NATIONAL Assessment Centre Services. MWB4200414880

Date In: 09/04/2020 15:47	Job description	Date &Time Completed	Done by
Ref No: XBB/A142000512317	SAS e-filing		
Veh No: SCB 603K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/04/2020 15:45	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: SLV2216Z 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: ( )

Customer Request / Comments	Date Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Other Remarks

NA2002612

Customer Contact

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Items		
1) AR : Accident Reporting ($30);		
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 2001)	$73	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$15	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non INC) against INC	$10	
9) N12: Idea Mobile	30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA420041480 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 09/04/2020 15:47
SUBMITTED BY: HOSLI BIN ABDUL WAHAB

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	09/04/2020 15:47
Date Of Accident	08/04/2020 15:45
Exact Location Of Accident	BLK 44A JALAN BUKIT HO SWEE (MULTI STOREY CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB602K

Insured/Policyholder

Name Of Registered Owner	MOHD ZAINUDDIN BIN ABDUL LATIFF
NRIC No	SXXXX367J
Email Address	SHANFAHHASNAH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97496763
Alternative Phone No	OTHERS-97496763

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	2070036490
Cover Note Number	

Driver

Name of Driver	MOHD ZAINUDDIN BIN ABDUL LATIFF
NRIC No	SXXXX367J
Date Of Birth	02/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97496763
Fax Number	
Contact Number	OTHERS-97496763
EMail Address	SHANFAHHASNAH@YAHOO.COM.SG

Address	514 CHANGI
Postcode	419915
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	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)	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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLV2216Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OSMAN BIN ALI
NRIC/Passport Number	
Contact Number	
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.

X _____ _____ _____

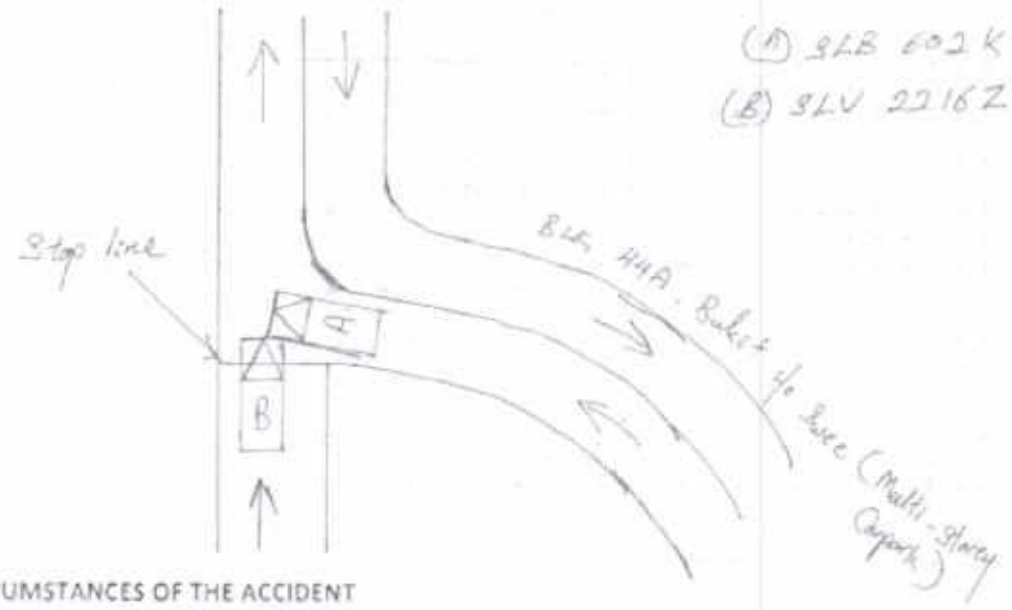
Policyholder's Signature
Date & Time:

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

08/04/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/04/2020 at @ 1545 hrs, I was driving in my vehicle (SLB 602K) coming down from the carpark of Blk 444A, Bukit Ho Swee (Multi-Storey Carpark) down the ramp. Suddenly, a car (SLV 2216Z) on my left did not stop at the stop line to give way. As a result, the said vehicle collided into the left front side of my vehicle.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

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

09/04/2020

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

Vehicle No.	SLB 602 K Model / Make Toyota Sienta.
Date of Accident	08/04/2020
Time of Accident	1545 HRS
Location of Accident	Blk 44A @ Jln Bukit Ho Swee (Multi-Storey Carpark)
Exact purpose use during accident	Private Used
Name of Owner	Mohd Zamuddin Bin Abdul Latiff
Telephone No.	H/P : 9749 6763 Home : Office :
NRIC	S1839367J.
Address	514 Changi Road (S) 419715.
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	AIG.
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft
Policy No.	207003 6490
Name of Driver	(As Above) If No,
NRIC	Any Passengers : N.A.
Date of birth	02/03/1964.
Occupation	(Outdoor) / Indoor
Driving License Pass Date	19/11/2009.
Gender	(Male) / Female
Contact No.	H/P : Home : Office :
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
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?
Vehicle B No.	SLV 3216 Z Any Passengers : Not sure.
Name of Driver	Osman Bin Ali 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	N.A. Witness Contact : N.A.
Accident Portion	Front left portion.
Camera Recorder	Yes/(No)
Email Address	Shanfahhasnah@yahoo.com.sg
PARTICULAR WORKSHOP	Twincar.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Joseph Tan.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg

AIG

CERTIFICATE OF INSURANCE

ENHANCED AA AUTOPLAN PRIVATE VEHICLE

Name of Policyholder	: MOHD ZAINUDDIN BIN ABDUL LATIFF	Vehicle No.	: SLB602K
Period of Insurance	: 29 Mar 2020 To 28 Mar 2021	Policy No.	: 2070038490
Engine No.	: 2NR8572700	Endorsement No.	:
Chassis No.	: NSP1707018269	Issued Date	: 09 Mar 2020

ABOUT THE COVER

Make/Model	TOYOTA SIENTA 1.5				
Engine Capacity/Tonnage	1,496.00 CC	Sum Insured	Market Value	First Year of Registration	2016
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

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 $2,500 as "Young and/or Inexperienced Driver Excess" ("YIDE") 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 4 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 - $600

Section 2

Property Damage - $0

Windscreen - $100

Named Driver and Excess (where applicable)

MOHD ZAINUDDIN BIN ABDUL LATIFF - $600 (Own Damage), $600 (Flood Cover)

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. 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 [illegible]. 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: NA

I/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)

15034A700C

AAS INSURANCE AGENCY PTE LTD

2 KUNG CHONG ROAD #05-01 AA CENTRE

SINGAPORE 159140

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Policyholder & Hand Rush Movement