

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MAN 009785

Date In: 22/10/12 - 11/12	Job description	Date & Time Completed	Done by
Ref No: 14/16201509/24	SAS e-filing		
Veh No: 5MD3536B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/10/12 - 09:30	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: 6788 6616

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 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

Invoice Preparation Checklist

Am (\$)

Am (\$)

1st Bill

Add Bill

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 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

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	23/10/2020 11:10
Date Of Accident	23/10/2020 09:30
Exact Location Of Accident	TPE (PIE) BEFORE UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3536B
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD HAFIZUDDIN BIN MOHD RAZIF
NRIC No	SXXXX611Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96504457
Alternative Phone No	OFFICE-96504457

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	1900115946-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD HAFIZUDDIN BIN MOHD RAZIF
NRIC No	SXXXX611Z
Date Of Birth	22/07/1978
Occupation	INDOOR
Date Of Driving Pass	21/12/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96504457
Fax Number	
Contact Number	OFFICE-96504457
Email Address	NOEMAIL

Address	BLK 524B PASIR RIS STREET 51 #11-609
Postcode	512524
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 - CHANGE/CROSS LANE
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)	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

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	GBG6978D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97811611
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN


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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:

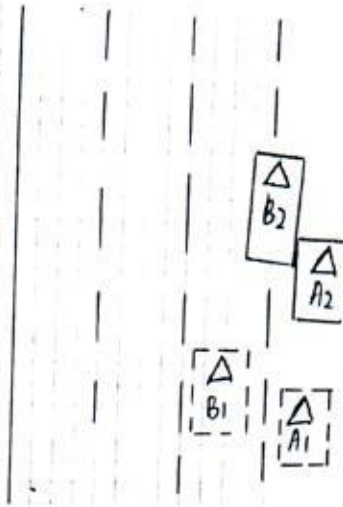

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SMD 3536 B

Vehicle B: ABG 6978 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SMD 3536 B,

was travelling straight along the stated route. vehicle 'B',

ABG 6978 D, suddenly filtered into my lane and collided


onto my vehicle's front left portion. The impact caused my


vehicle to grate onto the right divider and damaged my

front right portion / rim.

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:


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

VEHICLE NO:	SMD 3536B	
MAKE & MODEL:	Hyundai Elantra	
DATE OF ACCIDENT	23 / 10 / 2020	
TIME OF ACCIDENT	09:32. AM / PM	
LOCATION OF ACCIDENT	TPE (PIE) before Upp Changi Road.	
Primary Purpose use during accident	Private	
NAME OF OWNER	Mohammad Hafizuddin Bin Mohd Razif	
REG NO	9650 4457	
INSURANCE TYPE	OD / THIRD PARTY / Reporting Only	
INSURANCE HIRE	YES / NO ?	
INSURANCE CO	Comprehensive / Third Party / Third Party Fire & Theft	
TYPE OF COVERAGE		
INSURANCE NO		
NAME OF DRIVER	As above / If No: Any passengers: 0	
DATE OF BIRTH	21 / 07 / 1978	
LOCATION	Outdoor / Indoor	
DATE OF DRIVING PASS	21 / 12 / 2005	
SEX	Male / Female	
PHONE NO	Office: Home:	
ADDRESS	524B Pagar Rd St 51 #11-609 S(512524).	
DO YOU HAVE ANY OWN Vehicle	NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
INJURIES	No / If yes: Who?	
POLICE NO.		
REPORT	No / If yes: Where?	
INSURANCE NO	9650 4457 Any Passenger: 0	
INSURANCE NO	97811611 Any Passenger:	
INSURANCE NO	Any Passenger:	
INSURANCE NO	Any Passenger:	
INSURANCE NO	Any Passenger:	
WITNESS		
CONTACT NO.		
Has been approach by unknown person soliciting (s) / accident claims assistance?	YES / NO	



CERTIFICATE OF INSURANCE

ENHANCED AA AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : MOHAMMAD HAFIZUDDIN BIN MOHD RAZIF
Period of Insurance : 16 Aug 2020 To 15 Aug 2021
Engine No. : G4FGJU246773
Chassis No. : KMHD841CMJU738381

Vehicle No. : SMD3536B
Policy No. : 1900115946-01
Endorsement No. :
Issued Date : 11 Aug 2020

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA 1.6 GLS
Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2018
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 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 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MOHAMMAD HAFIZUDDIN BIN MOHD RAZIF

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 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: MayBank

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).

0503487000

AAS INSURANCE AGENCY PTE LTD

2 KUNG CHONG ROAD #06-01 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.

Hafizuddin B Mohd Razif
Mohammad