

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA119273291

Date In: 6/6/19-0931	Job description	Date & Time Completed	Done by
Ref No: NA/11619209924/11	SAS e-filing		
Veh No: 6248222	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/6/19-8:00	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: 66 RS1091K	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

NA119273291	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		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Ref. 1:	9) N12: Idac Mobile 30		
Ref. 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	06/06/2019 09:51
Date Of Accident	03/06/2019 18:00
Exact Location Of Accident	GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4822Z
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92731030
Alternative Phone No	OFFICE-92731030

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 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	999994492/100863415
Cover Note Number	

Driver

Name of Driver	MOHD SAIFUL AFFENDY BIN MOHD TAIB
Passport No/FIN	G2282579N
Date Of Birth	10/05/1985
Occupation	INDOOR
Date Of Driving Pass	02/07/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92731030
Fax Number	
Contact Number	OFFICE-92731030
EMail Address	NOEMAIL

Address	13 KAKI BUKIT ROAD 4 #01-08
Postcode	417807
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	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	SGR5109K
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	MOHD SAIFUL AFFENDY BIN MOHD TAIB
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GZ4822Z

YES

NO

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.



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.: _____

GrandLink Square

A A A A A
B

On the started time and date,
I was driving Veh A : GZ4822Z along Guillemard Rd
nearby Grandlink Square. Suddenly, I felt an impact from my
rear and realised Veh B: SGR 5109K had collided onto my
rear.

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

Grub

Personnel's Signature

Date of Accident : 03/06/2019 Accident Time: 1800 (24-HR-Format)
Accident Place : Guillemard Road
Vehicle Reg. No. (Car Plate No.) : GZ 4822Z
Vehicle Make/Model : Toyota HiAce
Insurance Company : AIG Policy No. 100868415
Owner or Company Name /IC No. : KWANG CHUAN PTE LTD (201424747H)
Owner or Company Contact No. : 92731030 Owner's Hp. Company Tel
DRIVER'S Name / IC No. : MOHD SAIFUL AFFENDY BIN MOHD TAIB G2282579N
DRIVER'S Date Of Birth : 10/05/1985 DRIVER'S License Pass Date 02/07/2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 13 Kaki Bukit Road 4, #01-08, 417807
DRIVER'S Contact No./ Alt No. : 1) 92731030 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
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): 01
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: <u>SGR 5109 K</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employed by
ONG (PTE.) LTD.



Name
MOHD SAIFUL AFFENDY BIN MOHD TAIB

Work Permit No.
4 04512323

Sector:
SERVICE



For LKK/NAC Use Only



K0601715

VISIT PASS
Immigration Regulations

18-07-2018

Name
MOHD SAIFUL AFFENDY BIN MOHD TAIB

FIN
G2282579N

Date of Birth Sex
10-05-1985 M

Nationality
MALAYSIAN



Download SGWorkPass
App to check status



For LKK/NAC Use Only

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 2282579 N**

Name:
**MOHD SAIFUL AFFENDY BIN
MOHD TAIB**

Birth Date: **10 May 1985**

Issue Date: **12 Sep 2018**

Valid Till **01/07/2023**



002844801C

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	02 Jul 2013
Class 4A	Omnibuses	05 Aug 2013

For LKK/NAC Use Only

NP 428A





HOTLINE TEL (65) 6415-3000
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

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994492/100863415

OWN DAMAGE EXCESS S\$3,000.00 (II)
WINDSCREEN EXCESS N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

GZ4822Z

2) NAME OF INSURED

Kwang Chun Pte Ltd

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.

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 LIAN HONG PTE 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 4 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

032016-127

FINANCIAL ALLIANCE PTE LTD

2 BUKIT MERAH CENTRAL #10-00 SPRING BUILDING SINGAPORE 150835

Authorised Representative

ORIGINAL

BSC06H