

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

MA19035292

Date In: 16/03/2019 17:49	Job description	Date & Time Completed	Done by
Ref No: NPA/MA19004887	SAS e-filing		
Veh No: SJR 205C	E-mail (3-4 hrs, AIC 2 hrs)		
DOA: 15/03/2019 11:30	I-Motor Claim Form		
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJR 4879C	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:	Completed by:	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

MA1901008	Invoice No: NPA/MA1901008	Invoice Date: 16/03/2019	Invoice Time: 17:49
Client's Particulars:	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	INC (\$80)
Driver/Owner:	3) TP: Towing Fee	\$40/\$43	
Contact No:	4) PT: Follow-Through Survey	\$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2008)		
Auditors' Comments:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (NI): TP (N-in INC) against INC	\$20	
	9) NI2: 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	16/03/2019 17:49
Date Of Accident	15/03/2019 11:30
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2025C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	20162001N7
Email Address	REPORTING@TORQUE5.COM
Mobile Phone No	(LOCAL) +65-87383012
Alternative Phone No	OFFICE-64524584

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
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	999994655
Cover Note Number	

### Driver

Name of Driver	MOHAMAD SHAFIQ BIN MOHAMAD SHAH
NRIC No	S9600015D
Date Of Birth	02/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87383012
Fax Number	
Contact Number	OFFICE-64524584
Email Address	REPORTING@TORQUE5.COM

Address	BLK 202 SENGKANG EAST ROAD 01-54
Postcode	543202
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)	1

#### 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	SJP4879C
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

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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 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.

Maric & Partners Pte Ltd  
Co Reg No 201620701N  
9 Tagore Lane #03-04  
Singapore 781472

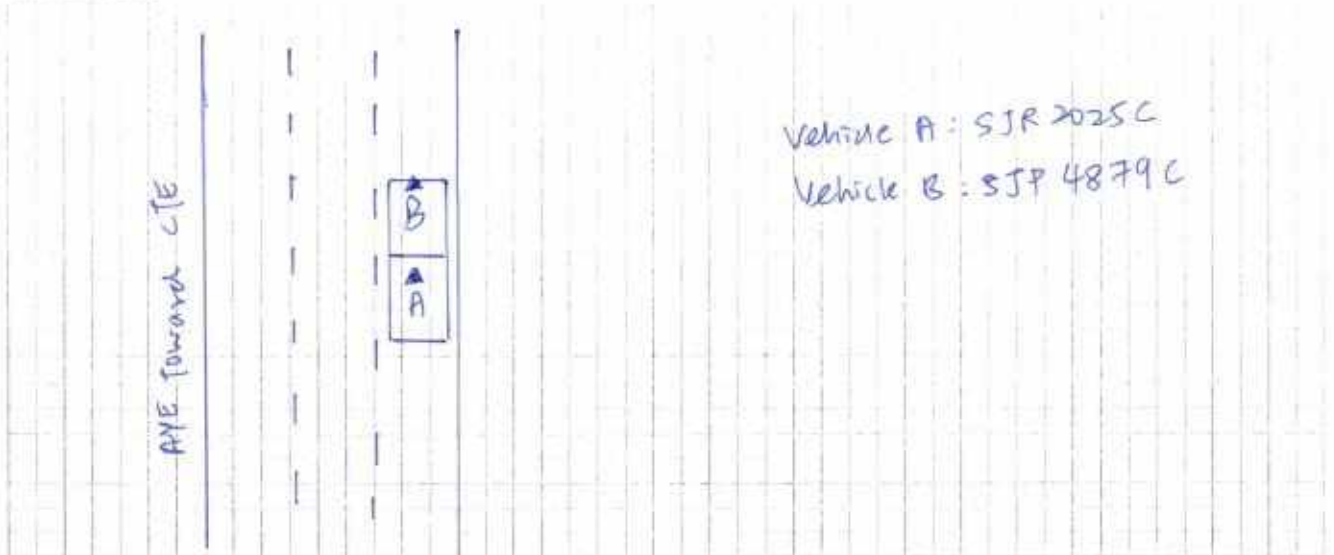
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and times I was vehicle 'A' travelling on the stated venue. I was travelling straight in my lane, suddenly vehicle 'B' jam brake, I applied my brake immediately however unable to stop in time. My vehicle had collided onto vehicle 'B' rear portion.

## DECLARATION

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

**Maric & Partners Pte Ltd**  
Co Reg No 201620701N  
Policyholder's Signature  
Date & Time  
Singapore 787472

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 03 / 2019 (DD/MM/YYYY), TIME: 11 : 30 (HH:MM)

LOCATION: AYE Toward CTE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 2025C  
 b) INSURANCE COMPANY: 419  
 c) POLICY NUMBER: 999994655  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI LANCER  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MARIC X PARTNERS PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201620701N CONTACT: \_\_\_\_\_  
 c) ADDRESS: 9 Tagore Lane #03-04 Singapore 767472

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Mohamad Shafiq Bin Mohamad (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59600015D CONTACT: 8738 3012  
 c) ADDRESS: Blk 202c Sengkang East Road #01-54  
S(543202)

\*d) DATE OF BIRTH: (02 / 01 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: SJP 4879C - (8)  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
 (Including driver)  
(1)

\*No of passenger  
 (Including driver)  
(1)

\*No of passenger  
 (Including driver)  
( )

LSK  
 100-101 Industrial Park 2  
 100-101, 51 USI Drive  
 S(408933)

Email = REPORTINS@  
 TOPQUE5.com  
 Fax = 6452 4584



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9600015D**



Name

**MOHAMAD SHAFIQ BIN  
MOHAMAD SHAH**

**محمد شفيق بن محمد شاة**

Race

**MALAY**

Date of birth

**02-01-1996**

Sex

**M**

Country of birth

**SINGAPORE**



**S9600015D**

4698174



NRIC No. S9600015D

Date of Issue

17-03-2011

Address

APT BLK 202C SENGKANG EAST ROAD  
#01-54  
SINGAPORE 543202



REPUBLIC OF SINGAPORE DRIVING LICENCE

002431095K

MOHAMAD SHAFIQ BIN MOHAMAD SHAH

Birth Date: 02 Jan 1996  
Issue Date: 25 May 2015

SG 90

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 25 May 2015

NP 428A

Licence No: S9600015D



HOTLINE TEL: (65) 6419-3000

FAX: (65) 6416-3223

**CERTIFICATE OF INSURANCE**

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

		(The below excess is subject to GST)	
<b>COMPREHENSIVE</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$1000.00 (Sect I)</b>
<b>CERTIFICATE NO.</b>	<b>SJR2025C</b>	<b>WINDSCREEN EXCESS</b>	<b>S\$100.00</b>
<b>POLICY NO.</b>	<b>999994655</b>	<b>SUM INSURED</b>	<b>Market Value</b>
		<b>INSURING WITH COE/PARF</b>	<b>Yes</b>
		<b>SJR2025C</b>	
		<b>MARIC &amp; PARTNERS PTE LTD</b>	
<b>1) VEHICLE REGISTRATION NO.</b>			
<b>2) NAME OF INSURED</b>			
<b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>25 April 2018</b>	
<b>4) DATE OF EXPIRY OF INSURANCE</b>		<b>24 April 2019</b>	
<b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>			
Any person who is driving on the insured's order or with their permission. S\$1,000.00 Section I Excess and S\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience. S\$2,000.00 Section I Excess and S\$2,000.00 Section II 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 or 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 enactment or regulation in that behalf from driving the Motor Vehicle.			
<b>6) LIMITATION AS TO USE*</b>			
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.			
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.			
<b>LOSS OF USE</b>		<b>Not Included</b>	
<b>HIRE PURCHASE COMPANY</b>		<b>TAI THONG LEE TRADING PTE LTD</b>	
*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, 1987 (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, 1987 (Malaysia).

Issued in Singapore 12 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL