

NATIONAL Assessment Centre Services

(Form 1 Jan 2015)

MA9082368

Date In: 25/06/2019 08:57	Job description	Date & Time Completed	Done by
Ref No: N189/019190111424	SAS e-filing		
Veh No: SLE 5666M	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 19/05/2019 13:00	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: 240 2586Y	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: (\$)	Landing: \$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

MA908723	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant's approval INC Only (wef 10 Jan 2015)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idm DA + SMRT Survey \$100		
1/1/18	8) NTUC Additional Services:		
	9) N12: Idm Mobile		
	10) N12: Idm Mobile		
	11) N12: Idm Mobile		
	12) N12: Idm Mobile		
	13) N12: Idm Mobile		
	14) N12: Idm Mobile		
	15) N12: Idm Mobile		
	16) N12: Idm Mobile		
	17) N12: Idm Mobile		
	18) N12: Idm Mobile		
	19) N12: Idm Mobile		
	20) N12: Idm Mobile		
	21) N12: Idm Mobile		
	22) N12: Idm Mobile		
	23) N12: Idm Mobile		
	24) N12: Idm Mobile		
	25) N12: Idm Mobile		
	26) N12: Idm Mobile		
	27) N12: Idm Mobile		
	28) N12: Idm Mobile		
	29) N12: Idm Mobile		
	30) N12: Idm Mobile		
	31) N12: Idm Mobile		
	32) N12: Idm Mobile		
	33) N12: Idm Mobile		
	34) N12: Idm Mobile		
	35) N12: Idm Mobile		
	36) N12: Idm Mobile		
	37) N12: Idm Mobile		
	38) N12: Idm Mobile		
	39) N12: Idm Mobile		
	40) N12: Idm Mobile		
	41) N12: Idm Mobile		
	42) N12: Idm Mobile		
	43) N12: Idm Mobile		
	44) N12: Idm Mobile		
	45) N12: Idm Mobile		
	46) N12: Idm Mobile		
	47) N12: Idm Mobile		
	48) N12: Idm Mobile		
	49) N12: Idm Mobile		
	50) N12: Idm Mobile		
	51) N12: Idm Mobile		
	52) N12: Idm Mobile		
	53) N12: Idm Mobile		
	54) N12: Idm Mobile		
	55) N12: Idm Mobile		
	56) N12: Idm Mobile		
	57) N12: Idm Mobile		
	58) N12: Idm Mobile		
	59) N12: Idm Mobile		
	60) N12: Idm Mobile		
	61) N12: Idm Mobile		
	62) N12: Idm Mobile		
	63) N12: Idm Mobile		
	64) N12: Idm Mobile		
	65) N12: Idm Mobile		
	66) N12: Idm Mobile		
	67) N12: Idm Mobile		
	68) N12: Idm Mobile		
	69) N12: Idm Mobile		
	70) N12: Idm Mobile		
	71) N12: Idm Mobile		
	72) N12: Idm Mobile		
	73) N12: Idm Mobile		
	74) N12: Idm Mobile		
	75) N12: Idm Mobile		
	76) N12: Idm Mobile		
	77) N12: Idm Mobile		
	78) N12: Idm Mobile		
	79) N12: Idm Mobile		
	80) N12: Idm Mobile		
	81) N12: Idm Mobile		
	82) N12: Idm Mobile		
	83) N12: Idm Mobile		
	84) N12: Idm Mobile		
	85) N12: Idm Mobile		
	86) N12: Idm Mobile		
	87) N12: Idm Mobile		
	88) N12: Idm Mobile		
	89) N12: Idm Mobile		
	90) N12: Idm Mobile		
	91) N12: Idm Mobile		
	92) N12: Idm Mobile		
	93) N12: Idm Mobile		
	94) N12: Idm Mobile		
	95) N12: Idm Mobile		
	96) N12: Idm Mobile		
	97) N12: Idm Mobile		
	98) N12: Idm Mobile		
	99) N12: Idm Mobile		
	100) N12: Idm Mobile		

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	25/06/2019 09:57
Date Of Accident	19/05/2019 13:00
Exact Location Of Accident	ALONG TYRWHITT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5666M
Insured/Policyholder	
Name Of Registered Owner	MAIKO D'ROZARIO
NRIC No	S7657277A
Email Address	FOREVER_TABIBITO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91551887
Alternative Phone No	OTHERS-91551887

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I (A)
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	REPORTING ONLY
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	2100466622-03
Cover Note Number	

Driver

Name of Driver	MAIKO D'ROZARIO
NRIC No	S7657277A
Date Of Birth	11/11/1976
Occupation	INDOOR
Date Of Driving Pass	01/03/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91551887
Fax Number	
Contact Number	OTHERS-91551887
Email Address	FOREVER_TABIBITO@HOTMAIL.COM

Address	60 ROBERTSON QUAY #04-08
Postcode	238252
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	4
Passenger 1	NAME: : HUSBAND GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SHD2586Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAM KENG SENG
NRIC/Passport Number	S1114757G

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.

Maiko D'Rosario

牧戸麻衣子

Policyholder's Signature

Date & Time: 13.6.19

牧戸麻衣子

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

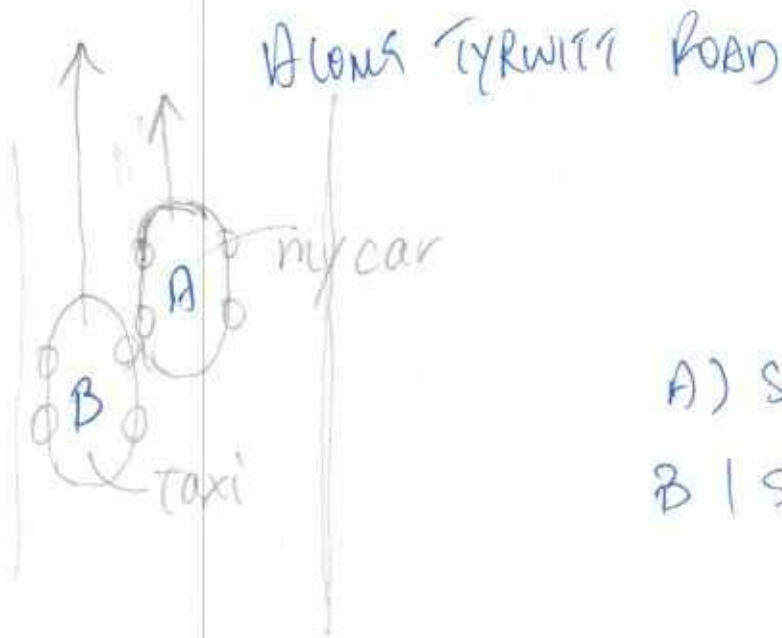
Name:

NRIC/FIN No.:

25/06/2019

Kosli M H B

SKETCH PLAN



A) SLC 5666M
B) S/H 2586Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving slowly and heard signal behind so I moved car forward. Taxi behind tried to pass over and it was in blind spot so hit the side of taxi.

DECLARATION

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

Signature of Policyholder

Policyholder's Signature
Date & Time:

Signature of Driver

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

Signature of Reporting Centre Personnel
Date: 25/06/2019
NRIC/FIN No.:

his car

ACCIDENT STATEMENT

ACCIDENT DATE: 19.5.19 (DD/MM/YYYY), TIME: 13.05 (HH:MM)

LOCATION: Along TYRWITT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 5666M
b) INSURANCE COMPANY: ATA
c) POLICY NUMBER: 2100466622
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MAIKO D'ROZARIO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7657277A CONTACT: 91557887
c) ADDRESS: 60 Robertson Quay #04-08

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 11.11.76 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13.06

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD2586Y MODEL: _____
b) DRIVER'S NAME: Tan Kang Seng
c) NRIC/FIN/PASSPORT: S11147576 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = forever_tabibito@hotmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7657277A



Name

MAIKO D'ROZARIO

Race

JAPANESE

Date of birth

11-11-1976

Sex

F

Country/Place of birth

JAPAN



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S7657277A

Name

MAIKO D'ROZARIO

Birth Date: 11 Nov 1976

Issue Date: 29 Jul 2016



002593552E



NRIC No. S7657277A



Nationality

JAPANESE

Date of issue

23-05-2016

Address

60 ROBERTSON QUAY
#04-08
SINGAPORE 238252

9403445

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 01 Mar 2006

For LKK/NAC Use Only

NP 428A



Licence No: S7657277A



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : D'rozario Malko
Period of Insurance : 19 May 2019 To 18 May 2020
Engine No. : FB20Y255157
Chassis No. : JF1SJ5KC5GG070745

Vehicle No. : SLC5666M
Policy No. : 2100466622-03
Endorsement No. :
Issued Date : 17 Apr 2019

ABOUT THE COVER

Make/Model : SUBARU FORESTER 2.0I-L
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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 indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 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 tuition, driving 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 inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

D'rozario Malko - \$800 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 6 Toa Payoh Singapore 319255 84170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619010

TAN CHONG CREDIT - SUBARU PA
911 BUKIT TIMAH ROAD
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCFKJ