

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA20066868**

Date In: <b>6/8/20-11:46</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/1620-813572</b>	SAS e-filing		
Veh No: <b>6BH 4939K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>18/2-10:45</b>	i-Motor Claim Form		
OD / TP / Reporting <b>Only</b>	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: <b>SLA7476S</b>	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>NA2046A</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> Est. Bill	<b>Am't (\$)</b> Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non 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	06/08/2020 11:56
Date Of Accident	01/08/2020 10:45
Exact Location Of Accident	AMK LIBRARY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4739K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENTOKIL INITIAL SINGAPORE PTE LTD
Co Reg No	1XXXXX145N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63478138
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999993965/100868800-00000
Cover Note Number	
<b>Driver</b>	
Name of Driver	ANUAR BIN OMAR
NRIC No	SXXXX280B
Date Of Birth	28/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1997
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96696807
Fax Number	
Contact Number	OFFICE-96696807
Email Address	NOEMAIL

Address	BLK 447B JALAN KAYU #14-350
Postcode	792447
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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: : - 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

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	SLA7476S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Rentokil Initial (S) Pte Ltd  
Initial Hygiene

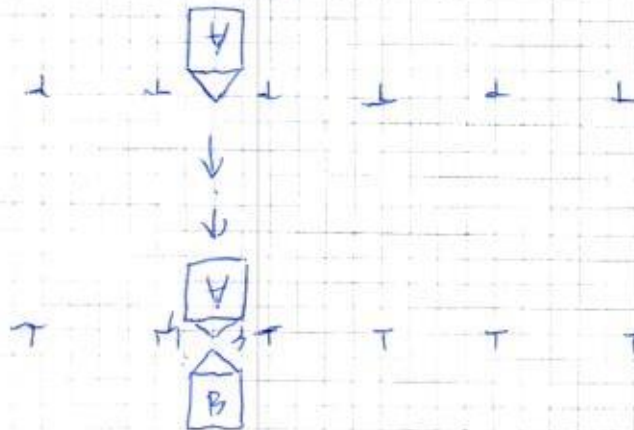
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Ang Mo Kio Central 2 (Library carpark)



A: GBSH 4739K

B: SLA 7476S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/08/2020, I had park my car at the parking lot at ang mo kio Central 2 at Library open space carpark.

When suddenly my car was roll forward and straight to the opposite car and hit a car SLA 7476S when I heard a bang, quickly I return back to check my car.

I realised my car was stop at the opposite and contact with the other car.

(I wanted to said, I had pull my hand brake but don't know my car still roll forward)

## DECLARATION

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

Rentokil Initial (S) Pte Ltd

Initial Hygiene

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.:



<b>Vehicle No.</b>	GBH 4739K		<b>Model / Make</b>	Toyota Hilux
<b>Date of Accident</b>	01/08/2020			
<b>Time of Accident</b>	1045		HRS	
<b>Location of Accident</b>	Ang Mo Kio Central 2, AMK Library carpark			
<b>Exact purpose use during accident</b>	Delivery			
<b>Name of Owner</b>	Rentokil Initial (S) Pte Ltd			
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b> 63478131	
<b>NRIC</b>	ROC : 195900145N			
<b>Address</b>	16, Jalan Mesin (S) 368815			
<b>Claim type</b>	OD	THIRD PARTY (REPORTING ONLY)		
<b>Insurance Company</b>	AIG			
<b>Type of Coverage</b>	Comprehensive (Third Party) Third Party / Fire / Theft			
<b>Policy No.</b>	999993965/100868800 - 00000			
<b>Name of Driver</b>	As Above If No, Anuar Bin Omar			
<b>NRIC</b>	S1738280B		<b>Any Passengers :</b> 1	
<b>Date of birth</b>	28-07-1966		Female.	
<b>Occupation</b>	(Outdoor) / Indoor			
<b>Driving License Pass Date</b>	13 Jun 1997			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	<b>H/P :</b> 96696807	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	Blk 447B, Jalan Kayu #14-350 S' 992447			
<b>Driver have any own vehicle</b>	(No,)		If yes, Reg No.	
<b>Relationship</b>	(Employee,)		If no, state	
<b>Weather condition</b>	(Clear)		Raining Other	
<b>Road Surface</b>	(Dry)		Wet Other	
<b>Any Injuries</b>	(No,)		If Yes, Who?	
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,		If Yes, Where?	
<b>Vehicle B No.</b>	BLA 74765		<b>Any Passengers :</b> 0	
<b>Name of Driver</b>	<b>Contact No. :</b>			
<b>Vehicle C No.</b>	<b>Any Passengers :</b>			
<b>Vehicle D No.</b>	<b>Any Passengers :</b>			
<b>Vehicle E No.</b>	<b>Any Passengers :</b>			
<b>Vehicle F No.</b>	<b>Any Passengers :</b>			
<b>Vehicle G No.</b>	<b>Any Passengers :</b>			
<b>Witness Name</b>	<b>Witness Contact :</b>			
<b>Accident Portion</b>	Front Portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	anuar.omar@rentokil-initial.com			
<b>PARTICULAR WORKSHOP</b>				
<b>CONTACT NO.</b>				
<b>CONTACT PERSON</b>				
<b>FAX NO</b>				
<b>WORKSHOP EMAIL ADDRESS</b>				





HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX 1

AUTOPLAN THIRD PARTY	OWN DAMAGE EXCESS	S\$0.00
CERTIFICATE NO. 999993965/100868800-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$0.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	GBH4739K	
2) NAME OF INSURED	RENTOKIL INITIAL SINGAPORE PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Oct 2019	
4) DATE OF EXPIRY OF INSURANCE	30 Sep 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
Any person who is driving on the Insured's order or with their permission.		
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 *		
Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
LOSS OF USE NOT INCLUDED		
* NAMED DRIVER N/A		
HIRE PURCHASE COMPANY NA		
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 29 Nov 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030013-000  
LOCKTON COMPANIES (SINGAPORE)  
6 RAFFLES QUAY #19-01  
SINGAPORE 048580

Authorised Representative

ORIGINAL

SSPKHO