

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA19067495

Date In: 24/05/2009 17:17	Job description	Date & Time Completed	Done by
Ref No: NA19067495/4	SAS e-filing		
Veh No: 86W 9839 M	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 23/05/2009 13:20	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJ2166H	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:	Completed by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

NA1903863	INVOICE FOR NATIONAL ASSESSMENT CENTRE SERVICES	Invoice No: NA1903863
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$0	
	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	24/05/2019 17:17
Date Of Accident	23/05/2019 13:20
Exact Location Of Accident	EAST COAST CARPARK E2 LOT 161
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9829M
Insured/Policyholder	
Name Of Registered Owner	ZAIDI BIN UTTU
NRIC No	S7036261I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94288886
Alternative Phone No	OTHERS-94288886

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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700028304-01
Cover Note Number	

Driver

Name of Driver	UTTU BIN AB RAHMAN
NRIC No	S0983722A
Date Of Birth	14/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94288886
Fax Number	
Contact Number	OTHERS-94288886
Email Address	NOEMAIL

Address	BLK 539 WOODLANDS DRIVE 12 #03-117
Postcode	730539
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190523/2097

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	SJZ1626H
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)

DETAILS OF INJURED PERSON 1

Name	UTTU BIN AB RAHMAN
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SGW9829M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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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.

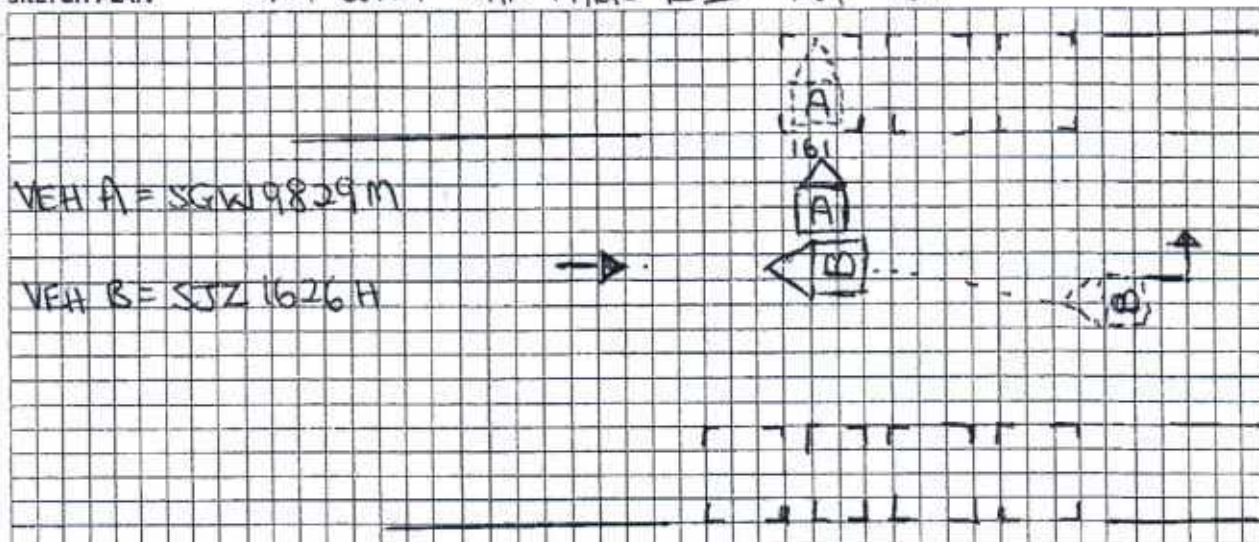
x 
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

EAST COAST CAR PARK E2 LOT 161



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report NO: T/20190523/2097

DECLARATION

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

X

Policyholder's Signature
Date & Time:

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

24/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190523/2097

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20190523/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 15:31	Vide Report No.: G/20190523/0094	Station Diary No.: 11
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Informant's Particulars

Name of Informant: UTTU BIN AB RAHMAN			Address: APT BLK 539 WOODLANDS DRIVE 16 #03-117 SINGAPORE 730539	
ID Type / ID No.: NRIC NO / S0983722A			Contact No.: Home/Office: Mobile: 94288886	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 72	Date of Birth: 14/11/1948	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 13:20	Type of Location: Car Park
Location: Along Road 1 EAST COAST PARKWAY CARPARK E2 LOT 116				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Rear to Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW9829M	Car	MITSUBISHI	LANCER EX	Red	Seriously Damaged	0
SJZ1626H	Car	HONDA	CIVIC	Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190523/2097

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20190523/2097

CONTINUATION OF REPORT

Driver			
Name	UTTU BIN AB RAHMAN	ID No.	S0983722A
Related Vehicle	SGW9829M (Car)	Contact No.	94288886
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	23/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/05/2019 at about 1.20pm, my red Mitsubishi Lancer Ex bearing vehicle registration number SGW9829M was parked head in to lot 116 of East Coast Park Carpark E2. I proceeded to make a check for oncoming vehicle and as it was clear, I proceeded to reverse my car out of the lot. Out of a sudden, I felt an impact on the rear of my vehicle. I went out to make a check and discovered that the right side of a black Honda Civic bearing vehicle registration number SJZ1626H had side-swiped the rear of my car. I wish to state that the said vehicle was travelling on the opposite direction and the road was a one-way road.

At that point of time, no one required immediate medical attention. I then proceeded to call for the police. Upon arrival of police, they had called for the ambulance as I was not feeling well. However, after paramedics made a check on me, I told them that I will seek my own medical treatment and refused conveyance. I wish to add that my vehicle had to be towed away.

I then proceeded to Unihealth Clinic (Bedok) and was given MC of 3 days. I wish to state that I have an in-car camera that records the rear of my vehicle but I have yet to make a check on the footage.



**SINGAPORE
POLICE FORCE**



T/20190523/2097

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20190523/2097

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 / Sgt 3 KHAIRI YAHYA BIN MOHD SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2019 15:31
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23 / 5 / 2019 (dd/mm/yy) Time of Accident: 13 : 20 (24-HR-FORMAT)

Vehicle No.: SGW9829M Vehicle Make & Model: MITSUBISHI LANCER

Exact location of Accident: EAST COAST CAR PARK E2 LOT 161

Policyholder's Name / IC No.: ZAIDI BIN UTU S 7036261 I

Driver's Name / IC No.: UTU BIN AB RAHMAN S 0983722 A (As Above) ☐

Driver's Contact No.: 94288886 Company Contact No (Company Veh Only): _____

Driver's Address: BLK 539 WOODLANDS DRIVE 16 #03-117 S730539

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: N.A.

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: UTU BIN AB RAHMAN

Injuries Sustain: NECK & BACK Injured Person in Which Vehicle: SGW 9829M

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: KAKI BUKIT NPP

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: (B) SJZ 1626H

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S70362611



Name

ZAIDI BIN UTTU

زيد بن وتو

MALAY

Date of Birth

10-1970

Sex

M

Place of Birth

SINGAPORE



2115298



NRIC No. S70362611



Blood Group Date of issue
B+ 10-06-1994

AFT BLK 863 WOODLANDS STREET 82 #02-190
SINGAPORE 730863

NRIC No: S70362611

12-2004

No: 51881

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Zaidi Bin Utlu
 Period of Insurance : 17 Jul 2018 To 16 Jul 2019
 Engine No. : 4A92CP5276
 Chassis No. : JMYSRCY1AGU006869

Vehicle No. : SGW9829M
 Policy No. : 1700028304-01
 Endorsement No. :
 Issued Date : 29 Jun 2018

ABOUT THE COVER

Make/Model	MITSUBISHI LANCER EX 1.6L		
Engine Capacity/Tonnage	1,590.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
		First Year of Registration	2017
		Insuring with COE/PAF	Yes

Person or Classes of Persons Entitled to Drive*

a. The Policyholder
 b. Any other person who is driving on the Policyholder's order or with his/her permission
 This Policy will extend to the Policyholder or any authorized driver only if he/she meets the specified age condition

You have to pay an additional sum of \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 7 years' driving experience

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving (including test, racing, pace-making, reliability trial or speed testing), the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

Loss of Use 1500cc - 1600cc

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 91 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings

EXCESS

Section 1
 Fire - \$0, Own Damage - \$600, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Zaidi Bin Utlu - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Cycle & Carriage Authorized Service Centre: Add: 28 Leng Kee Rd Singapore 159094 64708555
 2 Cycle & Carriage Authorized Service Centre (for windscreen claim only): Add: 330 Ulu Rd S Singapore 406000 67461000
 3 Cycle & Carriage Body & Paint Centre: Add: 283 Pandan Gardens Singapore 603329 65694561

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6330 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

This document is only the first page of the policy to which this Certificate of Insurance relates as issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1987 (Malaysia)

AGENCY
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