

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA11905537

Date In: 21/1/05 12:55	Job description	Date & Time Completed	Done by
Ref No: NA/11905537/24	SAS e-filing		
Veh No: 5UIC 9VB	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 24/1/05 16:30	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: 5J5598C

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

NA11905537

## Invoice Preparation Checklist

Am't (\$)

Est. Bill

Am't (\$)

Add. Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Dat. 1:

Dat. 2 / 3:

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
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:-		
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	30/04/2019 12:05
Date Of Accident	29/04/2019 16:00
Exact Location Of Accident	PIE (CHANGI) BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1592B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No	201026086E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90709947
Alternative Phone No	OFFICE-90709947

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	PRIVATE HIRE

### 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	MOHAMAD NURHAN BIN RAIHAN
NRIC No	S9701015C
Date Of Birth	09/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97257461
Fax Number	
Contact Number	OFFICE-97257461
Email Address	NOEMAIL

Address	BLK 128 BEDOK NORTH STREET 2 #03-02
Postcode	460128
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)	2
Passenger 1	NAME: : NORAHMAH BINTE HARON 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE IN FRONT BRAKE, SO I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### 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	SJS5978C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLEMENT CHUA TECK JUN
NRIC/Passport Number	S9607394A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name MOHAMAD NURHAN BIN RAIHAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK1592B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NORAHMAH BINTE HARON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK1592B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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

A: SUK 15928  
B: LIS 5978C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9701015C



Name

MOHAMAD NURHAN BIN  
RAIHAN

محمد نورھن بن رايھن

Race

JAVANESE

Date of birth

09-01-1997

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S9701015C

MOHAMAD NURHAN BIN RAIHAN

Birth Date: 09 Jan 1997

Issue Date: 14 Feb 2019



002901768G



4889681



NRIC No. S9701015C

Date of issue

27-09-2012

Address

APT BLK 128 BEDOK NORTH STREET 2  
#03-02  
SINGAPORE 460128

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 14 Feb 2019

NP 428A



Licence No: S9701015C



Tel: 603-9415-3111  
Fax: 603-9415-3122

## CERTIFICATE OF INSURANCE

NOT VALID FOR THIRD PARTY CLAIMS AND COMPENSATION ACT CHAPTER 95B

NOT VALID FOR USE IN THE MALAYSIAN FEDERAL TERRITORIES

NOT VALID FOR THE MALAYSIAN

NOT VALID FOR THE MALAYSIAN FEDERAL TERRITORIES

1/1/1/1

COMPREHENSIVE

COMMERCIAL MOTOR

The above excess is subject to GST

CERTIFICATE NO:

SLK1562B

POLICY EXCESS

S\$2000.00 (Sect I)

POLICY NO:

999994579

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

YES

INSURING WITH COE/PAF

YES

SLK1562B

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

11 June 2018

4) DATE OF EXPIRY OF INSURANCE

10 June 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

1) The insured is licensed to drive a motor vehicle with full licence

2) The insured is licensed to drive a motor vehicle with full licence

3) The insured is licensed to drive a motor vehicle with full licence

4) The insured is licensed to drive a motor vehicle with full licence

5) The insured is licensed to drive a motor vehicle with full licence

6) The insured is licensed to drive a motor vehicle with full licence

6) LIMITATION AS TO USE:

1) The insured is licensed to drive a motor vehicle with full licence

2) The insured is licensed to drive a motor vehicle with full licence

3) The insured is licensed to drive a motor vehicle with full licence

4) The insured is licensed to drive a motor vehicle with full licence

5) The insured is licensed to drive a motor vehicle with full licence

6) The insured is licensed to drive a motor vehicle with full licence

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE LTD

NOT VALID FOR USE IN THE MALAYSIAN FEDERAL TERRITORIES

NOT VALID FOR USE IN THE MALAYSIAN FEDERAL TERRITORIES

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AIG Asia Pacific Insurance Pte Ltd

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ORIGINAL

AUTHORIZED REPRESENTATIVE

ENDORSE