

NATIONAL Assessment Centre Services

Date In: 10/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/AIG21008345/13	SAS e-filing		
Veh No: SLZ736XA	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/08/21 1630	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: SLA/43/6	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

NA2103708

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	30	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) iT : 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:-		
	ON*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	10/08/2021 15:35 (SGT)
Date of Accident	07/08/2021 16:30 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	NEAR LOR 19 GEYLANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7364A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD SHAIFUDDIN BIN ABDUL RAHMAN
NRIC No	SXXXX783A
Email Address	md_shaifuddin@hotmail.com
Mobile Phone No	(Phone) +65-96264270
Alternative Phone No	+65-96264270

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800053966-02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD SHAIFUDDIN BIN ABDUL RAHMAN
NRIC No	SXXXX783A

Date Of Birth	02/08/1982
Occupation	Indoor
Date Of Driving Pass	18/05/2006
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96264270
Alt. Phone Number	+65-96264270
Email Address	md_shaifuddin@hotmail.com
Address	BLK 30 MARINE CRESCENT
Address complement	#05-165
Postcode	440030
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	Collision - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED 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	SLP1431G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEOH CHEE CHUAN
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	MOHAMMAD SHAIFUDDIN BIN ABDUL RAHMAN
Gender	Male
Phone No	(Phone) +65-96264270
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLZ7364A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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

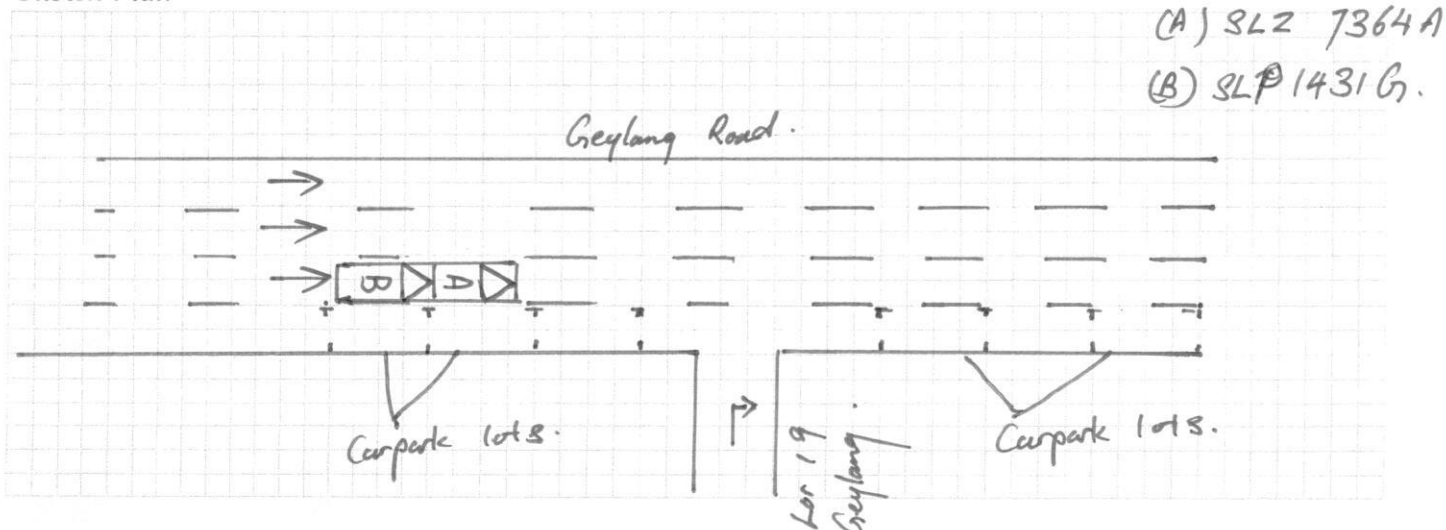
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


On 08/08/2021 at @ 1630hrs, I was travelling in my vehicle (SLZ 7364A) along Geylang Road before Lor 19 Geylang on the right lane. The traffic volume was very heavy and was moving and stopped condition. When the vehicle in front of me stopped, I slowed down and stopped. Suddenly, a car (SLP1431G) from behind collided onto the rear portion of my vehicle.

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

 10/08/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SLZ 7364 A		MAKE & MODEL:	KIA Cerato K3		AUTO / MANUAL
DATE OF ACCIDENT:	08 / 08 / 2021		CC:	1591.		
TIME OF ACCIDENT:	1630 HRS					
LOCATION OF ACCIDENT:	Geylang Road near Lor 19 Geylang Road.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE					
NAME OF OWNER:	Mohammad Sharfuddin Bin Abdul Rahman.					
TEL NO:	H/P: 9626 4270		OFFICE:	HOME:		
NRIC:	S8224783A.					
ADDRESS:	BLK 30 Marine Crescent #05-165 (R) 440030					
EMAIL:	md-sharfuddin@hotmail.com.					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	YES / <u>NO</u> / ?					
INSURANCE COMPANY:	AIG.					
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO:	1800053966-02.					
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:					
NRIC:	ANY PASSENGER: <u>N.A.</u>					
DATE OF BIRTH:	02 / 08 / 1982		LICENCE PASSED DATE:	18 / 05 / 2006		
OCCUPATION:	OUTDOOR / <u>INDOOR</u>					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	<u>owner</u>					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO? Mohammad Sharfuddin Bin Abdul Rahman					
NAME & CONTACT:	(H/P: 9626 4270)					
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	SLP 1431 G		ANY PASSENGERS: <u>N.A.</u>			
NAME OF DRIVER:	Yeoh Chee Chuan		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	<u>N.A.</u>		WITNESS CONTACT: <u>N.A.</u>			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MOHAMMAD SHAFUDDIN BIN ABDUL RAHMAN
Period of Insurance : 17 May 2021 To 16 May 2022
Engine No. : G4FGHH692413
Chassis No. : KNAFZ411MJ5762259

Vehicle No. : SLZ7364A
Policy No. : 1800053966-02
Endorsement No. :
Issued Date : 12 Apr 2021

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX

Engine Capacity/Tonnage : 1,591.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

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 "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

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MOHAMMAD SHAFUDDIN BIN ABDUL RAHMAN - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 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: 241 Alexandra Road Singapore 159931 64278800

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 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 SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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).

0504622237

C&CKICP2 - GORDON

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

Vehicle Registration Details

Vehicle No. SLZ7364A	Make/ Model KIA/CERATO K3 1.6A SUNROOF	Vehicle Scheme -
Current Propellant Petrol	Chassis No. KNAFZ411MJ5762259	Vehicle Type Passenger Motor Car

Owner's Details

Owner Name:

**MOHAMMAD SHAIFUDDIN BIN ABDUL
RAHMAN**

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S8224783A

Registered Address

**APT BLK 30 MARINE CRESCENT #05-165
SINGAPORE 440030**

Mailing Address:

-

Birth Date

02 Aug 1982

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

17 May 2018

Original Registration Date:

17 May 2018

Registration Date:

17 May 2018

No. of Transfers:

0

IU Label No.:

1128444675

Vehicle Specifications

Engine No.:

G4FGHH692413

Chassis No.:

KNAFZ411MJ5762259

Year of Manufacture:

2017

Primary Colour:

Blue

Secondary Colour:

-

Passenger Capacity:

4

Engine Capacity / Power Rating :

1591 cc / -

Maximum Power Output:

95.3 kW (127 bhp)

Max Unladen Weight:

1295 kg

Maximum Laden Weight:

1740 kg

Vehicle Attachment 1:

With Sun Roof

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$15,214.00

Additional Registration Fee Rate:

First \$15,214.00 (100%)

Actual ARF Paid:

\$15,214.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$38,510.00

COE No.:

2018050101002689Z

COE Expiry Date:

16 May 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Registration Category:

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium:

\$38,510.00 / -

Actual QP Paid

\$38,510.00

QP (Regn Cat):

\$38,510.00

PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

16 May 2028

Minimum PARF Benefit:

\$7,607.00

Vehicle Emissions Details

CO2 Emission:

158.00 (g/km)

CEV/VES Rebate Utilised Amount:

-

CO Emission:

0.181220 (g/km)

HC Emission:

0.017330 (g/km)

NOx Emission:

0.003410 (g/km)

PM Emission:

-

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A.

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