

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 119099355**

Date In: 24/1/14 12:51	Job description	Date & Time Completed	Done by
Ref No: NA11/614013312/24	SAS e-filing		
Veh No: 5348441X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/1/14 - 0:00	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: **NA11/614013312/24**

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

NA11905627

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int Bill

Add Bill

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:-
- QD*
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

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	29/07/2019 20:51
Date Of Accident	27/07/2019 13:00
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH8941X
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96750008
Alternative Phone No	OFFICE-96750008
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994461
Cover Note Number	
Driver	
Name of Driver	ABDUL RAZAK BIN MOHD NOOR
NRIC No	S1546784C
Date Of Birth	24/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82879668
Fax Number	
Contact Number	OFFICE-82879668
Email Address	NOEMAIL

Address	BLK 480 PASIR RIS DRIVE 4 #09-453
Postcode	510480
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP1212J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHENG KANG
NRIC/Passport Number	
Contact Number	96565362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

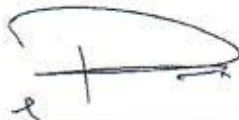
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.



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.:

Bukit Timah Rd: Towards Newton Circus



(A) SJH 8941X

(B) SKP1112J


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bukit Timah Rd towards Newton Circus. As the traffic was heavy, I stopped my vehicle and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

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.:

2JH0941X

MAKE & MODEL : Toyota Vios 1.5A Gold.

DATE OF ACCIDENT	27 / 07 / 2019.
TIME OF ACCIDENT	1300 AM / PM
LOCATION OF ACCIDENT	Bukit Timah Rd towards Newton Circus
Exact Purpose use during accident	work purpose
NAME OF OWNER	Orange Cars
TEL NO.	9675 0008
NRIC	53314678 M.
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	ASG
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	999994461
NAME OF DRIVER	As above / <u>If No.</u> Abdul Razak Bin Mohd Noor
NRIC	S1546784C Any passengers: No
DATE OF BIRTH	24 / 09 / 1962
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	06 / 09 / 1982
GENDER	<u>Male</u> / Female
CONTACT NO.	8287 9668 Office. Home.
ADDRESS	81100-480 Pasir Ris Dr 4709-053 (S) S10480
DRIVER HAVE ANY OWN Vehicle	<u>No</u> / If yes, Reg No.
RELATIONSHIP	Employee / <u>If No</u> / Other.
WEATHER CONDITION	<u>Clear</u> / Raining / Other.
ROAD SURFACE	<u>Dry</u> / Wet / Other.
ANY INJURIES	<u>No</u> / If yes, Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes, Where?
VEHICLE B NO.	SKP 1212J Any Passenger: —
NAME	Org Chery Kang
CONTACT NO.	9656 5362
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
EMAIL (Company)	jason.fresh.cars@gmail.com
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>No</u>

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1546784C

Name

ABDUL RAZAK BIN MOHD
NOOR

Birth Date 24 Sep 1962

Issue Date 14 Feb 2003



000194850A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1546784C



Name



ABDUL RAZAK BIN MOHD
NOOR

For LKK/NAC Use Only
عبدالرازق بن محمد نور

Race

MALAY

Date of Birth

24-09-1962

Sex

M

Country of Birth

SINGAPORE

Land Transport Authority



PDVL/TDVL
33 888 8888
262701



VOCATIONAL LICENCE

Licence No : S1546784C

Name : ABDUL RAZAK BIN MOHD
NOOR

Card Issue Date : 05/04/2018

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

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

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

06 Sep 1982

For LKK/NAC Use Only



Licence No: S1546784C

NP 438A

1642063



NRIC No: S1546784C



For LKK/NAC Use Only

Blood Group Date of issue

A+ 31-01-1994

NRIC No: S1546784C

Date:

N: 2678513

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
13

Description

PRIVATE HIRE CAR VL

Issue Date

05/04/2018

For LKK/NAC Use Only





HOTLINE TEL: (65) 6410-3000
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, 1989

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$2000.00 (Sect II)
CERTIFICATE NO.	SJH8941X	WINDSCREEN EXCESS	NA
POLICY NO.	999994461	SUM INSURED	NA
		INSURING WITH COE/PARF	NA
		SJH8941X	
		Orange Cars	
1) VEHICLE REGISTRATION NO.		07 September 2018	
2) NAME OF INSURED		06 September 2019	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.			
The policy does not cover drivers who are below 21 years old and/or with less than 2 year driving experience.			
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 Included	
HIRE PURCHASE COMPANY		NA	
*Limitations rendered Inoperative by Section 5 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 12 Sep 2018

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 596604

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC