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		
	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Lat 1:	9) N12: Idac Mobile 30		
Lat 2 / 3:	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	17/01/2019 18:10
Date Of Accident	17/01/2019 07:05
Exact Location Of Accident	JLN DAMAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5830T
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	201608540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994463
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN JAFFAR
NRIC No	S7299091I
Date Of Birth	31/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87488577
Fax Number	
Contact Number	OFFICE-87488577
Email Address	NOEMAIL

Address	BLK 2 SPOONER ROAD #05-60
Postcode	168790
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	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	2
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ1939G
Vehicle Make/Model/Colour	KIA CERATO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NEO SIEW YONG

NRIC/Passport Number

S7309252C

Contact Number

81124870

Address

BLK 122 BEDOK RESERVOIR ROAD
#09-1027

Postcode

470122

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZULKIFLI BIN JAFFAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKQ5830T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.



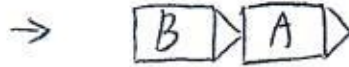
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Jalan Damai



(A) SK05830T
(B) SL21939G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Damai. As the traffic light was red, I stopped my vehicle and stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

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:

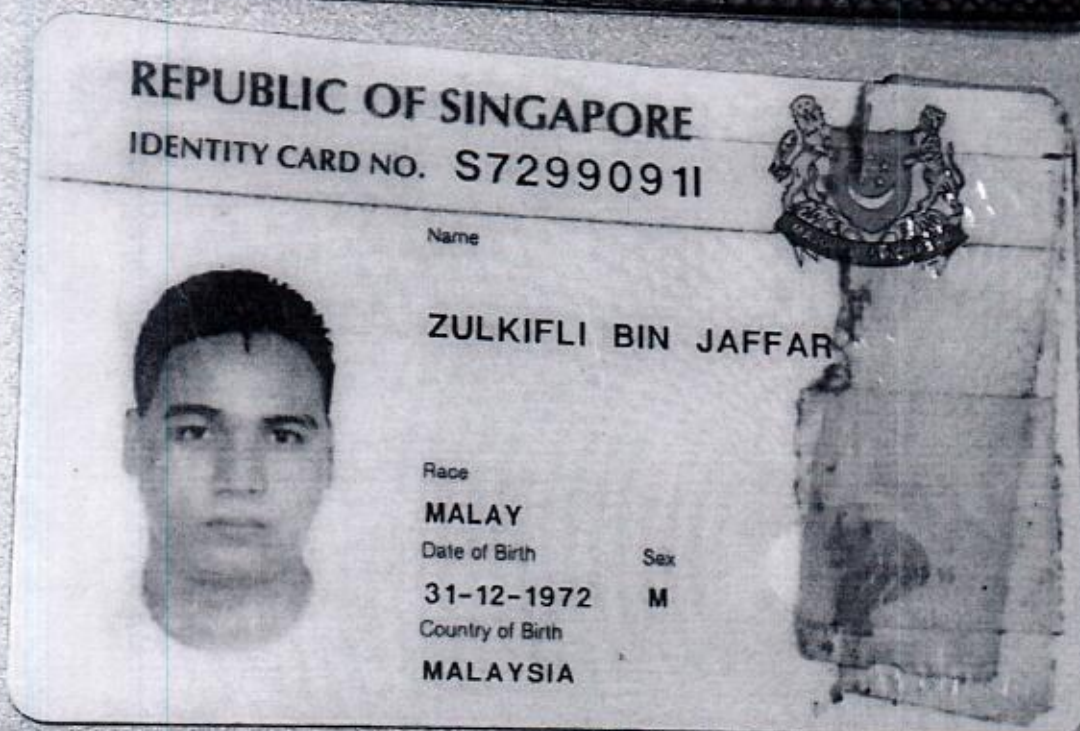
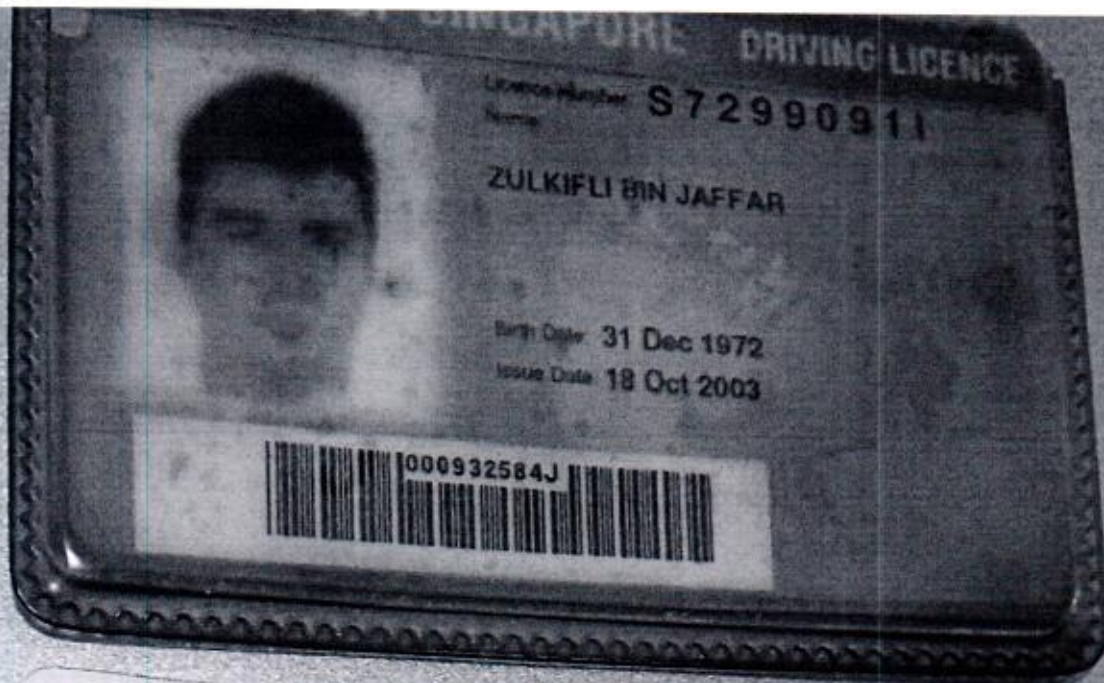
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 17/1/2019 Accident Time: 07:05 (24-HR-Format)
 Accident Place : Jalan Damai
 Vehicle Reg. No. (Car Plate No.) : SKQ 5830T
 Vehicle Make/Model : Honda Stream
 Insurance Company : AIG Policy No. 999974661
 Owner or Company Name /IC No. : Fresh Cars P/L / 2016085462
 Owner or Company Contact No. : - Owner's Hp : - Company Tel : -
 DRIVER'S Name / IC No. : ZULKIFLI BIN JAFFAR / 572990911
 DRIVER'S Date Of Birth : 31/12/1972 DRIVER'S License Pass Date : 18 Jan 2000
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Wife
 DRIVER'S Address : 111/111 SPONDER RD #05-60 (S) 168790
 DRIVER'S Contact No / Alt No. : 1) 8748 8577 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): 1 driver , 4 passengers (3 female, 1 male)
 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: (B) SL2 1939G	Vehicle Reg. No: _____
Vehicle Make/Model: KIA CERATO	Vehicle Make/Model: _____
Name Driver: NEO SIEW YONG	Name Driver: _____
IC No. Driver: 5730 9252 C	IC No. Driver: _____
Driver's Contact & Add: 111/111 SPONDER RD #05-60 (S) 168790 Hp: 811 2 4870	Driver's Contact & Add: _____

Injured Person (1) Driver: Zulkifli Bin Jaffar / 572990911



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	28 Jun 1999
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jul 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jan 2000

NP 428A

Licence No: S72990911

3291628

NRIC No. S72990911

Blood Group: - Date of issue: 13-01-2003

APT BLK 2 SPOONER ROAD #05-60
SINGAPORE 168790

NRIC No: S72990911 Date: 13/01/2016

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
L3	PRIVATE HI	18/06/2018





HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

THIRD PARTY		COMMERCIAL MOTOR		POLICY EXCESS		S\$2000.00 (Sect II)
CERTIFICATE NO.		SKQ5830T		WINDSCREEN EXCESS		NA
POLICY NO.		999994463		SUM INSURED		NA
				INSURING WITH COE/PARF		NA
				SKQ5830T		
				Fresh Cars Pte Ltd		
1) VEHICLE REGISTRATION NO.				13 December 2018		
2) NAME OF INSURED				06 September 2019		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT						
4) DATE OF EXPIRY OF INSURANCE						
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*						
<small>Any person who is driving on the Insured's order or with their permission. S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience. The policy does not cover drivers who are below 21 years old and/or with less than 2 year driving experience.</small>						
<small>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.</small>						
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.						
<small>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing 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.</small>						
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 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).

Issued in Singapore 12 Dec 2018

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 596604

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC