

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA11907355**

Date In: 4/6/19-18:8	Job description	Date & Time Completed	Done by
Ref No: NA/116190209414/24	SAS e-filing		
Veh No: 6DA5786D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/6/19-09:12	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: 6DA5786D	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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

NA11904151
Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA11904151

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	04/06/2019 18:18
Date Of Accident	03/06/2019 09:10
Exact Location Of Accident	KAKI BUKIT AVE 4 TWDS KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5786D
Insured/Policyholder	
Name Of Registered Owner	I SUPPLIES PTE LTD
Co Reg No	200304741W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91258960
Alternative Phone No	OFFICE-91258960

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994320/100869868
Cover Note Number	

Driver

Name of Driver	PEER MOHAMED AHAMED
NRIC No	S7867171H
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91456241
Fax Number	
Contact Number	OFFICE-91456241
EMail Address	NOEMAIL

Address	BLK 121 BEDOK RESERVOIR ROAD #07-200
Postcode	470121
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 - 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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SKW6018J
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	PEER MOHAMED AHAMED
------	---------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

GBA5786D

YES

NO

SKETCH PLAN

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7. By the lodging 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.

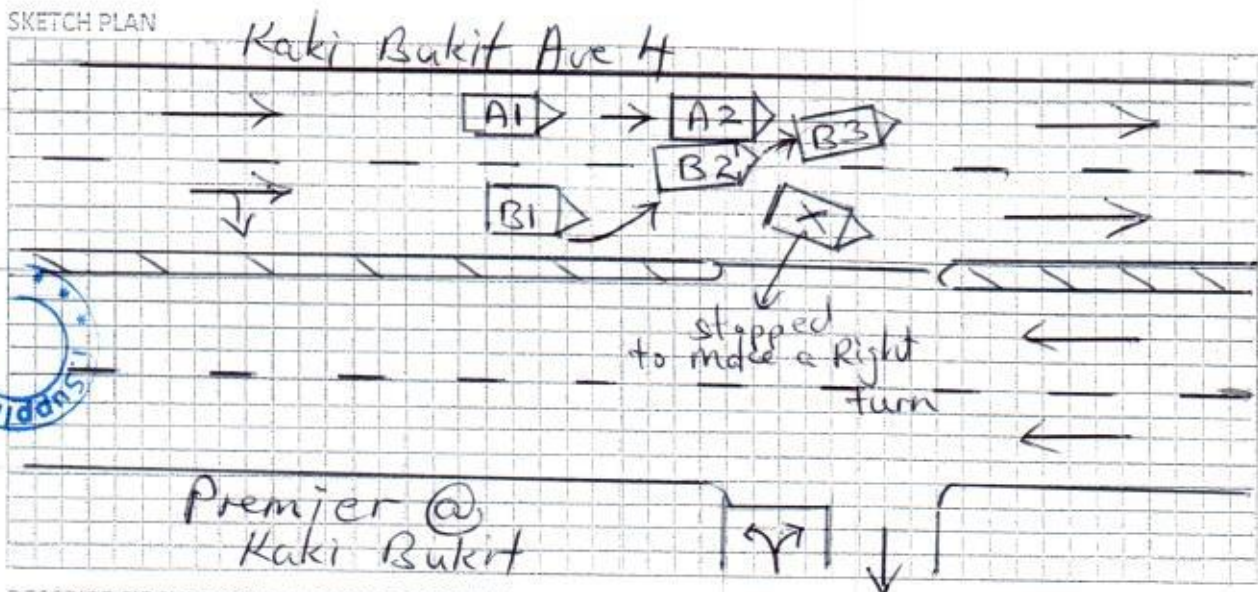


Policyholder's Signature:
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/06/2019 at about 0910 hrs at along Kaki Bukit Ave 4 towards Kaki Bukit Ave 3 opposite Building of Premier @ Kaki Bukit. I was travelling on the extreme left lane and when coming towards the above mentioned Building, suddenly a Vehicle (B) on my Right veered into my lane due to his front vehicle stopped to make a Right Lane hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle. I have one witness that saw the whole incident happened. He willingly to be my witness.

(A) GBA 5786 D

(B) SKW 6018 J

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/PIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	03/06/2019	Time:	0910 hrs	(hh:mm) 24 hr format
Location	Kaki Bukit Ave 4 towards Kaki Bukit Ave 3 opposite Premier @ Kaki Bukit			
Vehicle Number	GBA 5786D			
Insured Name	I Supplies He Ltd			
NRIC / FIN	200304741W	Contact Number	9125 8960	
Make	Toyota	Model	Dyna 150 manual	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	999994320/100F69868			
Name of Driver	Peer Mohamed Ahamed	() Same as Insured		
NRIC / FIN	57867171H	Contact Number	9145 6241	
Date of Birth	27/05/1978			
Driving Pass Date	18/02/2008			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	(/) NO EMAIL			
Address of Driver	Blk 121 Bedok Reservoir Road #07-200 5(470121)			
Was 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				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
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				
If yes, injured detail Back x neck				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	SKW 6018J			
Veh C				
Veh D				
Veh E				
Veh F				

1 person including driver

duur
GBA 5786D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7867171H



Name
PEER MOHAMED AHAMED

பீ அகமது
Race
INDIAN

Date of birth
27-05-1978

Sex
M

Country of birth
INDIA

S7867171H

For LKK/NAC Use Only

9021193



NRIC No. S7867171H



Nationality
INDIAN

Date of issue
13-04-2009

APT BLK 121 BEDOK RESERVOIR ROAD #07-200
SINGAPORE 470121

NRIC No: S7867171H Date: 24/02/2019

driver
GBA 5786D


REPUBLIC OF SINGAPORE DRIVING LICENCE

667171H

PEER MOHAMED AHAMED

Birth Date: 27 May 1978
Issue Date: 30 Apr 2009

001737426A



For LKK/NAC Use Only

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	18 Feb 2008
Class 3 Motor Cars <= 5000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Feb 2008

NP 428A

Licence No: S7867171H



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

MZ 300

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994320/100869868

OWN DAMAGE EXCESS S\$2,000.00 (II)
WINDSCREEN EXCESS N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

GBA5786D

I Supplies Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT 15 Dec 2018

4) DATE OF EXPIRY OF INSURANCE 14 Dec 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

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 in connection with the Insured's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

* 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 20 Dec 2018

503982-000

KHC HOLDINGS PTE LTD

389A BALESTIER ROAD SINGAPORE 329796

AIG ASIA PACIFIC INSURANCE PTE. LTD


Authorized Representative

ORIGINAL

SSCANA