

NATIONAL Assessment Centre Services

[part 1 Jan 03]

MNA 1200 89887

Date In: 14/10/20 14:26	Job description	Date & Time Completed	Done by
Ref No: MA1AIG 20011108/64	SAS e-filing		
Veh No: SLK 233 T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 13/10/20 14:30	I-Motor Claim Form		
① Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: XD 2550 K.	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 repolter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 1000000 0700 0000)	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

MA2005418

Claimants Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors Comments:

Invoice Description	Amount (\$)	Amount (\$)
1) All: Accident Reporting (\$30);		30.00
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimant assist (INC Only) (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TR (N11): TP (Non INC) against INC	\$20	
2) N12: Idao Mobile	\$0	
Invoice dated	Fax Charged	
Invoice dated	Fax Charged	

MA2005418

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	14/10/2020 14:26
Date Of Accident	13/10/2020 14:30
Exact Location Of Accident	BLK 150 BEDOK RESERVOIR OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK277T
Insured/Policyholder	
Name Of Registered Owner	HASINAH BINTE MOHAMED AMIN
NRIC No	SXXXX459I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96329079
Alternative Phone No	OFFICE-96329079

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	2100494692-03
Cover Note Number	

Driver

Name of Driver	HASINAH BINTE MOHAMED AMIN
NRIC No	SXXXX459I
Date Of Birth	05/05/1992
Occupation	INDOOR
Date Of Driving Pass	03/12/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96329079
Fax Number	
Contact Number	OFFICE-96329079
EMail Address	NOEMAIL

Address	BLK 150 BEDOK RESERVOIR RD #08-1711
Postcode	470150
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2550K
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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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:

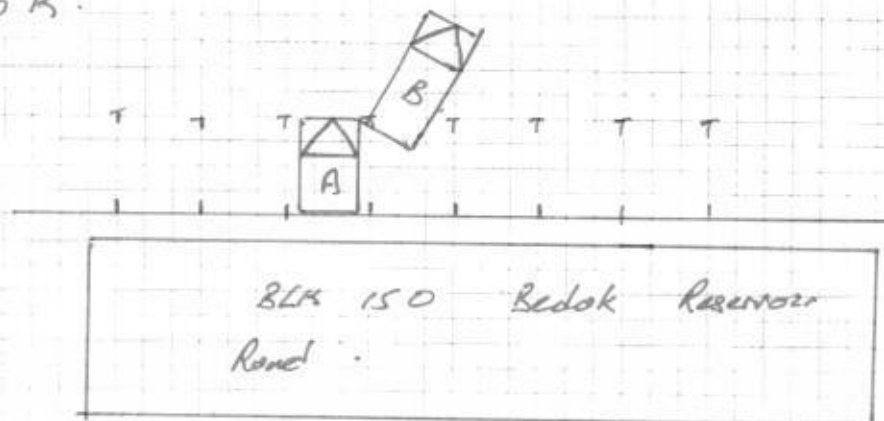


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) SLK 277F.

(B) XD 2550K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2020 at @ 1030 hrs, I parked my vehicle (SLK 277F) at the carpark lot off BLK 150 Bedok Reservoir Road. At around 1730 hrs, when I came to pick up my car, I saw a note on my car windscreen and damaged on the right front portion of my car. I then call the number written on the note and the driver admitted that he has reversed into my car and agreed to pay for the repair. After the quotation, the driver feel that the repair cost was too high and agreed to report and claims from insurance company. The vehicle number for the boy is (XD 2550K).

DECLARATION

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

2

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.:



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Hasinah Binte Mohamed Amin
Period of Insurance : 03 Jan 2020 To 02 Jan 2021
Engine No. : 3A92UDP0601
Chassis No. : MMBSTA13AHH003708

Vehicle No. : SLK277T
Policy No. : 2100494692-03
Endorsement No. :
Issued Date : 03 Dec 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Sum Insured : Market Value
Driver Restriction : NA
Off Peak Car : No
First Year of Registration : 2017
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 \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDEX") 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 - 1800cc

* Limitations rendered inoperative by Section 9 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 - \$500, Theft - \$0, Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Hasinah Binte Mohamed Amin - \$500 (Own Damage), \$500 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gardens Singapore 608330 65684501
2. Cycle & Carriage Authorised Service Centre (for accident reporting & windscreen claim only): Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (for accident reporting & windscreen claim only): Add: 20 Leng Kee Rd Singapore 150094 64708688
4. Cycle & Carriage Authorised Service Centre (for accident reporting & windscreen claim only): Add: 600 Sin Ming Ave Singapore 675733 69328000

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 90 Mobile App. Simply search and download "AIG 90" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0500720741

CYCLE & CARRIAGE - WW (MIT)

236 ALEXANDRA ROAD

SINGAPORE 159930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SIPDAC

78 Sherman Way #06-16 AIG Building 3079120 (T: +65 6475 3000) www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Vehicle No.	SLK 277 T	Model / Make	Mercedes
Date of Accident	13 / 10 / 2020		
Time of Accident	1430 HRS		
Location of Accident	BLK 150 Bedok Reservoir (open Carpark).		
Exact purpose use during accident	Private Used		
Name of Owner	HASINAH BINTE MOHAMMED AMIN		
Telephone No.	H/P : 9632 9079	Home :	Office :
NRIC	S 925459 I		
Address	BLK 150 Bedok Reservoir Road #08-1711 (S) 470150		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	2100494692-03		
Name of Driver	<u>As Above</u> If No,		
NRIC	Any Passengers : N/A		
Date of birth	05 / 05 / 1992		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	03 / 12 / 2013		
Gender	Male	/	<u>Female</u>
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	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No,</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	XD 2550 K	Any Passengers :	N/A
Name of Driver	Mr NG	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	<u>Right side</u>		
Camera Recorder	<u>Yes / No</u>		
Email Address	achinah@hotmail.com		
PARTICULAR WORKSHOP	Twin car		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Joseph TAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		