

# NATIONAL Assessment Centre Services

3W 082190002

Date In: 10/09/2021 17:27	Job description	Date & Time Completed	Done by
Ref No: NAB/ALG21004540/Y	SAS e-mailing		
Veh No: 58B 4566D	E-mail (by date sheet, A/C sheet)		
D.O.A: 09/09/2021 17:10	1-Motor Claim Form		
	1-Motor W/O (with/without sheet, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by TPA / Hand to Owner/Whistle		

TP Insurer:

Preferred Wicop / INC Assgn Wicop / QW:	Tel:	Fax:
TP Insurer:	Veh No: SMM 5207R	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 ( )	

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Injury:


NAB203851

Driver/Owner:	1) All Accident Support ( )	
Contract No:	2) DA/Driver Assessment (\$100) ( )	\$100
Damaged Portion:	3) TPA Towing Fee	\$120
	4) TPA Follow-through Survey	\$30
	5) TPA Follow-through Survey (Recovery)	\$30
	6) TPA Follow-through Survey (TPA only, (w/ PLO in 700)	\$70
	7) TPA Follow-through Survey	\$160
	8) TPA Additional Services	
	9) TPA Additional Services	
	10) TPA Additional Services	
	11) TPA Additional Services	
	12) TPA Additional Services	
	13) TPA Additional Services	
	14) TPA Additional Services	
	15) TPA Additional Services	
	16) TPA Additional Services	
	17) TPA Additional Services	
	18) TPA Additional Services	
	19) TPA Additional Services	
	20) TPA Additional Services	
	21) TPA Additional Services	
	22) TPA Additional Services	
	23) TPA Additional Services	
	24) TPA Additional Services	
	25) TPA Additional Services	
	26) TPA Additional Services	
	27) TPA Additional Services	
	28) TPA Additional Services	
	29) TPA Additional Services	
	30) TPA Additional Services	
	31) TPA Additional Services	
	32) TPA Additional Services	
	33) TPA Additional Services	
	34) TPA Additional Services	
	35) TPA Additional Services	
	36) TPA Additional Services	
	37) TPA Additional Services	
	38) TPA Additional Services	
	39) TPA Additional Services	
	40) TPA Additional Services	
	41) TPA Additional Services	
	42) TPA Additional Services	
	43) TPA Additional Services	
	44) TPA Additional Services	
	45) TPA Additional Services	
	46) TPA Additional Services	
	47) TPA Additional Services	
	48) TPA Additional Services	
	49) TPA Additional Services	
	50) TPA Additional Services	
	51) TPA Additional Services	
	52) TPA Additional Services	
	53) TPA Additional Services	
	54) TPA Additional Services	
	55) TPA Additional Services	
	56) TPA Additional Services	
	57) TPA Additional Services	
	58) TPA Additional Services	
	59) TPA Additional Services	
	60) TPA Additional Services	
	61) TPA Additional Services	
	62) TPA Additional Services	
	63) TPA Additional Services	
	64) TPA Additional Services	
	65) TPA Additional Services	
	66) TPA Additional Services	
	67) TPA Additional Services	
	68) TPA Additional Services	
	69) TPA Additional Services	
	70) TPA Additional Services	
	71) TPA Additional Services	
	72) TPA Additional Services	
	73) TPA Additional Services	
	74) TPA Additional Services	
	75) TPA Additional Services	
	76) TPA Additional Services	
	77) TPA Additional Services	
	78) TPA Additional Services	
	79) TPA Additional Services	
	80) TPA Additional Services	
	81) TPA Additional Services	
	82) TPA Additional Services	
	83) TPA Additional Services	
	84) TPA Additional Services	
	85) TPA Additional Services	
	86) TPA Additional Services	
	87) TPA Additional Services	
	88) TPA Additional Services	
	89) TPA Additional Services	
	90) TPA Additional Services	
	91) TPA Additional Services	
	92) TPA Additional Services	
	93) TPA Additional Services	
	94) TPA Additional Services	
	95) TPA Additional Services	
	96) TPA Additional Services	
	97) TPA Additional Services	
	98) TPA Additional Services	
	99) TPA Additional Services	
	100) TPA Additional Services	

QC Checked by (Engr-In-Charge):

Signature:

Invoice dated:

Invoice dated:



