

NATIONAL Assessment Centre Services.

(ver 1 Jan 08)

MA20006622

Date In: 15/01/2020 11:06	Job description	Date & Time Completed	Done by
Ref No: N/A/DA/2000098/Y	SAS e-filing		
Veh No: SLW 3978X	E-mail (3-jobs 3hrs, AIC 2hrs)		
D.O.A: 14/01/2020 08:55	I-Motor Claims 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: FU 71M

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: ()

Complete the following actions ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time:

Location:

Vehicle:

Damage:

Notes:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

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	15/01/2020 11:06
Date Of Accident	14/01/2020 08:55
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 2/WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3978X
Insured/Policyholder	
Name Of Registered Owner	SHARIFA NOR YANTI JULIANA BINTE JAAFAR
NRIC No	SXXXX571F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81861673
Alternative Phone No	OTHERS-81861673

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 SUNROOF (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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800013343
Cover Note Number	

Driver

Name of Driver	FAIED BIN JAMIL
NRIC No	SXXXX638G
Date Of Birth	18/08/1973
Occupation	INDOOR
Date Of Driving Pass	28/05/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81861673
Fax Number	
Contact Number	OTHERS-81861673
EMail Address	NOEMAIL

Address	BLK 42 WOODLANDS DRIVE 16 #05-47
Postcode	737775
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 ON COLLISION
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)	2
Passenger 1	NAME: : SHARIFA NOR YANTI JULIANA BINTE JAAFAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200114/7012

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

Details of Witness 1

Name	BERT NEUHOF
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FU71M
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FAIZ
NRIC/Passport Number	
Contact Number	98228365
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.

Policyholder's Signature
Date & Time:

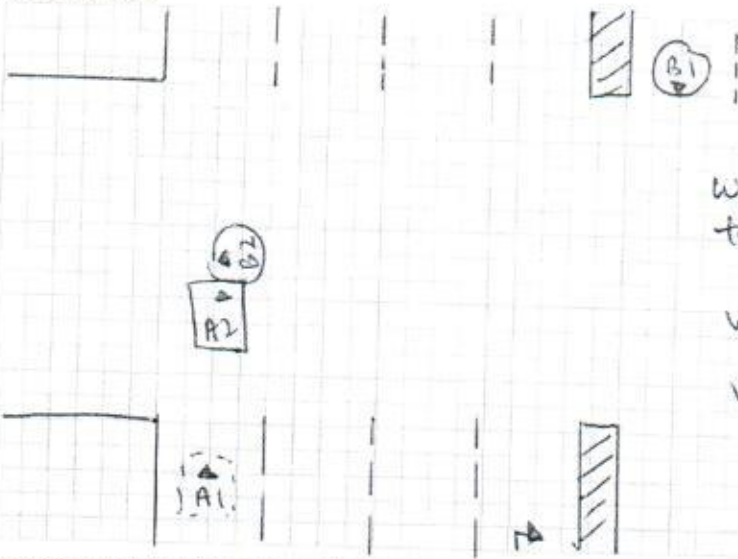
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

15/01/2020

Handwritten signature

SKETCH PLAN



woodlands Ave 2 & Ave 1
towards SLE

Vehicle A: SLW 3978X

Vehicle B: FU 71M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200114/7012

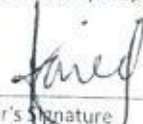
Would like to state that my vehicle mount onto the curb and smoke was coming out of the vehicle.

DECLARATION

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



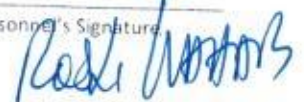
Policyholder's Signature
Date & Time:



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

 15/01/2020

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



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/1/2020 (dd/mm/yy) Time of Accident: 08 55 (24-HR-FORMAT)
Vehicle No.: SLW 3978 X Vehicle Make & Model: KIA CERATO K3 1.6A SUNROOF
Exact location of Accident: Woodlands Ave 2 & Ave 1 Junction towards SLE
Policyholder's Name / IC No.: Sharifa Nor Yanti Juliana Binte Jaafar S7347571F
Driver's Name / IC No.: Faied Bin Jamil S7328638G (As Above) ☐
Driver's Contact No.: 8186 1673 Company Contact No.: _____
Driver's Address: Blk 42 Woodlands Drive 16 #05-47 S(737775)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Spouse

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Sharifa Nor Yanti Juliana Binte Jaafar

Passenger Name: _____

Gender: Female

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 ubi Ave 3 s(408865)

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: FU 71 M

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**



T/20200114/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200114/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2020 12:29		Vide Report No.: L/20200114/0056		Station Diary No.:	
Informant's Particulars					
Name of Informant: FAIED BIN JAMIL			Address: APT BLK 42 WOODLANDS DRIVE 16 #05-47 SINGAPORE 737775		
ID Type / ID No.: NRIC NO / S7328638G			Contact No.: Home/Office: Mobile: 81861673		
Nationality: SINGAPORE CITIZEN			Email: faiedj@gmail.com		
Sex: Male	Age: 46	Date of Birth: 18/08/1973	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Homemaker		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/01/2020 08:55	Type of Location: X-Junction
Location: WOODLANDS AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU71M	Motorcycle					0
SLW3978X	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200114/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200114/7012

CONTINUATION OF REPORT

Rider			
Name	FAIZ	ID No.	NIL
Related Vehicle	FU71M (Motorcycle)	Contact No.	98228365
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	Serious
Driver			
Name	FAIED BIN JAMIL	ID No.	S7328638G
Related Vehicle	SLW3978X (Car)	Contact No.	81861673
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 the stated date & time, I Vehicle A (SLW 3978 X) was travelling straight on my rightful lane. Vehicles in front of me moved i followed suit as traffic light is green in our favour. Suddenly vehicle B (FU 71 M) made a right turn dashing the red light and hit onto my vehicle front portion. My airbag was activated, my windscreen cracked, my roof has dent and my bumper dropped off due to the accident. Im filing this for accident claim purposes. I have a witness (Bert Neuhoof Managing Director of Prenma) he handed his video footage to the traffic police too. My video footage was taken by the police too.



**SINGAPORE
POLICE FORCE**



T/20200114/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200114/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/01/2020 12:29

Classification Of Case:

Authentication Stamp

NP168



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SHARIFA NOR YANTI JULIANA BINTE JAAFAR
Period of Insurance : 09 Feb 2018 To 08 Feb 2020
Engine No. : G4FGJH696655
Chassis No. : KNAFZ411MJ5766697

Vehicle No. : SLW3978X
Policy No. : 1800013343
Endorsement No. : 000000000324318
Issued Date : 15 Jan 2020

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX

Engine Capacity/Tonnage : 1,591.00 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 : 2018

Insuring with COE/PAFF : 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.

Loss of Use 1500cc - 1500cc

* 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)

SHARIFA NOR YANTI JULIANA BINTE JAAFAR - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 406650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

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.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: Standard Chartered Bank (Singapore) Limited

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).

0504622215

C&CKICP2 - MIMILE

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPAYY