

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA11915421**

Date In: 11/1/19-19:47	Job description	Date & Time Completed	Done by
Ref No: NA/01419019994/24	SAS e-filing		
Veh No: SHA1381E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/19-16:5	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: MA11915421	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

NA1908499	Invoice Preparation Checklist	Am't (\$) Est 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		
QC Checked by (Engr-In-Charge):	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:-		
	OD*		
	*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 \$0		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	11/11/2019 19:47
Date Of Accident	09/11/2019 16:15
Exact Location Of Accident	ARANDA COUNTRY CLUB
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA1381E
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	

Driver

Name of Driver	DEWI SHARAINI BINTE AHMAD
NRIC No	S7702371B
Date Of Birth	25/01/1977
Occupation	INDOOR
Date Of Driving Pass	14/05/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83067234
Fax Number	
Contact Number	OFFICE-83067234
EEmail Address	NOEMAIL

Address	BLK 430C FERNVALE LINK #02-225
Postcode	793430
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)	3
Passenger 1	NAME: : SRI NORSHARAINAH BTE AHMAD GENDER: : FEMALE
Passenger 2	NAME: : DANG NUR RASYIQAH BTE DAEING MASNI 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

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	SMF1457Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90660535
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DEWI SHARAINI BINTE AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGA1381E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SRI NORSHARAINAH BTE AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGA1381E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DANG NUR RASYIAH BTE DAEING MASNI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGA1381E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

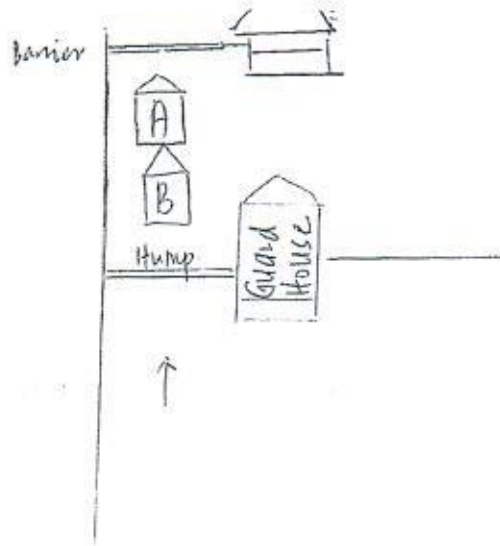


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



(A) SGA1381E
(B) SMF14572

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle at Alorinda Country Club gantry.
Suddenly vehicle B came from behind and hit onto rear
portion of my vehicle.

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.:

Date of Accident : 9/11/2019 Accident Time: 16:15 (24-HR-FORMAT)
 Accident Place : (Downtown East) Avondale Country Club
 Vehicle Reg. No (Car plate No.) : SGA1381E Vehicle Make/Model: Honda Jazz
 Insurance Company : MA Policy No. 999994037
 Name of Registered Owner : Company ~~Individual~~ Orange Cars
 ID of Registered Owner : Co Reg No: 53314768M Owner's NRIC No: —
 Co Contact No: — Owner's Contact No: —
 DRIVER'S Name : DEWI SHARMINI BINTE AHMAD DRIVER'S NRIC No: 57702371B
 DRIVER'S Date of Birth : 25/1/1977 DRIVER'S License Pass Date: 14 May 2019
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Other
 DRIVER'S Address : PM Bkt 430 C TEKUNDA UNIK #02-7568 1793430
 DRIVER'S Contact No./ Alt No. : 1) 8306 7734 2) —
 DRIVER'S Occupation : INDOOR (eg. working inside or outside of an ofc)
 Email Address : —
 Weather & Road Surface : LEAR & DRY RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
 Number of Passengers (including Driver): 1 Driver, 2 passengers (Female)
 Was the accident reported to the police? YES (NO)
 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 Particulars (if any)

Vehicle Reg No	<u>(B) SMF 14572</u>	Vehicle Reg No	_____
Vehicle Make Model:	_____	Vehicle Make Model:	_____
Name DRIVER:	_____	Name DRIVER:	_____
IC No DRIVER:	_____	IC No DRIVER:	_____
DRIVER'S Contact & add	<u>9066 0535</u>	DRIVER'S Contact & add	_____

Injured Persons: ① Driver: DEWI SHARMINI BINTE AHMAD / 57702371B
 ② Passengers: Sri Norsharainah Bte Ahmad / 583209096
 ③ Passenger: Dang Nur Rasyidah Bte Daeing Masni
T111 88140



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) AND ROAD TRANSPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SGA1381E	POLICY EXCESS	REFER TO ITEM 5		
POLICY NO.	999994037	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PAF	NA		
		SGA1381E			
		ORANGE CARS			
1) VEHICLE REGISTRATION NO.					
2) NAME OF INSURED					
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		07 September 2019			
4) DATE OF EXPIRY OF INSURANCE		06 September 2020			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*					
Any person who is driving on the Insured's order or with their permission.					
S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years 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 tuition, 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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 06 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

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

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL