

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119013634

| | | | |
|--|--|-----------------------|---------|
| Date In: 29/1/19 11:19 | Job description | Date & Time Completed | Done by |
| Ref No: NA1AIG19001875/64. | SAS e-filing | | |
| Veh No: SKP 44662 | E-mail (within 3hrs, AIG 2hrs) | | |
| D.O.A: 29/1/19 08:05. | I-Motor Claim Form | | |
| <input checked="" type="radio"/> 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: SKT 5827M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|-----------------------------------|---|-------------|----------|----------|
| Claimant's Particulars: NA1900801 | Invoice Preparation Checklist | Am (S) | Ref Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | 30.00 | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 | | | |
| Auditors' Comments: | 5) PT: Follow-Through Survey (Resurvey) \$30 | | | |
| Ref. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Ref. 2/3: | 6) TR: Re-Inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC 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: Idao Mobile 30 | | | |
| | 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 | 29/01/2019 11:19 |
| Date Of Accident | 29/01/2019 08:05 |
| Exact Location Of Accident | UPPER BT TIMAH RD SLIP RD B4 JLN ANAK BUKIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKP4466Z |
| Insured/Policyholder | |
| Name Of Registered Owner | MAJULAH CAR LEASING PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-94756299 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | VOLKSWAGEN |
| Model | TOURAN |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994639 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | WAFIUDDIN BIN MASHOR |
| NRIC No | S8524449C |
| Date Of Birth | 30/07/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/03/2004 |
| Driving Experience | 14 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90616772 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | BLK 459 SEGAR RD #16-171 |
| Postcode | 670459 |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 2 |
| Passenger 1 | NAME: : KHASIDAH |
| | 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

I WAS TRAVELLING ALONG UPPER BUKIT TIMAH RD, ALL OF SUDDEN, VEH B (BEARING NO SKT5827M) WHICH WAS INFRONT OF ME JAMMED BRAKE. I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKT5827M |
| 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)

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.:

Upp Bukit timah Rd

↓ ↓ ↓

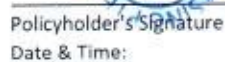
Courts

A = SKP4466
B = SKT582

$$B = 5KT5827M$$

Please Refer to statement

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



NAF



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8524449C



Name: WAFIUDDIN BIN MASHOR

Race: JAVANESE
Date of birth: 30-07-1985
Country/Place of birth: SINGAPORE

Sex: M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8524449G

Name: WAFIUDDIN BIN MASHOR

Birth Date: 30 Jul 1985
Issue Date: 25 Mar 2004



001175259K



cos no one else



5509217



NRIC No. S8524449C



Date of issue: 06-08-2015

Address: APT BLK 459 SEGAR ROAD
#16-171
SINGAPORE 670459

潘發展私人有限公司 THE FOLLOWING CLASSIES

A. S. PHOON PTE LTD

Class 2B Motorcycles up to 250 CC

Head Office: 393 Chinua Road Singapore 19846 Tel: (65) 6747 0770 Fax: (65) 6841 1263

Serangoon: 1007-A Serangoon Road Singapore 55168 Tel: (65) 6299 0770 Fax: (65) 6298 0924

Ubi: Bix 3007-001-400 Ubi Road Singapore 540070 Tel: (65) 6744 0770 Fax: (65) 6742 0250

Toh Guan: Bix 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779

Website: www.asphoon.com Email: Enquiry@asphoon.com

S8524449C

S/No. 9000181712

NP 428A

License No: S8524449C



Class 3

25 Mar 2004.



TOLL FREE TEL: 1800 6419 8000
FAX: 65 6419 3723

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES THIRD PARTY RISKS AND COMPENSATION RULES 1987

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES THIRD PARTY RISKS RULES 1987 (MALAYSIA)

M 2400

COMPREHENSIVE
CERTIFICATE NO.
POLICY NO.

COMMERCIAL MOTOR

SKP4466Z

999991639

999994639

POLICY EXCESS
WINDSCREEN EXCESS

S\$2000.00 (Sect 1)

S\$100.00

SUM INSURED
INSURING WITH COE/PARF

Market Value

Yes

SKP4466Z

MAJULAH CAR LEASING PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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*

15 May 2018

14 May 2019

*Any person who is driving on the Insured's vehicle with their premises.

S\$1,000.00 Section 1 Excess and S\$1,500.00 Section 2 Excess is applicable for drivers who is above 22 years old and/or with minimum 2 years driving experience.

S\$4,000.00 Section 1 Excess and S\$3,000.00 Section 2 Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.

The policy does not cover drivers who are below 21 years old with less than 1 year driving experience.

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 government or regulation as that person from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured.
- 2) Use for work, domestic, pleasure purposes and business purposes of any person where the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for racing, driving test, racing, performance, reliability trial or speed testing. 2) Use whilst driving a trailer except the towing (other than for reward) of any one towed mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Maybank

*Limitations provided in accordance with Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia). It is not to be included under these headings.

I 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, 1987 (Malaysia).

Issued in Singapore 18 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd

50 0012 000

Hund

55 Loring's Tower, Raffles

802 59 Bright Centre

Singapore 425900

AUTHORIZED REPRESENTATIVE

SERDEC

ORIGINAL