

# NATIONAL Assessment Centre Services

Date In: 02/05/2019 16:26	Job description	Date & Time Completed	Done by
Ref No: NA/AIG19007742/K4	SAS e-filing		
Veh No: GBA5622T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/04/2019 19:10	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: EP7885Z	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

NA1903126

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N/n INC) against INC \$20		
	9) N12: Idac Mobile 30		

## Auditors' Comments :-

Cat 1: \_\_\_\_\_

Cat 2 / 3: \_\_\_\_\_

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	02/05/2019 16:26
Date Of Accident	29/04/2019 19:10
Exact Location Of Accident	UPPERSERANGOONRDTWDSCTE(SLE/TPE)B4 BRADDELL RDEXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5622T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87526004
Alternative Phone No	OFFICE-87526004

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	999994493/100863319
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AFIQ BIN A AZIZ
NRIC No	S9228009H
Date Of Birth	09/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87526004
Fax Number	
Contact Number	OTHERS-87526004
Email Address	NOEMAIL

Address	BLK 703 WOODLANDS DRIVE 40 #03-68
Postcode	730703
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	EP7885Z
Vehicle Make/Model/Colour	MERC S400
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.

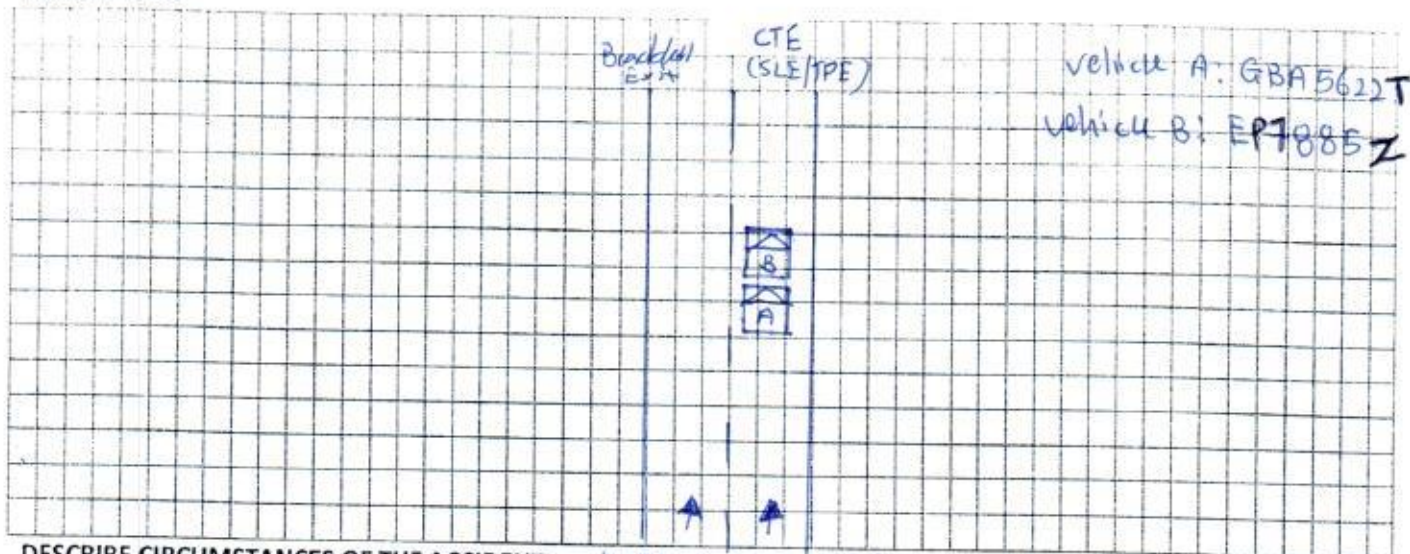
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Upper Serangoon Rd

On the stated date & time, I, vehicle A was travelling straight on the stated venue. As the front vehicle stop, I tried to stop but my vehicle skid & collided into vehicle B rear portion.

### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

### DECLARATION

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

Policyholder's signature  
Date & Time



Driver's Signature  
(if driver not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

- 2/5/2019



# SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 29/7/2019 @ 19:10pm		
Accident Location: Along upper Selegie Rd towards CTE (SLE/TPE) before Braddell Rd Exit		
Vehicle Number: GBA 5622T	Make/Model: Nissan NV350	
Policy Holder Name: Kwang Chuan Pte Ltd		
NRIC/ROC: 201424747H	Mobile: -	
Email: -		
Insurance Company: AIG		
Policy Number: 999994493/100863319	Policy Period: 24 Jul 2018 - 23 Jul 2019	
Policy Coverage: Comprehensive (✓)	Third Party ( ) Third Party Fire & Theft ( )	
State Action Taken: Claim Own Policy ( ) Claim Third Party ( )		Reporting Only (✓)
Driver Name: (if driver is not the policy holder) Muhammad Afiq Bin A AZIZ		Email: -
NRIC: S9228009H	Mobile: 8752 6004	
Date Of Birth: 9/8/1992	Driving Pass Date: 22/3/2019	
Gender: Male (✓) Female ( )	Occupation: Indoor ( ) Outdoor (✓)	
Address: Blk 703 Woodlands Drive 40 #03-68 (S) 730703		
Is driver an employee of the insured's company: Yes (✓) No ( )		
If No, Relationship of the driver with the insured:		
Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )		
Weather Conditions: Clear ( ) Raining (✓) Others ( )		
Road Surface: Dry ( ) Wet (✓) Others ( )		
Was any foreign vehicle involved in this accident? Yes ( ) No (✓)		
Was anybody injured in the Accident? Yes ( ) No ( )		
Was there any video captured by Car Camera? Yes ( ) No ( )		
Number of Passenger (Including Driver): 01		
1)	2)	3) 4)
Was the accident reported to the police? Yes ( ) No ( ) "attach Police Report, if any"		
3rd Party Name:		
Vehicle Number: EP 7885Z	Make & Model: Merc S400	
NRIC:	Mobile No:	
Witness Details (if any):		
NAME:	NRIC:	Mobile No:
(other remark (if any))		

Email: Rico60autoservices@gmail.com ✓

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S9228009H**

Name: **MUHAMMAD AFIQ BIN A AZIZ**

Birth Date: **09 Aug 1992**

Issue Date: **22 Mar 2019**

002915166K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9228009H**



Name: **MUHAMMAD AFIQ BIN A AZIZ**

Race: **MALAY**

Date of birth: **09-08-1992**

Sex: **M**

Country of birth: **SINGAPORE**

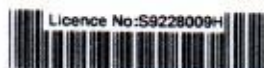
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE

22 Mar 2019

NP 428A



4084813

NSIC No. **S9228009H**

Date of issue: **13-08-2007**

Address: **APT BLK 703 WOODLANDS DRIVE 40 #03-68 SINGAPORE 730703**








HOTLINE TEL (65) 6419 3000  
FAX (65) 6415 3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 301

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994493/100863319

OWN DAMAGE EXCESS S\$2,000.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

GBA5622T

Kwang Chun Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

24 Jul 2018

4) DATE OF EXPIRY OF INSURANCE

23 Jul 2019

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

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

**DELETED**  
Please refer to policy terms and conditions

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 \*

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover:

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY ETHOZ Group Ltd

\* 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 28 Aug 2018

032018-127

FINANCIAL ALLIANCE PTE LTD

2 BUKIT MERAH CENTRAL #10-00 SPRING BUILDING SINGAPORE 159835

AIG ASIA PACIFIC INSURANCE PTE. LTD

Authorised Representative

ORIGINAL

SSCANA