

NATIONAL Assessment Centre Services

Date In: 13/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1919021992/13	SAS e-filing		
Veh No: SML7935P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/12/19 2005	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: SKQ2695L	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: (\$	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

NA1904306	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt 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		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	13/12/2019 14:36
Date Of Accident	12/12/2019 20:05
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML7935P
Insured/Policyholder	
Name Of Registered Owner	ZAKARIA BIN AZMI
NRIC No	S1570767D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96802141
Alternative Phone No	OTHERS-96802141
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900103310
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAIZ BIN ZAKARIA
NRIC No	S9226535H
Date Of Birth	24/07/1992
Occupation	INDOOR
Date Of Driving Pass	01/03/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89085085
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 106 JALAN DUSUN #02-11
Postcode	320106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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

PLS REFER TO THE ATTACHED 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	SKQ2695L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYED ABDUL RAHMAN BIN SYED OSMAN
NRIC/Passport Number	S8426369I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW9688E
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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)	

SKETCH PLAN

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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:

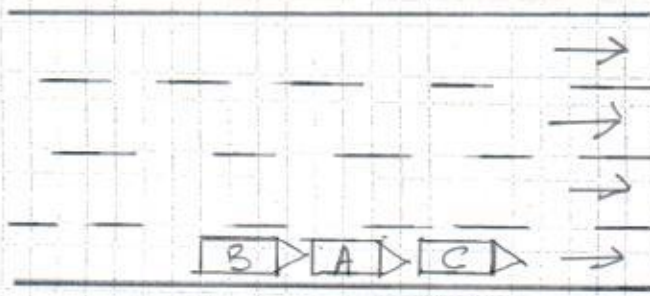
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

 13/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A. 8ML7935P
B. 8KQ2695L
C. 8KW9688E


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEH FRONT OF MY STOP TRW I FOLLOW SUDDENLy I
FELT STRONG IMPACT FROM MY VEH REAR PORTION!

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:

 13/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SML7935P MAKE/MODEL: MIRZA 1841
DATE OF ACCIDENT: 12/12/2019 TIME: 20 HR 05 MIN AM / PM
LOCATION OF ACCIDENT: DIE TOWARDS CANNERY
EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: ZAKARIA BIN AZMI
CONTACT NO: 96802441
NRIC: S1570767D
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: AIG
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO: _____

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: MUHAMMAD FAIZ BIN ZAKARIA
NRIC: S9226354 NO OF PASSENGER/S: 0
DATE OF BIRTH: 22 JUL 1992
OCCUPATION: _____ ☐ OUTDOOR ☒ INDOOR
DATE OF DRIVING PASS: 01 MAR 2019
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 89085085
ADDRESS: BLK 106 JALAN BUKIT #02-11 (8) 320106

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP: EMPLOYEE/SPOUSE IF NOT: SON
WEATHER CONDITION: ☐ CLEAR ☒ RAINING OTHER: _____
ROAD SURFACE: ☐ DRY ☒ WET OTHER: _____
ANY INJURIES: NO/ IF YES- NAME: _____
CONTACT NO: _____
POLICE REPORT: NO/ IF YES- LOCATION: _____
VIDEO FOOTAGE: NO/ YES

3RD PARTY INFO

VEHICLE B NO: SKQ2695L NO OF PASSENGER/S: 0
NAME: SYED ABDUL RAHMAN BIN SYED OSMAN SP426369I
CONTACT NO: _____
VEHICLE C NO: SKW9688E NO OF PASSENGER/S: 0
VEHICLE D NO: _____ NO OF PASSENGER/S: _____
VEHICLE E NO: _____ NO OF PASSENGER/S: _____
VEHICLE F NO: _____ NO OF PASSENGER/S: _____
ANY WITNESS: _____
WITNESS CONTACT NO: _____

COVER NOTE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Zakaria Bin Azmi /
 Period of Insurance : 03-Jun 2019 to 02 Jun 2021
 Engine No. : 4B40GT3404 /
 Chasis No. : JMAXTGK1WKZ001877 /



Vehicle No. : SmL7935P
 Cover Note No. : 1900103310
 Endorsement No. :
 Issued Date : 29 May 2019

ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5 /
 Engine Capacity/Tonnage : 1,499.00 CC /
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2019
 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, 1987 (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)
 Zakaria Bin Azmi - \$800 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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: HL Bank /

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note 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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504623205
 FULCOMICP2 - JAST
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Chin Ee Lul

18 Sturgeson Way #01-16 AIG Building S078120 T: 65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.