

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/A14/19003932/13	SAS e-filing		
Veh No: SKC55514	E-mail (within 8hrs, AIC 2hrs)		
DOA: 03/03/19 1725	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: SLL8094X	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%; F: 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

NA1901697	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac 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: Idac 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	04/03/2019 12:14
Date Of Accident	03/03/2019 17:25
Exact Location Of Accident	TAMPINEWS AVE 1 TWDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5551Y
Insured/Policyholder	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No	201026086E
Email Address	90709947@NEORENTALANDRESOURCES.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90709947

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994579
Cover Note Number	

Driver

Name of Driver	SYED NUR MA'ARIFAHTTULAH BIN SYED IZUAD
NRIC No	S9509464C
Date Of Birth	12/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87425344
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 20 JALAN TENTERAM #01-543
Postcode	320020
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?	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)	2
Passenger 1	NAME: : IZAH 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 TAMPINES AVE 1 TWDS PASIR RIS ON THE RIGHT LANE OF A2-LANES RD. WHEN I REACHED AT THE TRAFFIC LIGHT JUNC THE LIGHT CHANGE TO AMBER AND I APPLIED MY BRAKE. SUDDENLY VEH(B) BEARING REG NO SLL8094X CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SLL8094X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HERMAN BIN MOHD RIZAL
NRIC/Passport Number	S8135050G
Contact Number	98154125
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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

A-SKC5551Y

B-SLL8094X



TAMPINES AVE 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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


Policyholder's Signature
Date & Time:



Kinf 4-2-19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

afm 04/03/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9509464C



Name
SYED NUR MA'ARIFATTULLAH
BIN SYED IZUAD

Race
ARAB

Date of birth
12-03-1995

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9509464C

Name
SYED NUR MA'ARIFATTULLAH
BIN SYED IZUAD

Birth Date: 12 Mar 1995

Issue Date: 14 Feb 2019





NRIC No. S9509464C




APR BLK 20 JALAN TENTERAM #01-543
SINGAPORE 320020

S9509464C 28/01/2014

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

	EFFECTIVE DATE
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	14 Feb 2019

NP 428A





AUT, 987 TEL 67 1414 811
FAX 67 1414 811

CERTIFICATE OF INSURANCE

THE ROAD TRANSPORT ACT 1987 (PART 1) (CHAPTER 189) (ACT 189)

THE ROAD TRANSPORT ACT 1987 (PART 1) (CHAPTER 189) (ACT 189)

THE ROAD TRANSPORT ACT 1987 (PART 1) (CHAPTER 189) (ACT 189)

THE ROAD TRANSPORT ACT 1987 (PART 1) (CHAPTER 189) (ACT 189)

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COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

S\$2000.00 (Sect I)

CERTIFICATE NO.

SKC5551Y

WINDSCREEN EXCESS

S\$100.00

POLICY NO.

999994579

999994579

SUM INSURED

YES

INSURING WITH COE/PAF

YES

SKC5551Y

NEO R & R 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

11 June 2018

10 June 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

*The insured is entitled to drive the vehicle with their permission.

1) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

2) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

3) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

4) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

6) LIMITATION AS TO USE*

*The insured is entitled to drive the vehicle with their permission.

1) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

2) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

3) The insured is entitled to drive the vehicle with their permission if they are at least 21 years old with minimum 2 years driving experience.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE LTD

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AIG Asia Pacific Insurance Pte Ltd

Signature

1/1/1

1/1/1