

NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MANA420036584

Date In: 26/03/2020 14:59	Job description	Date & Time Completed	Done by
Ref No: N/A/BA/20004496/Y	SAS e-filing		
Veh No: SJK 2668J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/03/2020 10:55	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OI 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: CB 7431Y	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)	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

MANA20202684	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2003)		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2 & 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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 \$30		
	9) N12: Idao Mobile \$0		
	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	25/03/2020 14:59
Date Of Accident	24/03/2020 10:55
Exact Location Of Accident	BEDOK CENTRAL TOWARDS BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2668J
Insured/Policyholder	
Name Of Registered Owner	MARIC & ASSOCIATE PTE. LTD.
Co Reg No	2XXXXX898W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90364215
Alternative Phone No	OFFICE-90364215

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994146
Cover Note Number	

Driver

Name of Driver	SURYANI BTE ISMAIL
NRIC No	SXXXX149F
Date Of Birth	20/05/1980
Occupation	INDOOR
Date Of Driving Pass	18/09/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90364215
Fax Number	
Contact Number	OTHERS-90364215
Email Address	NOEMAIL

Address	BLK 30 CHAI CHEE AVENUE #05-134
Postcode	460030
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	SIDE SWIPE
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: : HUSBAND GENDER: : MALE
Passenger 2	NAME: : FRIEND'S CHILD 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

PLEASE REFER TO SKETCH PLAN

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	CB7431Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

✖

✖

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



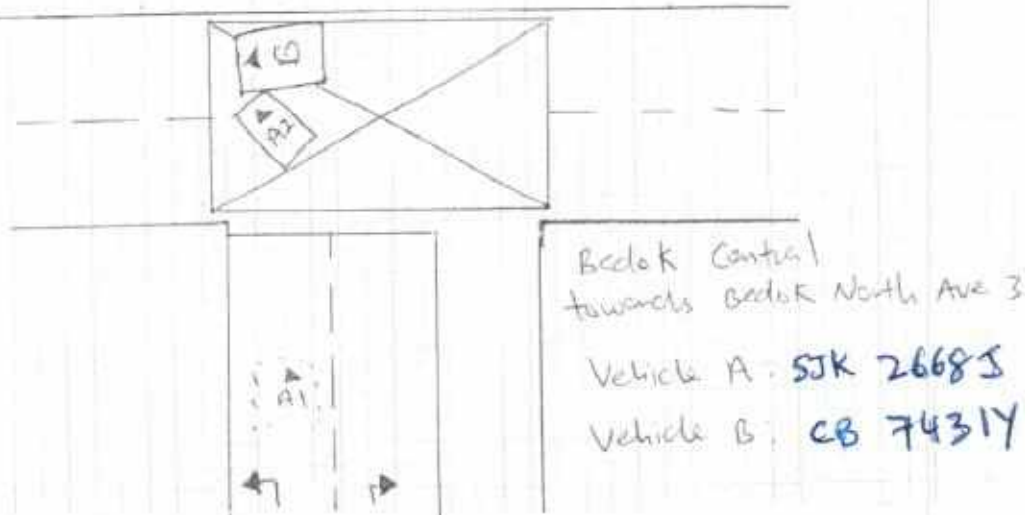
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 25/03/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A turned into the yellow box with some distance from Vehicle B. As the traffic light in front is red. All vehicle is at their stationary mode. When traffic light turn green. Vehicle B then moved and hit onto my stationary 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: 25/03/2020

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

25/03/2020

Resli

Email: sm@idag.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/03/2020 (dd/mm/yy) Time of Accident: 10 58 (24-HR-FORMAT)
Vehicle No: SJK 2668 J Vehicle Make & Model: HONDA FIT 1.3G A
Exact location of Accident: Bedok Central towards Bedok North Ave 3
Policyholder's Name / IC No: MARIC & ASSOCIATE PTE. LTD. 201828898W
Driver's Name / IC No: Suryani Bte Ismail S8013149F (As Above) ☐
Driver's Contact No: 9036 4215 Company Contact No: _____
Driver's Address: 9 TAGORE LANE #03-04 9 @ TAGORE S(787472)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Hirer

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?

Occupation (nature of job) ☒ Indoor ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 03

Passenger Name: Husband

Gender: Male

Passenger Name: Friend's child

Gender: Female

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: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: CB 7431 Y

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.

Maric & Associate Pte Ltd

VEHICLE LEASE AGREEMENT

Agreement Date: 16.10.2019

Referrer Name: Falebook

NRIC: _____

Car plate no.: _____

Company **Maric & Associate Pte Ltd**
201828898W

Office No: 6452 4300

Office hour: 10 am - 7 pm

Rental Begins on: 16.10.2019

Time Out & Sign: 3.45pm

Date & Time In: _____

Signed by Staff: _____

Hirer's Name: Suryani Bte Ismail

IC: S8013149 F

Address: APT Blk 30 Chai Chee Avenue #05-134 S(460030)

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

- a. Make & Model : Honda Fit
- b. Registration No : SJK 2668 J
- c. Mileage : _____
- d. Contact No : 9036 4215
- e. Bank Account : _____
- f. Email : _____

2. RENTAL PERIOD: 3 month

3. DEPOSIT AMOUNT: \$500

4. FIRST WEEK RENTAL STARTS ON 17.10.2019 AMOUNT \$214.29 (5day)

5. RENTAL FEE \$330 per week \$50.00 (transfer)

= \$264.29

a. Rental Fee includes the following items:

- i. Unlimited mileage;
- ii. Service and maintenance;
- iii. Road Tax and Radio License;
- iv. Motor Insurance Coverage (Excess applicable);
- v. 24-hours breakdown and emergency service (in Singapore only); and

	
Hirer's Initial	Owner's Initial



HOTLINE TEL: +65 9414 3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1967

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1953 (MALAYSIA)

SP-2-A001

THIRD PARTY FIRE & THEFT		COMMERCIAL MOTOR		[THE DRIVE RATES IS SUBJECT TO GST]	
CERTIFICATE NO	SJK2668J	POLICY EXCESS	S\$1500.00 (Sect II)		
POLICY NO	999994146	WINDSCREEN EXCESS	NA		
1 VEHICLE REGISTRATION NO		SUM INSURED	Market Value		
2 NAME OF INSURED		INSURING WITH COE/PARF	YES		
3 EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SJK2668J			
4 DATE OF EXPIRY OF INSURANCE		MARIC & ASSOCIATE PTE LTD			
5 PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		25 April 2019			
		24 April 2020			
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 20 years to 20 years old with minimum 2 years driving experience in Singapore An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore. Accident repair can be claimed out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty. 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 towing 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		TAI THONG LEE TRADING PTE LTD			

*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 183) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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 183) and Part (c) of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 24 Apr 2019

500650-000
Cowell Insurance (Agency) Pte. Ltd.
8 Rijn Road
#09-09 Trivex
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

M. Maric

ORIGINAL

AUTHORIZED REPRESENTATIVE

SSP/DEC