NATIONAL Assessment Centre Services. [ver 1 Jan'09]

	Job description	Date & Time Completed	Done by
Date In: 27/07/20			
Ref No: NA/AIG20007726/13	SAS e-filing		
Veh No: SMT4022B	E-mail (within 3hrs, AIC 2hrs)		
DOA: 25/07/20 1040	I-Motor Claim Form		
OD / (P) 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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SMQ3064C 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 Only: Call Client)	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	Action	Done by

NA2003866

Claimants Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist		Amt ($) Claim	Amt ($) Audition
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 (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
•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	$20		
9) N12: Idao 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 witholding 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	27/07/2020 16:53
Date Of Accident	25/07/2020 10:40
Exact Location Of Accident	PIE TWDS JURONG B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4022B
Insured/Policyholder	
Name Of Registered Owner	ZAINAL BIN ASMORE
NRIC No	SXXXX767G
Email Address	TIENWEN99@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96663549
Alternative Phone No	OTHERS-96663549
Vehicle Particulars	
Manufacturer	MAZDA
Model	CX5
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	2070100968
Cover Note Number	
Driver	
Name of Driver	ZAINAL BIN ASMORE
NRIC No	SXXXX767G
Date Of Birth	16/01/1963
Occupation	INDOOR
Date Of Driving Pass	12/06/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96663549
Fax Number	
Contact Number	OTHERS-96663549
EMail Address	TIENWEN99@YAHOO.COM

Address	BLK 230D TAMPINES ST 24 #10-55
Postcode	527230
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)	2
Passenger 1	NAME: : TAN CHIH LAN GERALDINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20200725/7051

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	SMQ3064C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM TECK JOHNNY
NRIC/Passport Number	SXXXX708F
Contact Number	98344649

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZAINAL BIN ASMORE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMT4022B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN CHIH LAN GERALDINE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMT4022B
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/may be collected and used to handle claims arising out the purpose of fraud control, investigation and management, to prevent fraud in future claims;

(e) the information so collected under (a) and/or 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:

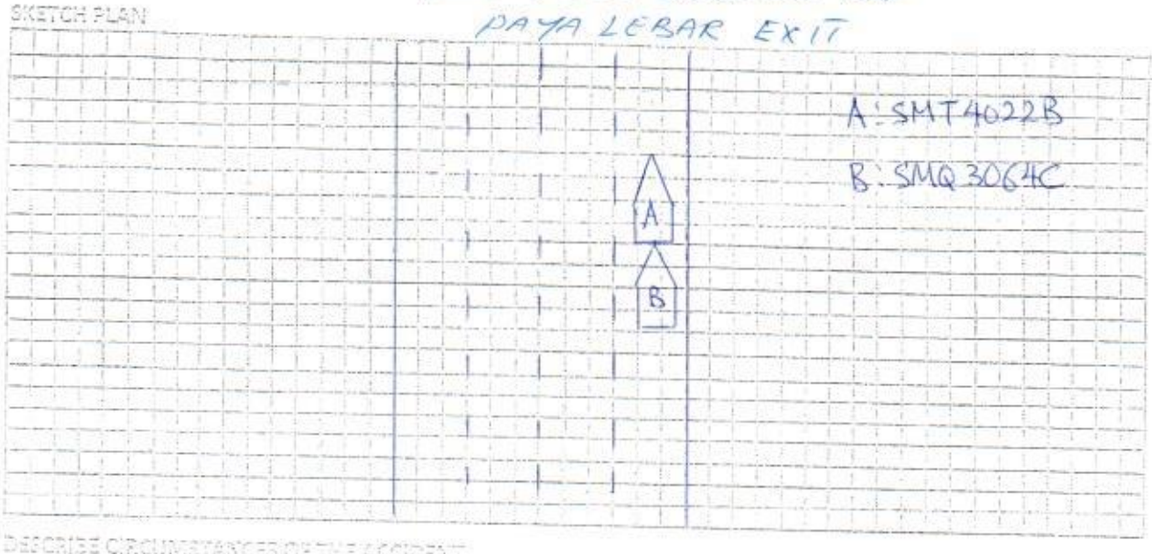
Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/07/20

Fuhong Service Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TWDS JURONG B4
PAYA LEBAR EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report. G/200800725/7051

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

27/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE
POLICE FORCE

G/20200725/7051

POLICE REPORT (NP299)

Report No. G/20200725/7051

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
25/07/2020 21:31		

Name Of Informant	Address			
ZAINAL BIN ASMORE	APT BLK 230D TAMPINES STREET 24 #10-55 SINGAPORE 527230			
ID Type / ID No.	Contact No.			
NRIC NO / S1598767G	Home/Office:		Mobile: 96663549	
Nationality	Email Address			
SINGAPORE CITIZEN	tienwen99@yahoo.com			
Occupation	Sex	Age	Date of Birth	Race
Counsellor (drugs and alcohol)	Male	57	16/01/1963	Javanese
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
25/07/2020 10:40 - 25/07/2020 11:15	PAN ISLAND EXPRESSWAY			

Brief details.

On 25 Jul 2020 at about 10.40 am, I was travelling along PIE towards Jurong in my car (licence plate no SMT 4022B, Mazda CX5). While I was waiting for the traffic near to Paya Lebar Exit 11 to be cleared before driving off, suddenly a car with licence plate SMQ 3064C (Renault), which was driven by Mr Lim Kim Teck Johnny, hit the back of my car. My wife Tan Chih Lan Geraldine was my passenger at that time. After taking photographs of the accident, we exchanged particulars and proceeded back on our journey.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. G/20200725/7051

At about 3.45 pm on the same day, my wife and I went to Raffles Medical clinic at Tampines 1 as we were experiencing neck and back pain since the accident. After medical examination by the doctor on duty, we were given 3 days of medical leave (25 - 27 Jul 2020). In addition, we were scheduled to go for X-ray at the same clinic on Monday 27 Jul 2020 for further assessment.

Subjects Involved			
Suspect			
Person Name	Lim Kim Teck Johnny		
ID Type	NRIC NO	ID No	S1531708F
Gender	Male	Age	57-58
Race	Chinese	Language	English
Address	324C Sengkang East Way #07-609 SINGAPORE 543324	Mobile No	98344649
Victim			
Person Name	ZAINAL BIN ASMORE		
ID Type	NRIC NO	ID No	S1598767G
Gender	Male	Age	57
Race	Javanese	Language	English
Occupation	Counsellor (drugs and alcohol)	Address Type	
Address	APT BLK 230D TAMPINES STREET 24 #10-55 SINGAPORE 527230	Mobile No	96663549
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

G/20200725/7051

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. G/20200725/7051

Person Name	ZAINAL BIN ASMORE (Informant)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/07/2020 Time: 1040 (hh:mm) 24 hr format

Location PIE Towards Jurong before Paya Lebar Exit

Vehicle Number SMT4022B

Insured Name ~~AIG~~ Zainal Bin Asmore

NRIC /FIN S1598767G Contact Number 96663549

Make Mazda Model CX5

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

( ) Yes If No.Pls select: (✓) Third Party ( ) Reporting

Insurance Company AIG

Type of Policy (✓) Comphensive ( ) Third Party Fire & Theft ( ) TP Only

Policy Number 2070100968

Name of Driver Zainal Bin Asmore (✓)Same as Insured

NRIC / FIN S1598767G Contact Number 96663549

Date of Birth 16/01/1963

Driving Pass Date 12 Jun 1996

Occupation (✓) Indoor ( ) Outdoor

Gender (✓) Male ( ) Female

Email Address tienwen99@yahoo.com ( )NO EMAIL

Address of Driver BIK 230D Tampines Street 24 #10-55 S(527230)

Was driver an employee of the Insured's Company? ( ) Yes (✓) No

If No, Relationship of the Driver with the Insured

(✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling

Does the Driver Own Any Other Vehicle ? ( ) Yes (✓) No

If Yes , Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Weather Conditions (✓) Clear ( ) Raining ( ) Others

Road Surface (✓) Dry ( ) Wet ( ) Others

Was any foreign vehicle involved in this accident? ( ) Yes (✓) No

Was anybody injured in the accident? (✓) Yes ( ) No

If yes , injured detail Neck & back

Was there any video captured by Car Camera? ( ) Yes (✓) No

Was the Accident reported to the Police? (✓) Yes ( ) No If yes attach police report

DETAILS OF 3rd party Name / NRIC Lim Kim Teck Johny Contact 98344649

Veh B SMQ3064C

Veh C

Veh D

Veh E

Veh F

CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Zainal Bin Asmore	**Vehicle No.**	: SMT4022B
Period of Insurance	: 08 Jun 2020 To 07 Jun 2021	**Policy No.**	: 2070100968
Engine No.	: PE31486813	**Endorsement No.**	:
Chassis No.	: JM6KF2W7AL0367528	**Issued Date**	: 02 Jul 2020

ABOUT THE COVER

Make/Model : MAZDA CX5 2.0 SkyActiv

Engine Capacity/Tonnage : 1,998.00 CC | Sum Insured : Market Value | First Year of Registration : 2020

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 $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 - $800 Theft - $0 Flood Cover - $800

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

ZAINAL BIN ASMORE - $800 (Own Damage), $800 (Flood Cover)

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

1.Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE LTD

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).

0503599190
ARF (AP) PTE LTD - MAZDA

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.