

NATIONAL Assessment Centre Services

Date In: 06/01/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/A1620000288/13	E-mail (within 8 hrs, AFD 2hrs):		
Veh No: 550207E	i-Motor Claim Form		
D.O.A: 05/01/20 1410	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51) Tel: Fax:

TP Particulars: Veh No: SHC7248X 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)

Remarks	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

 NAJ000320

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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 (N-n 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	06/01/2020 15:59
Date Of Accident	05/01/2020 14:10
Exact Location Of Accident	JUNC OF PASIR RIS DR 3 & ELIAS RD OPP STRATUM COND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S5030TE
Insured/Policyholder	
Name Of Registered Owner	OZGUR KILLIC
NRIC No	GXXXX651L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84444872
Alternative Phone No	OTHERS-84444872
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800105260-01
Cover Note Number	
Driver	
Name of Driver	FARIDAH BEGUM BINTE NOOR MOHAMED
NRIC No	SXXXX291C
Date Of Birth	25/08/1979
Occupation	INDOOR
Date Of Driving Pass	05/04/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96430835
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 279 BEDOK SOUTH AVE 3
#08-33

Postcode 465458

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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? 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: : OZGUR KILLIC
GENDER: : MALE

Passenger 2 NAME: : SON
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200105/2078

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7248X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver	KHENG KIM TJOEAN
NRIC/Passport Number	SXXXX298D
Contact Number	84523868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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.

2

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.:



Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2020 16:21		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: FARIDAH BEGUM BINTE NOOR MOHAMED			Address: 279 BEDOK SOUTH AVENUE 3 #08-33 SINGAPORE 465458		
ID Type / ID No.: NRIC NO / S7925291C			Contact No.:		Mobile: 96430835
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 25/08/1979	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: BANK OFFICER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/01/2020 14:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 3 ELIAS ROAD At the junction of Pasir Ris Drive 3 turning left to Elias Road, opposite Stratum Condo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S5030TE	Car	MITSUBISHI	GRANDIS 2.4A	Silver	Seriously Damaged	2
SHC7248X	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20200105/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	OZGUR KILIC	ID No.	G0966651L
Related Vehicle	S5030TE (Car)	Contact No.	84444872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FARIDAH BEGUM BINTE NOOR MOHAMED	ID No.	S7925291C
Related Vehicle	S5030TE (Car)	Contact No.	96430835
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KHENG KIM TJOEAN	ID No.	S2166298D
Related Vehicle	SHC7248X (Taxi)	Contact No.	84523868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/01/2020 at about 1410hrs, I was driving my husband's vehicle (S5030TE) along Pasir Ris Drive 3. My husband was seated at the front passenger seat while my son was seated at the back passenger seat. The road along Pasir Drive 3 consist of 3 lanes and my vehicle was on the extreme left lane as I wanted to turn left to Elias Road.

When the traffic light along Pasir Drive 3 had turn green, I noticed the vehicle ahead of me did not move to make a left turn as there were pedestrians crossing along Elias Road hence I waited for the vehicle to move. While my vehicle was in a stationary position, I felt an impact coming from the rear right of my



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CONTINUATION OF REPORT

vehicle. My husband then went out of the vehicle to make a check on the damages and he noticed dents and scratch marks on the rear bumper. My husband also noticed that the rear bumper was slightly dislodged. The taxi driver subsequently approached me and acknowledge that he was at fault. My husband and I then took photos of the accident scene. We then exchange particulars

My husband then contacted his insurance agent and who advised him to take the photos of the accident scene, to download the in car camera footages and to lodge a police report since the vehicle is a diplomatic vehicle. The taxi driver also informed us to liaise with Comfort Delgro for anything further. The both of us then left the said location as no towing was needed.

During the accident, nobody was injured hence ambulance services was not required. Furthermore, no police was called in during the accident.

I wish to state that the vehicle belongs to my husband who holds a diplomatic card from Turkey. In addition, the vehicle has an in car camera which had captured the footage of the accident.



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Report No. T/20200105/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD
KUSBARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/01/2020 16:21

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SIGNATURE

Vehicle No.	55030 TR	Model / Make	mitsubishi GRANDIS
Date of Accident	05/01/2020		
Time of Accident	1410	HRS	
Location of Accident	NEAR THE JUNCTION OF PASIR RIS DR 3 / ILIAS RD.		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	Uzgur Kilic		
Telephone No.	H/P : 84444872	Home :	Office :
NRIC	G0966651L		
Address	279 BEDOK SOUTH AVE 3 #08-33 S(465458)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	1800105260-01		
Name of Driver	As Above If No, FARIDAH BEGUM BINTE NOOR MOHAMED		
NRIC	S79252A1C	Any Passengers : 2 (OWNER / SON)	
Date of birth	25/08/1979	BOTH MALE	
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	05 APR 2001		
Gender	Male / Female		
Contact No.	H/P : 96430835	Home :	Office :
Address	279 BEDOK SOUTH AVE 3 #08-33 S(465458)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state SPOUSE	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where? TANAH MERAH NPP	
Vehicle B No.	SHC 7248X	Any Passengers :	
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion			
Camera Recorder	Yes/ No	FRONT / REAR	
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ozgur Kilic
 Period of Insurance : 17 Sep 2019 To 16 Sep 2020
 Engine No. : 4G69KK2655
 Chassis No. : JMYLRNA4W4Z000677

Vehicle No. : S6030TE
 Policy No. : 1800105260-01
 Endorsement No. :
 Issued Date : 03 Sep 2019

ABOUT THE COVER

Make/Model : MITSUBISHI GRANDIS 2.4 MIVEC
 Engine Capacity/Tonnage : 2,378.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2004
 Insuring with COE/PARF : Yes

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 Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Fariqah Begum Binte Noor Mohamed - \$600 (Own Damage), Ozgur Kilic - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: NA

We hereby certify that the policy to which this Certificate of Insurance relates 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504611000

K-2 VENTURES INSURANCE AGENCY
 8 BOON LAY WAY #08-12 TRADEHUB 21
 SINGAPORE 609964

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

K-2 Ventures Insurance Agency