

# NATIONAL Assessment Centre Services.

(last 1 Jan 2002)

MA20006989

Date In: 05/10/2020 17:32  
Ref No: NA20006989/Y  
Veh No: 825 181K  
D.O.A: 04/10/2020 11:45

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (Vehicle sheet, AIO sheet)

I-Motor Claim Form

I-Motor W/O (Within OD sheet, TP sheet)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

DI (TP) Reporting Only

TP Initiator:

Preferred Wkep / INC Assign Wkep / OW: (

Toll:

Fax:

TP Rndtcl/hrs:

Veh No:

SLF 4734

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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( )

; Invoice: YES ( ) / NO ( )

; Towing Co: (

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$9000) ( )

Injury: \_\_\_\_\_

NA2005235

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) Alt: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TT: Towing Fee	\$45/45
4) PT: Follow-Through Survey	\$110
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TT: Towing Fee	\$75
7) NI: No DA + SMRT Survey	\$100
8) NIUC Additional Services	
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Invoice dated

Invoice dated

Fee Charged

Fee Charged

MA2005235

## 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	05/10/2020 17:32
Date Of Accident	04/10/2020 11:45
Exact Location Of Accident	ALONG CHANGI ROAD BEFORE EVERITT ROAD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ181K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANISAH BINTE ABDUL KARIM
NRIC No	SXXXX180D
Email Address	S4SURADI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96668740
Alternative Phone No	OTHERS-96668740

### Vehicle Particulars

Manufacturer	JEEP
Model	RENEGADE LIMITED-1.4 (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	2070110312
Cover Note Number	

### Driver

Name of Driver	SURADI SARMADI
NRIC No	SXXXX416A
Date Of Birth	06/03/1956
Occupation	INDOOR
Date Of Driving Pass	08/04/1985
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96668740
Fax Number	
Contact Number	OTHERS-96668740
Email Address	S4SURADI@GMAIL.COM



Address	BLK 642 PASIR RIS DRIVE 10 #02-38
Postcode	510642
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 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?	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

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF473U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG SIEW GEOK
NRIC/Passport Number	
Contact Number	96623783
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: Rosal Woffers  
NRIC/FIN No.:

Everett  
Road  
North

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L  
A  
N  
E

A  
B

Y.A) SDJ181K  
Y.B) SLF473U

changi Road

On the stated date and time, I vehicle 'A' SDS181K was travelling on the stated venue. Traffic was red, the vehicles in front stop, as such I slowed down my vehicle and came to a complete stop. The next moment I felt an impact on my vehicle rear portion. I checked my rear view mirror and noticed it was a maroon vehicle. I then shifted my car towards the bus lane. We got out and exchanged particulars. Vehicle 'B' collided against my stationary vehicle rear portion.

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

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



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

mobile

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/10/2020 (dd/mm/yy) Time of Accident: 11:45 (24-HR-FORMAT)  
Vehicle No.: SD5 181 K Vehicle Make & Model: JEEP RENEGADE LIMITED 1.4T  
Exact location of Accident: ALONG CHANGI ROAD, BEFORE EVERITT ROAD NORTH  
Policyholder's Name / IC No.: ANISAH BINTE ABDUL KARIM S1193180D  
Driver's Name / IC No.: SURADI SARMADI S1171416A (As Above) ☐  
Driver's Contact No.: 9666 8740 Company Contact No.:  
Driver's Address: 642 PASIR RIS DRIVE 10 #02-38 S510642  
Insurance Company: AIG Email address (if any): s4suradi@gmail.com

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): 01

Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_

Passenger Name : \_\_\_\_\_

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: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: ONG SIEW GEOK Vehicle No.: SLF 473 U

Driver's Contact No.: 9662 3783 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.



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Anisah Binte Abdul Karim  
 Period of Insurance : 23 Jul 2020 To 22 Jul 2021  
 Engine No. : 552636242306888  
 Chassis No. : 1C4BU0000HPG01197

Vehicle No. : SDJ181K  
 Policy No. : 2070110312  
 Endorsement No. : 00000000347556  
 Issued Date : 24 Jul 2020

### ABOUT THE COVER

Make/Model	CHRYSLER Jeep Renegade 1.4 Limited			First Year of Registration	2017
Engine Capacity/Tonnage	1,355.00 CC	Sum Insured	Market Value	Insuring with COE/PAFF	Yes
Driver Restriction	NA	Off Peak Car	No		
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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver (YIDR)" if you are or your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years driving experience.

Age Condition : All Age Condition  
 Mileage Condition : Unlimited Mileage

#### 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 test 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: \$5000 - 100000 Optional

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), 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) - \$200 (Theft) - \$0 (Flood Cover) - \$200

Section 2  
 Property Damage - \$0

Windscreen - \$100

#### Named Driver and Excess (where applicable)

Anisah Binte Abdul Karim - \$200 (Own Damage) - \$200 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorized Repairers (for claims related repair claim accident repairs to the vehicle must be carried out by one of our Authorized 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 AIG Agent's workshop. For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6356 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG 3D Mobile App. Simply search and download "AIG 3D" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that this policy is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Part of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0991054000

ANISAH BITE ABDUL KARIM

3 TAMPINES GRANDE #05-33A ALA TAMPINES

SINGAPORE 528798 SP-ANISAH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature