

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119042435 - 01

Date In: 14/19-19:32	Job description	Date & Time Completed	Done by
Ref No: NA119042435	SAS e-filing		
Veh No: JMD7717	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/2/19-17:42	i-Motor Claim Form		
OD: (P) 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: FBD6679H	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

NA119042435	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ:		
	*N5: Courtesy Car / Tpl 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	01/04/2019 19:32
Date Of Accident	31/03/2019 17:40
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7021T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994461
Cover Note Number	

### Driver

Name of Driver	NUR RAIZAL MATIN BIN A RAZAK
NRIC No	S8638055B
Date Of Birth	31/12/1986
Occupation	INDOOR
Date Of Driving Pass	02/03/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428691
Fax Number	
Contact Number	OFFICE-87428691
EMail Address	NOEMAIL

Address	BLK 149 LORONG 1 TOA PAYOH #11-963
Postcode	310149
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T20190401/2055.

#### 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	FBD6679H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ONG CHENG HOCK
NRIC/Passport Number	S1207384D
Contact Number	82334159
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.



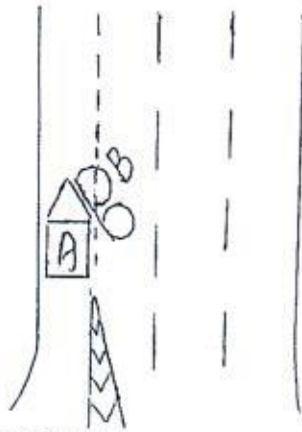
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

YIO CHU KANG RD  
Ang Mo Kio Ave 3



(A) SMD 7071 T  
(B) FBD 6679 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police report No: T/20190401/2055

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 : 31/3/19 Accident Time: 17:40 (24-HR-Format)  
 Accident Place : Ang Mo Kio Ave 3  
 Vehicle Reg. No. (Car Plate No.) : SMD 7021 T  
 Vehicle Make/Model : Honda Fit  
 Insurance Company : MIG Policy No. 160870943  
 Owner or Company Name /IC No. : Orange Cars / 533 14768M  
 Owner or Company Contact No. : - Owner's Hp - Company Tel -  
 DRIVER'S Name / IC No. : NUR PAIZAL MARTIN BIN A RAZAK / 58338055B  
 DRIVER'S Date Of Birth : 31/12/1986 DRIVER'S License Pass Date 2 MAR 2010  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hirer  
 DRIVER'S Address : 117 Bukit Merah Lane 1 Toh Pooi #11-96357310419.  
 DRIVER'S Contact No./ Alt No. : 1) 8742 8691 2) 8769 0397  
 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 only  
 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) FBD 6679 H.  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: Ang Cheng Hock  
 IC No. Driver: S1207384D  
 Driver's Contact & Add: 8233 4159

Vehicle Reg. No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver: \_\_\_\_\_  
 Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190401/2055

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20190401/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2019 12:15		Vide Report No.:		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: NUR RAIZAL MATIN BIN A RAZAK			Address: APT BLK 149 LORONG 1 TOA PAYOH #11-963 SINGAPORE 310149		
ID Type / ID No.: NRIC NO / S8638055B			Contact No.: Home/Office: Mobile: 87428691		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 31/12/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 3 From Yio Chu Kang Road travelling at Ang Mo Kio Avenue 3 via Slip Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6679H	Motorcycle	HONDA	WAVE 125X A	Red	Slightly Damaged	0
SMD7021T	Car	HONDA	FIT 1.3G A	Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190401/2055

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190401/2055

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	ONG CHENG HOCK		ID No. S1207284D
Related Vehicle	FBD6679H (Motorcycle)		Contact No. 82334159
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight
<b>Driver</b>			
Name	NUR RAIZAL MATIN BIN A RAZAK		ID No. S8638055B
Related Vehicle	SMD7021T (Car)		Contact No. 87428691
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 31/03/2019 at 1740hrs, I was driving a black Honda FIT 1.3G A (SMD7021T) along Yio Chu Kang Road towards Ang Mo Kio Avenue 3, after a slip road. I was driving at the left most lane. Suddenly, a motorist hit me at the front right of the bumper's car as he was trying to change lane. I stopped immediately and went out of the car to check on him. He (Ong Cheng Hock, S1207284D) suffered abrasion on both of his hands and scratches on his left leg.

I called the ambulance and police. Suddenly, a passerby who was driving at the said road decided to bring him to the clinic. The motorist left the scene with the said passerby as he agreed to go to the clinic. On 31/03/2019 at 1750hrs, police arrived, gave me a case card and asked me to lodge a report.

I wish to state that I do not suffer any injury. I wish to also state that I do not have the particulars of the said passerby or even his vehicle's plate number.



**SINGAPORE  
POLICE FORCE**



T/20190401/2055

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

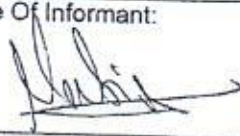
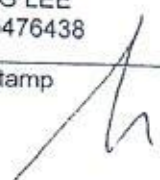
Report No. T/20190401/2055

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / SI SAW KIAN HOCK / Sg+CI) NORISHAM BIN KAMIZAN /	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2019 12:15
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:
Authentication Stamp NP168 	



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119042435 Vehicle Registration No: SMD 7021T  
Name (as shown in NRIC) : NUR RAZAL MATIN BINA KADAK NRIC/FIN/Passport No : S8638055B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : AMK 149 LORONG 1 TOA PAY OH \* 11-963 Singapore (20419)  
Contact (Tel) : - Mobile No.: 8742 8691  
Email Address : -  
Date of Accident : 31/03/2019 Time of Accident : 17:40 hrs  
Place of Accident : AMK AVE 3  
Insurance Company: AIK

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Re-attached certificate of insurance.



Policyholder / Driver's Signature

Date: 02/04/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:



REPUBLIC OF SINGAPORE

DRIVING LICENCE



License Number: S8638055B  
Name:

NUR RAIZAL MATIN BIN A  
RAZAK

Birth Date: 31 Dec 1986

Issue Date: 02 Mar 2010



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8638055B



Name

NUR RAIZAL MATIN BIN A  
RAZAK

Race  
MALAY

Date of birth  
31-12-1986

Sex  
M

Country/Place of birth  
SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 02 Mar 2010

NP 428A

Licence No: S8638055B

5758313



NRIC No. S8638055B



Date of issue  
03-06-2017

Address

APT BLK 149 LORONG 1 TOA PAYOH  
#11-963  
SINGAPORE 310149





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 1965

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1993 (MALAYSIA)

M 2.400

(The below excess is subject to GST)

<b>THIRD PARTY</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$2000.00 (Sect II)</b>
<b>CERTIFICATE NO.</b>	<b>SMD7021T</b>	<b>WINDSCREEN EXCESS</b>	<b>NA</b>
<b>POLICY NO.</b>	<b>999994461</b>		

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\*

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.

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.

## 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

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.

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 96 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: 18 Jan 2019

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

ORIGINAL

SSPEC