

# NATIONAL Assessment Centre Services

(wef 1 Jan 03)

MNA20002487

Date In: 2/1/2009-09:16	Job description	Date & Time Completed	Done by
Ref No: HA/A1420000545/24	SAS e-filing		
Veh No: 9J7374x	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/2009-07:35	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: 9J7374x	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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QJ:				
*N5: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (N-in 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	07/01/2020 09:16
Date Of Accident	06/01/2020 07:35
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7394X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SITI ZUBAIDAH BINTE YUSOFF
NRIC No	SXXXX406E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97946229
Alternative Phone No	OFFICE-97946229
<b>Vehicle Particulars</b>	
Manufacturer	SUZUKI
Model	SWIFT 1.5 AT ABS AIRBAG 2WD
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800124561
Cover Note Number	
<b>Driver</b>	
Name of Driver	SITI ZUBAIDAH BINTE YUSOFF
NRIC No	SXXXX406E
Date Of Birth	22/05/1985
Occupation	INDOOR
Date Of Driving Pass	07/05/2005
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97946229
Fax Number	
Contact Number	OFFICE-97946229
Email Address	NOEMAIL

Address	158 MARIAM WAY #01-02
Postcode	507083
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	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)	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

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	SJF8510S
Vehicle Make/Model/Colour	HONDA FIT/ BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORAINI BINTI ONAN
NRIC/Passport Number	SXXXX347F
Contact Number	90010587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	SITI ZUBAIDAH BINTE YUSOFF
------	----------------------------

Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SJJ7394X
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.
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.

Policyholder's Signature  
Date & Time:

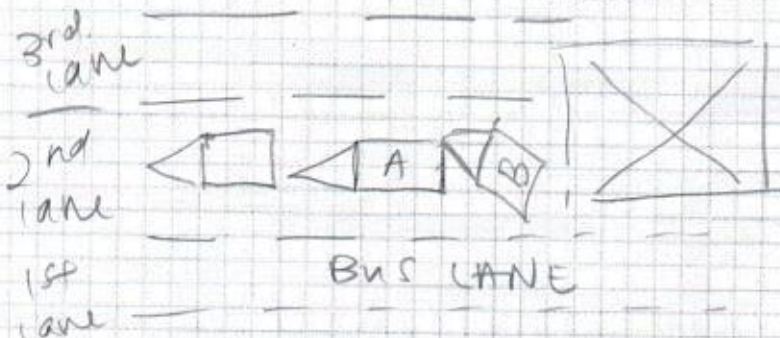
6/1/2020  
9.50am

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

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



# SKETCH PLAN



Vehicle A: PJJ 7394X  
Vehicle B: SLF 8510S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary. Vehicle B, SLF 8510S hit onto my rear.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature: *[Signature]*  
Date & Time: 06.01.2020 10am

Driver's Signature: *[Signature]*  
(If driver is not the policyholder)  
Date & Time: 06.01.2020 10am

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



# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 16/01/2020 Time 0735 Hrs

Exact Location Of Accident \* BEDOK NORTH AVE 3

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* SJJ 7394 X

Insured / Policyholder

Name of Registered Owner \* SITI ZUBAIDAH BINTE YUSOFF

NRIC/FIN/Passport Number \* S8514406E

Vehicle particulars

Manufacturer

Model

Exact Purpose for which vehicle was being used at time of accident

\* Private use ☒ Commercial use ☐ Hire & reward ☐  
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

\* Yes ☐ No ☒ Others

If No, please state action to be taken

\* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

\* Private ☒ Commercial ☐ Motorcycle ☐

Insurance details

Name of Insurance Company

\* AIG

Type of Coverage

\* COMPREHENSIVE (EXCESS)

Fleet Policy

Yes ☐ No ☒

Policy Number

\* 1800124561

Cover Note Number

Driver

Name of Driver

\* SITI ZUBAIDAH BINTE YUSOFF

NRIC/FIN/Passport Number

\* S8514406E

Date of Birth

\* 22/05/1985

Occupation

\* MANAGER

Date of Driving Pass

\* 7/5/2005

Gender

\* Male ☐ Female ☒

Mobile Number

\* 97946229

Address

\* B1K 158 MARIM WAY #01-02  
S(507083)

Email Address

\* zbaidah.y@gmail.com

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\* STRANGER - owner & driver

SAS 1

1 Driver only.



Vehicle Registration Number of Driver's Own Vehicle (if applicable)		SJJ 7394X	
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>General Information of the Accident</b>			
Type of Accident	* FRONT TO REAR		
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others		
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others		
<b>Other Information</b>			
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Details of Injured Person</b>			
Name	* Driver		
Address			
Approximate Age	*		
Injuries Sustained	* Neck, shoulder		
If vehicle Occupants, state in which vehicle?			
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Details of Police Action</b>			
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please state which Police Station			
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, against whom?			
<b>DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)</b>			
Vehicle Registration Number	SJF 8510	S	
Vehicle Make / Model / Colour	HONDA FIT / BLUE		
Detail Of Properties			
Name of Driver	* NORDANI BINTI DNAN		
NRIC/Passport Number	88227347F		
Contact Number	* 90010587		
Email Address			
Address			
Insurance Company Name			
Nature of Damage			
<b>Details Of Witness</b>			
Name			
Phone Number			
Email Address			

1 driver only





# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SITI ZUBAIDAH BINTE YUSOFF  
Period of Insurance : 17 Oct 2018 To 23 Mar 2020  
Engine No. : M15A1334434  
Chassis No. : JSAE2C21S00421405

Vehicle No. : SJJ7394X  
Policy No. : 1800124561  
Endorsement No. : 000000000301661  
Issued Date : 04 Sep 2019

### ABOUT THE COVER

Make/Model : SUZUKI SWIFT 1.5

Engine Capacity/Tonnage : 1,490.00 CC

Driver Restriction : NA

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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2008

Insuring with COE/PAF : Yes

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.

\* 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)

SITI ZUBAIDAH BINTE YUSOFF - \$600 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: ECUBE AUTO CREDIT PTE LTD

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).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd  
2 Kallang Avenue #08-16  
CT Hub S(339407)  
Off : 6444 4644  
Fax: 6444 0040

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Yin Ying Loh