

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN0821470004

Date In: 07/04/2021 14:58	Job description	Date & Time Completed	Done by
Ref No: N30/A1421004434/4	SAS e-filing		
Veh No: SLK 6235A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 08/04/2021 19:25	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: SLK 2803H	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:	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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>		<p>Amf (\$)</p> <p>Inc Bill</p>	<p>Amf (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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 Submission	07/04/2021 14:58 (SGT)
Date of Accident	02/04/2021 19:25 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6235A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M3 TRADING AND SUPPLIER
Company Reg No	5XXXX204B
Email Address	m3tradingandsupplier@gmail.com
Mobile Phone No	(Phone) +65-91899676
Alternative Phone No	+65-91899676

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210003701
Cover Note Number	-

DRIVER

Name of Driver	MD MOSHIUR RAHMAN KHAN
NRIC No	SXXXX366Z

Date Of Birth	19/09/1977
Occupation	Indoor
Date Of Driving Pass	10/07/2008
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91899676
Alt. Phone Number	-
Email Address	m3tradingandsupplier@gmail.com
Address	BLK 525 WOODLANDS DRIVE 14 #03-439
Address complement	-
Postcode	730525
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RABEYA BEGUM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG2803H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	.....	-
Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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.
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.

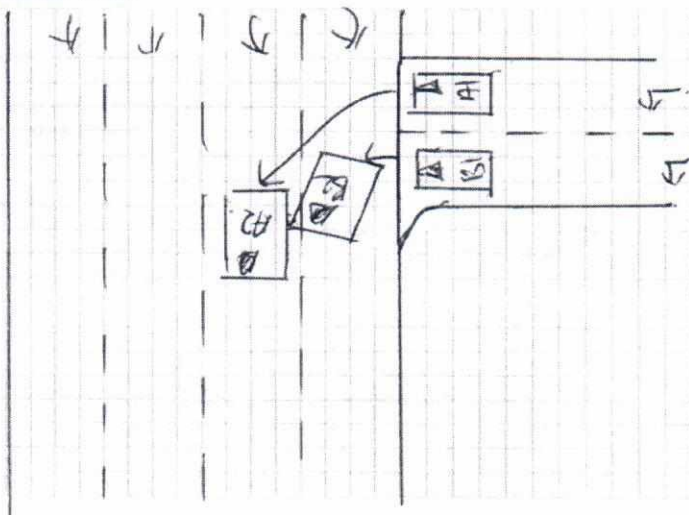


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VA = SLK 6235 A.

VB = SLG 2803 H.

Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I have intention to turn left from side road to main road lane '3'. After I turned into lane '3', I felt a sudden impact from my vehicle left portion. Hence, I alighted and realized that vehicle 'B' was collided against my vehicle left portion. I wish to highlight that I was in my lane when the accident happened.

Declaration

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

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 2/4/2021 (dd/mm/yy) Time of Accident: 19:25 (24-HR-FORMAT)
Vehicle No.: SLK 635 A Vehicle Make & Model / Engine (cc): Mitsubishi Attrage 1193 CC Private Hire: (Y/N)
Exact location of Accident: Along Balestier Rd.
Policyholder's Name / IC No.: MS Trading And Supplier 53351204B
Driver's Name / IC No.: MD Mohiur Rahman Khan 57653662 (As Above) ☐
Driver's Contact No.: 9189 9676 Company Contact No / Owner Contact No: 9189 9676
Driver's Address: BK 55 Woodlands Dr 14 # 03-439 S730525
Owner Email address: mstradingandsupplier@gmail.com Insurance Company: AIG
Driver Email address: mstradingandsupplier@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

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):** 2

*Passanger Name: Rabeeya Begum

Gender: Female
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: _____ Vehicle No: SLG 2803H

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : M3 Trading And Supplier
Period of Insurance : 23 Jan 2021 To 22 Jan 2022
Engine No. : 3A92UDP2514
Chassis No. : MMBSTA13AHH003812

Vehicle No. : SLK6235A
Policy No. : 7210003701
Endorsement No. :
Issued Date : 18 Jan 2021

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

Any 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.

When the Vehicle is used for the carriage of passengers for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIQE") 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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover:

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
- 3) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 65 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 - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Mr Moshur Rahman Khan - \$1800 (Own Damage) \$2000 (Property Damage) \$1800 (Flood Cover)

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

Approved Reporting Centres/ AIG 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

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500722050

C&C FULCO-CORPORATE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 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.

AIGSGMOBILEAPP