

NATIONAL Assessment Centre Services

Date In: 6/6/22	Job description	Date & Time Completed	Done by
Ref No: NA/11/19 2205376/T	SAS e-filing		
Veh No: SMW54172	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/6/22	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: Unknown	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

NA2202660

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Date of Accident : 03 June 2022 Accident Time: 1740 (24-HR-FORMAT)
Accident Place : No 1 HEMMANT ROAD
Vehicle Reg. No (Car plate No.) : SMW5417Z Vehicle Make/Model: Toyota Noah
Insurance Company : AIH Policy No. 7210130860
Name of Registered Owner : Company / Individual Adibah Hanim Binte Mohd Rasit
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8335153E
: Co Contact No: _____ Owner's Contact No: _____
: Mohd Fadzil bin
DRIVER'S Name : Abdul Melek **DRIVER'S NRIC No:** S8106237D
DRIVER'S Date of Birth : 27 Feb 1981 **DRIVER'S License Pass Date** 01 Mar 2002
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Block 226 Tampines Street 23 405-239 S(54226)
DRIVER'S Contact No./ Alt No. : 1) 9070 4236 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Phadzeel.27@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): 0 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes(name of the injured person) _____

Other Party Driver's Particulars (if any)

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

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



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ADIBAH HANIM BINTE MOHAMED RASIT
Period of Insurance : 26 Nov 2021 To 25 Nov 2022
Engine No. : 2ZR2G80640
Chassis No. : ZWR800433683

Vehicle No. : SMW5417Z
Policy No. : 7210130860
Endorsement No. :
Issued Date : 25 Oct 2021

ABOUT THE COVER

Make/Model : TOYOTA Noah G Hybrid
Engine Capacity/Tonnage : 1,797.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PARF : Yes

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 : 35 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.

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 : \$100

Named Driver and Excess (where applicable)

ADIBAH HANIM BINTE MOHAMED RASIT, MOHAMMED FADZIL BIN ABDUL MALEK - \$600 (Own Damage), \$600 (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

Hire Purchase Company/Employer's Loan: SING INVESTMENTS & FINANCE 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).

0504335000

A STARZ PTE LTD

33 UBI AVE 3 #01-45 VERTEX

SINGAPORE 408868

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Yok Eng @ Chua Bee Eng Chua

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	06/06/2022 19:50 (SGT)
Date of Accident	03/06/2022 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NO. 1 HEMMANT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5417Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADIBAH HANIM BINTE MOHAMED RASIT
NRIC No	SXXXX153E
Email Address	PHADZEEL.27@GMAIL.COM
Mobile Phone No	(Phone) +65-90704236
Alternative Phone No	(Home) +65-90704236

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210130860
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED FADZIL BIN ABDUL MALIK
NRIC No	SXXXX237D

Date Of Birth	27/02/1981
Occupation	Indoor
Date Of Driving Pass	01/03/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90704236
Alt. Phone Number	-
Email Address	PHADZEEL.27@GMAIL.COM
Address	BLK 226 TAMPINES ST 23
Address complement	#05-239
Postcode	521226
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	0
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: G/20220604/7082 AND CIRCUMSTANCES OF ACCIDENT.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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

Handwritten sketch plan on a grid background:

A: 8MW54172

No. 1 Hemmant Road

T T T

A

XXX


Describe Circumstances of the Accident


Refer to TP report
G/20220604/7082


I wish to add on that after reviewing the CCTV @ the carpark, I noticed that it was damaged when the grass cutter was doing the maintenance work. I got in touch with the vendor's representative and I am reserving my rights to proceed with the damage claims against them.

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



POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 04/06/2022 23:37	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMMED FADZIL BIN ABDUL MALEK	Address 226 TAMPINES STREET 23 #05-239 SINGAPORE 521226			
ID Type / ID No. NRIC NO / S8106237D	Contact No. Home/Office:	Mobile: 90704236		
Nationality SINGAPORE CITIZEN	Email Address PHADZEEL.27@GMAIL.COM			
Occupation Police officer	Sex Male	Age 41	Date of Birth 27/02/1981	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 03/06/2022 17:40 - 03/06/2022 17:40	Location Of Incident 226 TAMPINES STREET 23 #05-239 SINGAPORE 521226			

On 3 June 2022 at 1740hrs, upon reporting off from work, I went to retrieve my vehicle. I spotted something was wrong to the rear right glass windscreen of the 3rd row passenger side. Upon approaching nearer, the windscreen was smashed and the windscreen shattered into pieces.

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: 04/06/2022 23:37
Officer In-Charge Of Case:		Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220604/7082

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220604/7082

This is the first time such incident happened. That is all.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/06/2022 23:37

Classification Of Case: