

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA119170363

Date In: 27/12/14 15:52	Job description	Date & Time Completed	Done by
Ref No: NA11919022006/24	SAS e-filing		
Veh No: 52631344	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/12/14-16:05	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: 52631344	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

NA11919022006/24	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

Pat 2 / 3:

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 27/12/2019 15:52
 Date Of Accident 25/12/2019 16:05
 Exact Location Of Accident JUNC BOUNDARY RD & SERANGOON AVE 2
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG3134Y
Insured/Policyholder
 Name Of Registered Owner ORANGE CARS
 Co Reg No 5XXXX768M
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA
 Model WISH 1.8X A
 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 PRIVATE HIRE

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 AHMAD ZUHDI BIN MOHAMED MASYADI
 NRIC No SXXXX944D
 Date Of Birth 18/04/1979
 Occupation OUTDOOR
 Date Of Driving Pass 04/06/1999
 Driving Experience 20 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91449679
 Fax Number
 Contact Number OFFICE-91449679
 Email Address NOEMAIL

Address	BLK 452B SENGKANG WEST WAY #02-399
Postcode	792452
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 - CROSS JUNCTION
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)	7
Passenger 1	NAME: : ABDUL RAHIM BIN KAMIS GENDER: : MALE
Passenger 2	NAME: : LUTH UWAIS BIN AHMAD ZUHDI GENDER: : MALE
Passenger 3	NAME: : ZAYN UMAR BIN AHMAD ZUHDI GENDER: : MALE
Passenger 4	NAME: : RAFIDAH BINTE ABDUL RAHIM GENDER: : FEMALE
Passenger 5	NAME: : NURHAYATI BINTE ABDULLAH GENDER: : FEMALE
Passenger 6	NAME: : ESHAL NADINE BINTE AHMAD ZUHDI 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?	YES

Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5944B
Vehicle Make/Model/Colour	HONDA
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)	

DETAILS OF INJURED PERSON 1

Name	AHMAD ZUHDI BIN MOHAMED MASYADI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG3134Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ABDUL RAHIM BIN KAMIS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG3134Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LUTH UWAIS BIN AHMAD ZUHDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG3134Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	ZAYN UMAR BIN AHMAD ZUHDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name RAFIDAH BINTE ABDUL RAHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 6

Name NURHAYATI BINTE ABDULLAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name ESHAL NADINE BINTE AHMAD ZUHDI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

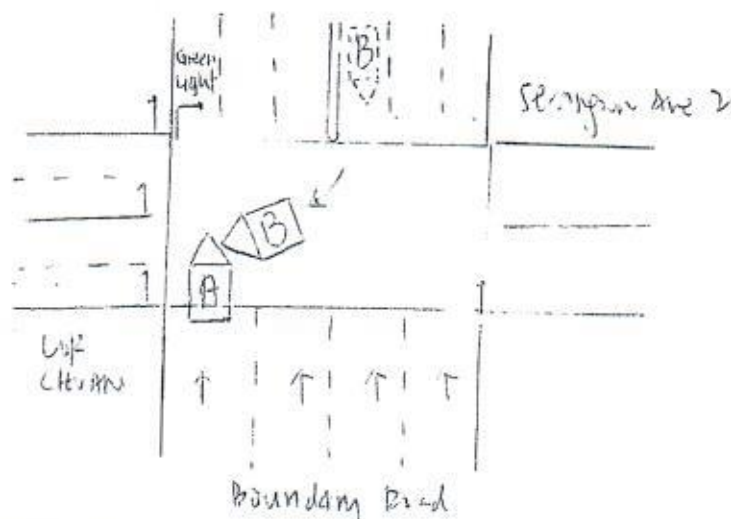
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



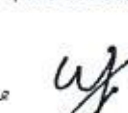
(A) SJG31344
(B) SJN5944B

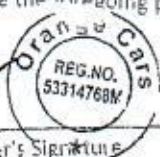
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling straight along Boundary Rd. as the traffic light was green. Suddenly vehicle B at the opposite direction turn right and hit onto the front 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.:

Date of Accident: 25/12/19 Accident Time: 16:05 (24-HR-FORMAT)
Accident Place: Junction of Boundary Rd & Serangoon Ave. 2.
Vehicle Reg. No (Car plate No.): SJG 31344 Vehicle Make/Model: Tayik WSH 1-8
Insurance Company: ALG Policy No.: 999994037
Name of Registered Owner: Company / Individual Fresh Cars P/L.
ID of Registered Owner: Co Reg No: 706085402 Owner's NRIC No: -
Co Contact No: - Owner's Contact No: -
DRIVER'S Name: MASWIPDI DRIVER'S NRIC No: 87910944D
DRIVER'S Date of Birth: 18/4/1979 DRIVER'S License Pass Date: 4/6/1999
Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Other Other
DRIVER'S Address: Unit 452B Serangoon West Way #02-379 (S) 72452
DRIVER'S Contact No. / Alt No.: 1) 9144 9679. 2) -
DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address: -
Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (including Driver): 1 driver, 6 passengers.
Was the accident reported to the police? YES (X) NO
Was there any video Captured by car camera? YES (X) 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.	Vehicle Make/Model	Driver's Name	Driver's NRIC No.	Driver's License Pass Date	Driver's Occupation	Driver's Contact No.
<u>(B) SJN 5944B</u>	<u>Honda</u>					

Injured Persons :

- ① Driver: AHMAD ZUHDI BIN MOHAMED MASYIADI
S7916944D
- ② Passenger: RAFIDAH BINTE ABDUL RAHIM (Female)
S8510436E
- ③ Passenger: ABDUL RAHIM BIN KAMIS (MALE)
S0027938B
- ④ Passenger: NURHAYATI BINTE ABDULLAH (FEMALE)
S1335476F
- ⑤ Passenger: LUTH UWAS BIN AHMAD ZUHDI (MALE)
T1405402I
- ⑥ Passenger: ES~~A~~AL NADINE BINTE AHMAD ZUHDI (FEMALE)
T1602231J
- ⑦ Passenger: ZAYN UMAR BIN AHMAD ZUHDI (MALE)
T1733650E



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 2 400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.		SJG3134Y		POLICY EXCESS	REFER TO ITEM 6
POLICY NO.		999994037		WINDSCREEN EXCESS	NA
				SUM INSURED	NA
				INSURING WITH COE/PARF	NA
				SJG3134Y	
				ORANGE CARS	
1) VEHICLE REGISTRATION NO.				07 September 2019	
2) NAME OF INSURED				08 September 2020	
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\$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 Teh Tuck Walk
Singapore 595604

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL