

NATIONAL Assessment Centre Services

(and 1 Jan 2018)

NAH9046830

Date In: 24/07/2018 14:25	Job description	Date & Time Completed	Done by
Ref No: NAH904683059/1	SAS e-filing		
Veh No: SLD 5987G	E-mail (within 2hrs. AIC 2hrs)		
D.O.A: 20/07/2018 21:30	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/Wicall		

Preferred Wksp / HNC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMF 2282D

INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Actions:

NAH905549	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
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	
Additional Comments:	For claiming against INC Only (wef 10 Jan 2018)		
Cal 1:	6) TR: Re-inspection	\$75	
Cal 2/3:	7) NI: Idm DA + SMRT Survey	\$160	
1/1	8) NTUC Additional Services:		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Co-ordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DV / Collect Excess Coordination	\$5	
	13) NI: TP (Non INC) against INC	\$20	
	14) NI: Idm Mobile	\$0	
	Invoice dated	Fine Charged	
		Fine Charged	

07-MAY-2018 18:39

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	24/07/2019 14:25
Date Of Accident	20/07/2019 21:30
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE ADAM ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5987G
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	201224734R
Email Address	NAZRILIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-85251855
Alternative Phone No	OFFICE-85251855

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	9999994421
Cover Note Number	

Driver

Name of Driver	NADZRI LIM BIN ABDULLAH
NRIC No	S1251690H
Date Of Birth	04/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/01/1982
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85251855
Fax Number	
Contact Number	OTHERS-85251855
Email Address	NAZRILIM@YAHOO.COM.SG

Address	BLK 421 BUKIT BATOK WEST AVENUE 2 #04-163
Postcode	650421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : CHONG MING HUI GENDER: : FEMALE

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	SMF2282D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRYAN ENG SAY KIT
NRIC/Passport Number	
Contact Number	97520236
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHONG MING HUI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLD5987G

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.


Policyholder's Signature

Date & Time:





Driver's Signature

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

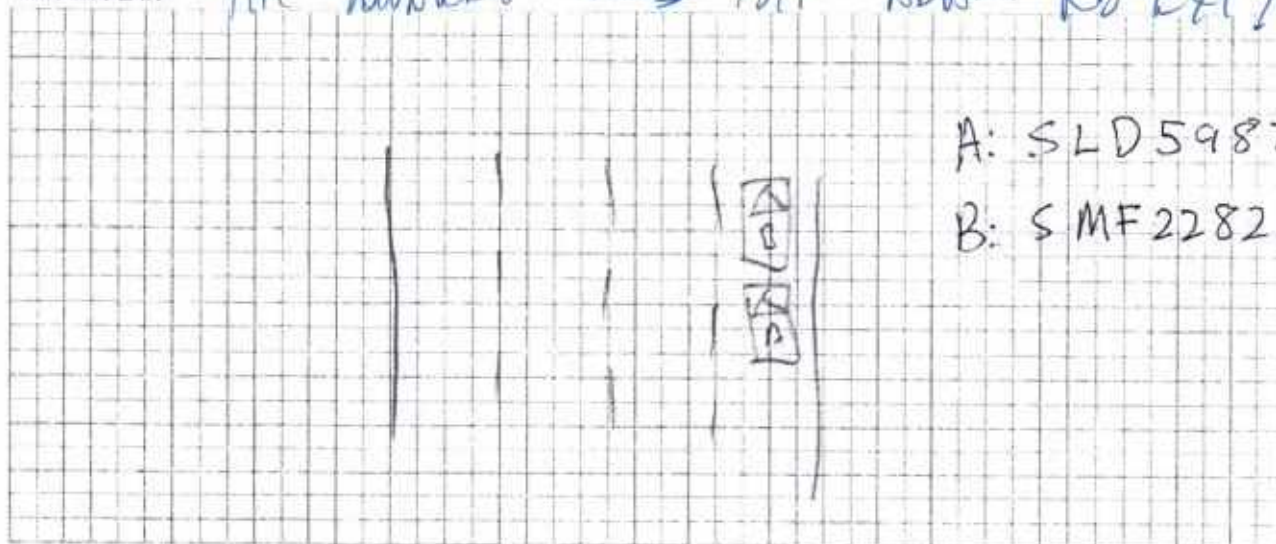

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN

Pie Town Road Numb R/F ADAM Rd EX17



A: SLD5987G

B: SMF2282D

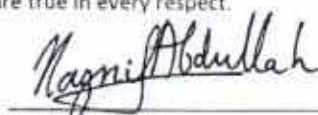
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated Date and time I vehicle A
travelling at pie town after Whitley Car B
Have Jam Brake from 80km to a complete stop
I Jammed my Brake But I still hit
the rear of Car B that
is all

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/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20 / 7 / 2019 (dd/mm/yy) Time of Accident: 21 : 30 (24-HR-FORMAT)

Vehicle No.: S1D 59876 Vehicle Make & Model: Honda Vezel

Exact location of Accident: Pic Turs Before ADAM

Policyholder's Name / IC No.: NADZRI Lim BIN AB DULLAH @ PETER LIM YANG

Driver's Name / IC No.: S12S1690H (201224734R) (As Above) ☒

Driver's Contact No.: 85251855 Company Contact No.: _____

Driver's Address: BK421 BUKIT BATOK WEST AVE 2 # 04-163

Insurance Company: AIG Email address (if any): Nazrilim@yahoo.com.sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Partner 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?

☐ Private use / ☒ Work purpose

Occupation (nature of job): ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Ming Hui

Passenger Name: _____

Gender: Female

Gender: _____

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: Chong Ming Hui

Injuries Sustain: _____ Injured Person in Which Vehicle: S1D 59876

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: BRYAN ENG SAY KIT Vehicle No.: SMF 2282D

Driver's Contact No.: _____ Insurance Company (If any): 9 752 0236

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

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

Preferred Workshop Name: _____ Contact No.: _____

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1251690H

For LKK/NAC Use Only

NADZRI LIM BIN ABDULLAH
@PETER LIM YANG

Race: CHINESE
Date of birth: 04-10-1957 M
Country of birth: SINGAPORE

4453180

For LKK/NAC Use Only

APR 421 BUKIT BATOK WEST AVENUE 2 #04-163
SINGAPORE 850421

NRIC No: S1251690H Date: 18/01/2010 No: 6777204

For LKK/NAC Use Only

VOCATIONAL LICENCE

Licence No: S1251690H
Name: NADZRI LIM ABDULLAH

Card Issue Date: 04/04/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	04/04/2018

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1251690H

NADZRI LIM BIN ABDULLAH
@PETER LIM YANG

For LKK/NAC Use Only

Issue Date: 09 Dec 2018

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

EFFECTIVE DATE: 05 JAN 1982

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, excluding driver, and other motor vehicle with unladen weight <= 2500kg

For LKK/NAC Use Only

Licence No: S1251690H

NP 428A



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 400

Comprehensive Commercial Auto Plan

CERTIFICATE NO. SLD5987G

POLICY NO. 999994421

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLD5987G

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

MKM CAR LEASING PTE LTD

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

17 August 2018

4) DATE OF EXPIRY OF INSURANCE

16 August 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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 for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for lullion, driving test, 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 any purpose in connection with the Motor Trade.

LOSS OF USE Not Applicable

HIRE PURCHASE COMPANY MAYBANK

*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 17 Aug 2018

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPIUS

ORIGINAL

0504650-000

All Ins Agency Pte Ltd

22 Sin Ming Lane

#05-78 Midview City

Singapore 573969