

NATIONAL Assessment Centre Services

[Part 1 Jan 2023]

MMA 119169651

Date In: 26/12/19 13:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/119 190 22657/44	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLR 8153C	I-Motor Claim Form		
DDA: 24/12/19 16:55	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OP: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WESP		

Preferred Wesp / INC Assign Wesp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Rubbish collection 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 Address: 6739 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

MA 2000006	Invoice Registration Checklist	Am (S)	Ref (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2023)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	26/12/2019 13:29
Date Of Accident	24/12/2019 16:55
Exact Location Of Accident	CARGO AIRFREIGHT CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8153C
Insured/Policyholder	
Name Of Registered Owner	ZULKIFLI BIN MOHAMAD
NRIC No	SXXXX716A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91118434
Alternative Phone No	OFFICE-91118434

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1700046079-02
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN MOHAMAD
NRIC No	SXXXX716A
Date Of Birth	14/06/1960
Occupation	INDOOR
Date Of Driving Pass	08/11/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91118434
Fax Number	
Contact Number	OFFICE-91118434
Email Address	NOEMAIL

Address	27 ELIAS RD #02-14
Postcode	519932
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 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 Witness 1

Name	MR RAMLEE SAMAT
Phone Number	81690714
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	RUBBISH COLLECTION VEHICLE
Details Of Properties	TMK SERVICES PTE LTD
Vehicle Category	NA/UNKNOWN
Name of Driver	DOUGLAS LEONG CHUN CHUAN
NRIC/Passport Number	GXXXX831X
Contact Number	90810734
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.


26 Dec 13 PM 1:15
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

Cargo Airfreight Centre



A = SLR 8153C


B = Rubbish collection
vehicle
CTMK Services
pte Ltd)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE SLR8153C WAS PARKED IN LOT S27 AT SATS
AIRFREIGHT TERMINAL 3 (CORE F) OF CHANGI AIRFREIGHT CENTRE
IN CHANGI AIRPORT WHEN A VEHICLE (ELECTRIC) MEANT TO CLEAR
RUBBISH REVERSED AND HIT MY STATIONARY VEHICLE PARKED
IN THE SAID LOT. THE IMPACT CAUSES MY FRONT RIGHT SIDE BUMPER
AND RIGHT FENDER TO BE DAMAGED AND HENCE DISLODGING IT FROM
ITS ORIGINAL POSITION. THIS INCIDENT WAS WITNESSED BY
MR RAMLEE SAMAT I.C. NO S 8427039C (HP 81698714)

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature 
Date & Time: 26 DEC 2019 1315h.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/2019 (DD/MM/YYYY), TIME: 16:55 (HH:MM)

LOCATION: CARGO AIRFREIGHT CENTRE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 8153C
b) INSURANCE COMPANY: DIG
c) POLICY NUMBER: 1700046079-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUBARU FORESTER
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: ZULKIFLI BIN NDHAMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1416716A CONTACT: 91118434
c) ADDRESS: BLK 27 ELIAS ROAD #02-14
SINGAPORE 519932

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 14/06/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 39 YEARS +

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

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: _____ MODEL: _____
b) DRIVER'S NAME: DOUGLAS LEONG CHUN CHUAN
c) NRIC/FIN/PASSPORT: G8553831X CONTACT: 90810734

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =



SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 1700046079-02

Period of Insurance : 29 Aug 2019 to 28 Aug 2020

Issued Date : 26 Aug 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Zulkifli Bin Mohamad
Address : 27 ELIAS ROAD
#02-14 RIS GRANDEUR
SINGAPORE 519932

Occupation/Nature of Business : Others(Indoor)

ABOUT THE VEHICLE

Registration No. : SLR8153C Engine Capacity/Tonnage : 1,995.00 CC
Chassis No. : JF1SJ5KC5JG097389 Engine No. : FB20YA89208
Seating Capacity : 5 First Year of Registration : 2017 Body Type : Sedan
Make/Model : SUBARU Forester 2.0i-L
Hire Purchase Company/Employer's Loan : MayBank

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA Insuring with COE/PAF : 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" ("YIDER") 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.

Other Key Policy Benefits :

Act of God, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, PA to Authorised Driver / Unnamed Passengers- \$10000, Dealer + AIG Authorised Workshops, PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, New For Old (36 months), Loss of Use 1500cc - 1600cc, Strike, Riots and Civil Commotions, In-Car Camera Excess Waiver, Solar Film- \$1150

EXCESS

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

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
Zulkifli Bin Mohamad - \$800 (Own Damage)

PREMIUM

Premium : \$ 1,312.17
GST (7%) : \$ 91.85

Total : \$ 1,404.02

Your Premium includes the following discount(s):

MIE Renewal Discount - 10.00%, Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%