## 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	10/09/2021 17:27 (SGT)
Date of Accident	09/09/2021 17:10 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	JUNCTION WITH KEAT HONG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB4566D
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YANUAR ARSAD
Passport No/FIN	XXX5075
Email Address	yzwsfbo@gmail.com
Mobile Phone No	(Phone) +65-88529131
Alternative Phone No	+65-88529131

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2362

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100284665-09
Cover Note Number	-

#### DRIVER

Name of Driver	EUGENE SUNARKO
NRIC No	SXXXX376I

Date Of Birth .....	17/07/1991
Occupation .....	Indoor
Date Of Driving Pass .....	19/02/2011
Driving experience .....	10 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88529131
Alt. Phone Number .....	-
Email Address .....	yzwsfbo@gmail.com
Address .....	7 DUKE'S ROAD
Address complement .....	-
Postcode .....	268887
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	CLOSE FRIEND
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

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 .....	SMM5207R
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

### 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:

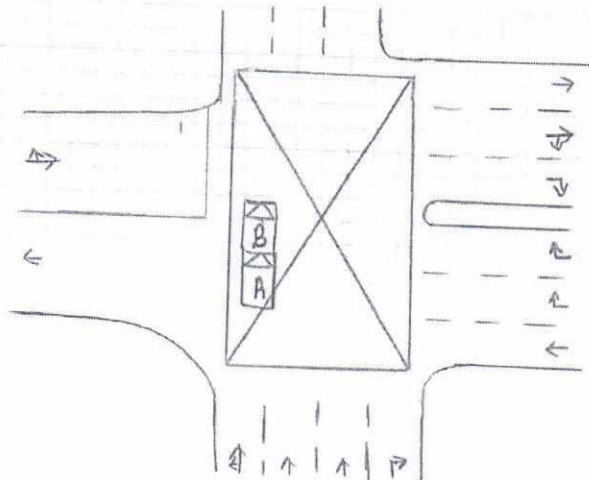
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: SJB4566D

Vehicle B: SHM5207R

Dunearn Rd and  
Keat Hong Road Junction

**Describe Circumstances of the Accident**

On the stated date & time, I, vehicle A (SJB4566D) was travelling along at the stated location on the extreme left lane as the traffic light was green. As the front vehicle came to a stop, I immediately apply my brake but couldn't stop in time and collided onto vehicle B (SMM5207R) rear portion.

**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

10/09/2021



Date of Accident : 9/9/2021 Accident Time: 1710hrs (24-HR-FORMAT)  
Accident Place : Duneam Road and Keat Hong Road Junction  
Vehicle Reg. No (Car plate No.) : SJB 4566D Vehicle Make/Model: Toyota Alphard  
Insurance Company : AIG Policy No. 2100284665-09  
Name of Registered Owner : Company / Individual Yanuar Arsad  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: X 205075  
Co Contact No: - Owner's Contact No: -

DRIVER'S Name : Eugene Sunarto DRIVER'S NRIC No: S9170376J  
DRIVER'S Date of Birth : 17 July 1991 DRIVER'S License Pass Date 19 Feb 2011  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Close friend  
DRIVER'S Address : 7 Duke's Road Singapore 268887  
DRIVER'S Contact No./ Alt No. : 1) 8852 9131 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)  
Email Address : yzwsfbo@gmail.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): 01 Passenger Name: \_\_\_\_\_ Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
Injured Name: \_\_\_\_\_  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>Smm5267R</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Yanuar Arsad  
Period of Insurance : 03 Jan 2021 To 02 Jan 2022  
Engine No. : 2AZH771619  
Chassis No. : JTEGD21H808191909

Vehicle No. : SJB4566D  
Policy No. : 2100284665-09  
Endorsement No. :  
Issued Date : 19 Nov 2020

### ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.4 [MPV]  
Engine Capacity/Tonnage : 2,362.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2012  
Insuring with COE/PAFF : 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 \$1,000 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  
Limitation as to use\* :  
Mileage Condition : Unlimited Mileage

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 55 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 - \$1000, Theft - \$0 Flood Cover - \$1000

#### Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Yanuar Arsad - \$1000 (Own Damage), \$1000 (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 Site 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](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: United Overseas Bank Limited

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).

069 1338000

TJIOE KALIE JOCELYN

17 WATTEN DRIVE

SINGAPORE 287652 SP YEH BRIANTAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

SICRNY