

NATIONAL Assessment Centre Services

[Date] [Time]

Date In: 14/04/22	Job description	Date & Time Completed	Done by
Ref No. NA/1422003473/13	SAS e-filing		
Veh No: SMU4282L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 13/04/22 1435	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: SKW9909T 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: ()

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NA3201062

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
In Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tp 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: Idao 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:

Cal 1:

Cal 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 Submission	14/04/2022 17:00 (SGT)
Date of Accident	13/04/2022 14:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVE TWDS OLD TAMPINES RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4282L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ASHAR BIN MYDIN
NRIC No	SXXXX254Z
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-96264505
Alternative Phone No	+65-96264505

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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	2070118571-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ASHAR BIN MYDIN
NRIC No	SXXXX254Z

Date Of Birth	14/07/1971
Occupation	Indoor
Date Of Driving Pass	22/04/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-96264505
Alt. Phone Number	+65-96264505
Email Address	abc8627e@gmail.com
Address	BLK 102 TANAH MERAH BESR
Address complement	#07-20
Postcode	498840
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	RAHIMAH BINTE ABDUL WAHAB
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

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	SKW9909T
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

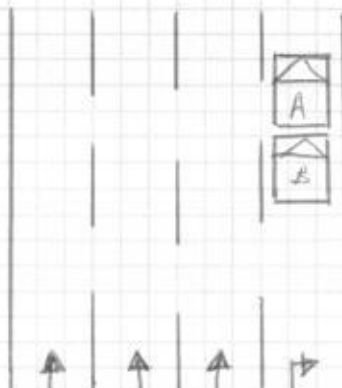

Witnessed by Reporting Centre
Personnel

Sketch Plan

LOYANG AVE TWDS OLD TAMPINES RD

Vehicle A: SMU 4282L

Vehicle B: SKW 9909T



1. Definieren

2. Planen

3. Umsetzen

4. Kontrollieren

5. Reflektieren

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SMU4282L) WAS STATIONARY ON LANE 1 OF LOYANG AVENUE TOWARDS OLD TAMPINES ROAD. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKW9909T) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SMU4282L

VEHICLE B : SKW9909T

A handwritten signature in black ink, appearing to be 'John', written in a cursive style.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/4/22	Time: 14:35hr	(hh:mm) 24 hr format
Location: Boyang Ave twds old Tampines Rd		
Vehicle Number: SMU4282L		
Insured Name: Mohamed Ashar Bin Mydin		
NRIC / FIN: S71252542	Contact Number: 9626 4505	
Make: Hyundai	Model: Tucson	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number: 2070 11 8571 -01		
Name of Driver		(✓) Same as Insured
NRIC / FIN: —		Contact Number: —
Date of Birth: 14/7/1971		
Driving Pass Date: 22 Apr 1997		
Occupation (✓) Indoor () Outdoor		
Gender (✓) Male () Female		
Email Address: abc8627e@gmail.com		() NO EMAIL
Address of Driver: Blk 102 Taman Meriah Begar Rd #07-20 (S) 498840		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear () Raining () Others		
Road Surface (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B: SKW9909T		
Veh C		
Veh D		
Veh E		
Veh F		

* 1 passenger

(1) Rahimah Binte Abdul Wahab (F)



CERTIFICATE OF INSURANCE

AUTO PROTECTOR (HY STANDARD) PRIVATE VEHICLE

Name of Policyholder : MOHAMED ASHAR BIN MYDIN
Period of Insurance : 13 Aug 2021 To 12 Aug 2022
Engine No. : G4FJLH800321
Chassis No. : KMHJ3812VLU299180

Vehicle No. : SMU4282L
Policy No. : 2070118571-01
Endorsement No. :
Issued Date : 27 Jul 2021

ABOUT THE COVER

Make/Model : HYUNDAI Tucson 1.6
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

MOHAMED ASHAR BIN MYDIN - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Komoco Motors Pte Ltd Add: 253 Alexandra Road Singapore 159936 64735568

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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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).

0500100022

DIRECT AGENCY - HYU AP

AGENCY DEPT 78 SHENTON WAY #10-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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