

# NATIONAL Assessment Centre Services

Date In: 15/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/1031006709/13	SAS e-filing		
Veh No: SJF7498J	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 14/06/21 1725	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: SJG5731K	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

NA103133	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
<b>QC Checked by (Engr-In-Charge):</b>	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	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 Submission	15/06/2021 15:41 (SGT)
Date of Accident	14/06/2021 17:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS TURF CLUB
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7495J
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIMENEZ ZERXES SUARNABA
NRIC No	SXXXX056C
Email Address	C-WEISHENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93890314
Alternative Phone No	+65-93890314

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 car
Transmission	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900091362-02
Cover Note Number	-

#### DRIVER

Name of Driver	JIMENEZ ZERXES SUARNABA
NRIC No	SXXXX056C

Date Of Birth	28/11/1968
Occupation	Indoor
Date Of Driving Pass	15/11/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93890314
Alt. Phone Number	+65-93890314
Email Address	C-WEISHENG@HOTMAIL.COM
Address	BLK 476 ANG MO KIO AVE 10
Address complement	#02-802
Postcode	560476
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POICE REPORT:L/20210614/7053

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG5731K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG WEI ZHONG ROYSTON
NRIC No	SXXXX424J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	JIMENEZ ZERXES SUARNABA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJF7495J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


## 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 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:

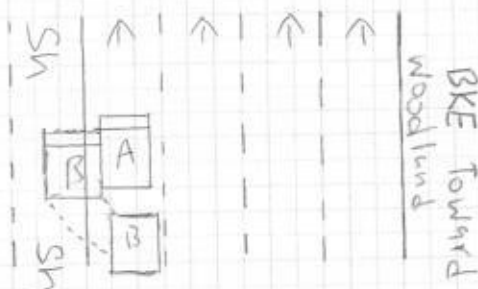
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 15/06/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: SJF7495C

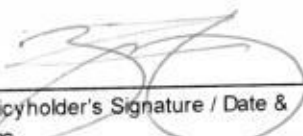
Vehicle B: SJG5731K

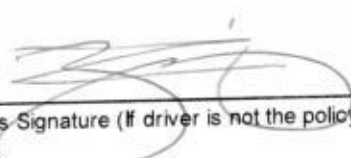
**Describe Circumstances of the Accident**

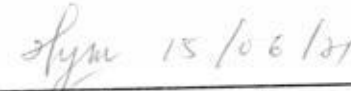
PLEASE REFER TO POLICE REPORT: L/20210614/7053

**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





**SINGAPORE  
POLICE FORCE**



L/20210614/7053

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Report No. L/20210614/7053

Date/Time Report Made 14/06/2021 22:22	Vide Report No.	Station Diary No.
Name Of Informant JIMENEZ ZERXES SUARNABA	Address 476 ANG MO KIO AVENUE 10 #02-802 SINGAPORE 560476	
ID Type / ID No. NRIC NO / S6864056C	Contact No. Home/Office:	Mobile: 93890314
Nationality FILIPINO	Email Address butchiejimenez@yahoo.com.sg	
Occupation Engineer	Sex Male	Age 52
Institution/School Name	Date of Birth 28/11/1968	Race Filipino
Date/Time Of Incident 14/06/2021 17:25	Location Of Incident BUKIT TIMAH EXPRESSWAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SJF7495J along the extreme left lane of BKE(SLE) when suddenly I felt a huge impact from the left of my vehicle causing my vehicle to jerk violently to my right.

I knocked my left knee against the inside of my vehicle as a result and I had to counter steer in order to keep my vehicle under control.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2021 22:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210614/7053

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210614/7053

Fortunately, I managed to stop my vehicle without colliding with any other vehicles.

I alighted to realise that SJG5731K had crashed into my vehicle's left portion.

There was a female passenger on board.

After the accident, I started experiencing soreness over my neck and back areas as well.

Hence, I proceeded to my family doctor at a Intemedical Kovan for treatment and was given 3 days MC for my injuries.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

14/06/2021 22:22

Classification Of Case:





# INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000114602

NAME: JIMENEZ ZERXES SUARNABA

NRIC: S6864056C

This is to certify that the above patient name is Unfit for Duty for a period of 3 day

from 14-06-2021 to 16-06-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE

BMed/MD (Australia), GDFM (S'pore)

MCR 61301J

INTEMEDICAL KOVAN

210 HOUGANG ST 21 #01-233

SINGAPORE 530210

TEL: (65) 6243 3036 FAX: (65) 6243 3103

EMAIL: contact.kovan@intemedical.com

Christie Chang

M61301J

BMed/ MD (Aus)

GDFM (Singapore)

Signature

14/06/2021

Date

913

Date of Accident : 140621 Accident Time: 1125 (24-HR-Format)  
 Accident Place : BKE TOWARDS TURF CLUB  
 Vehicle No. (Car Plate No.) : SJF 749SC Make/Model: TOYOTA VIOS  
 Insurance Company : AIG Policy No: 1900091362-02  
 Owner or Company Name /IC No. : JIMENEZ ZERXES  
 Owner or Company Contact No. : 9389 0314 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : JIMENEZ ZERXES SUARNABA  
 DRIVER'S Date Of Birth : 28-11-1968 DRIVER'S License Pass Date 041108  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : BIK 476 ANH MO KID AVE 10 #02-802 560476  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : C-WEISHENG @HOTMAIL.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): YES LEG KNEE, NECK and BACK MUSCLE

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SJG 5731K</u>	Vehicle. No: _____
Vehicle Make \Model: <u>TOYOTA VIOS</u>	Vehicle Make \Model: _____
Name Driver: <u>NG WEI ZHONG ROYSTON</u>	Name Driver: _____
IC No. Driver/Contact: <u>S9019424J</u>	IC No. Driver/Contact: _____

• NEW – Passenger's name & gender:

15/06/21

waiting for  
police report ✓



# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : Jimenez Zerkex Suarnaba  
Period of Insurance : 10 Jun 2021 To 09 Jun 2022  
Engine No. : 1NZX758224  
Chassis No. : MR053HY9305065945

Vehicle No. : SJF7495J  
Policy No. : 1900091362-02  
Endorsement No. :  
Issued Date : 04 May 2021

### ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2008

Insuring with COE/PAF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 40 years old and above

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.

\* Limitations rendered inoperative by Section 6 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 - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Jimenez Zerkex Suarnaba - \$600 (Own Damage), \$600 (Flood Cover)

### 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.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6332 8200. Alternatively, you may refer to AIG website [www.aig.sg](http://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: Dickson Capital 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. 189) Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia))

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Puan Khee Goh