

NA/INC/TP Assessment Centre Services

Date: 25/11/2022	Job Description	Date & Time Completed	Done by
Ref: NA/ALG22011864/a4	SAS e-filing		
Ref: SNB 5438k	E-mail (if applicable) At: 2hrs		
Date: 24/11/2022 1748	i-Motor Claim Form		
Ref: 0 (if required only)	i-Motor W/O (within 04-2hrs 1P4hrs)		
	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: SNB 1497C	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

NA2203311	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100), INC (\$80)			
Driver/Owner:	3) TF: Towing Fee \$40/\$45			
Contact No:	4) FT: Follow-Through Survey \$120			
Damaged Portion:	5) RT: Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engg-In-Charge):	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR: Re-inspection \$75			
Auditors' Comments :-	7) NI: Issue DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	9) NI: Issue Mobile			
	10) NI: Issue Mobile			
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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 Actual 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	25/11/2022 12:14 (SGT)
Reported by	Both
Date of Accident	24/11/2022 17:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 757A PASIR RIS CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG5438K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZAID BIN HAROON
NRIC No	SXXXX216A
Email Address	zaidsg@gmail.com
Mobile Phone No	(Phone) +65-81331070
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	GRANTURISMO
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	4691

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220100528

DRIVER

Name of Driver	ZAID BIN HAROON
NRIC No	SXXXX216A
Date Of Birth	25/05/1985
Occupation	Outdoor

Date Of Driving Pass	07/09/2007
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81331070
Alt. Phone Number	-
Email Address	zaidsg@gmail.com
Address	BLK 759 PASIR RIS STREET 71 #08-186
Address complement	-
Postcode	510759
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	Collided into Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB1497S
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) -

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	24/11/22	(DD/MM/YY)
Time of accident	1748 HRS	(HH:MM)
Exact location of accident	Blk 757A Pasir Ris Carpark	

DETAILS OF VEHICLE

Vehicle registration number	SN6 5438K		
Vehicle make and model	Maserati GranTurismo Cambiocorsa		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	AIG		
Policy number	7220100528		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	ZAID BIN HAROON	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8518216A		
Contact	8133 1070		
Address	Blk 759 Pasir Ris St 71 #08-186 S 510759		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

DRIVER		SAFETY DRIVER	
Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	ZAIDSG@gmail.com		
Date of birth	25-05-1985		
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		
Driving date pass	07-09-2007		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>0</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1

Vehicle registration number	SNB 1497S
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SKETCH PLAN

IMPORTANT NOTICE

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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:

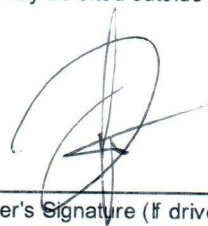
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

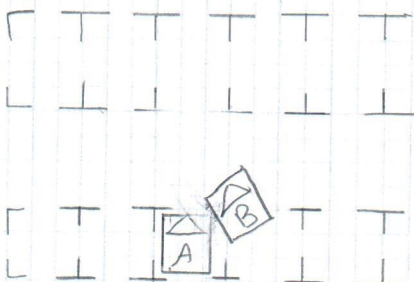
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 25/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



A- SNG5438K

B- SNB1497S

Describe Circumstances of the Accident

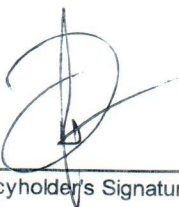
My vehicle was parked on Blk 757A Pasir Ris carpark, when I came back to the parking lot, I realise that there is a note in my windscreen which indicated that vehicle B had collided to the front right portion of my vehicle while turning out of the carpark.

I wish to state that I found out the vehicle was damaged at

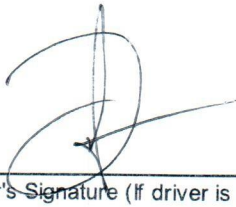
174814RS

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



25/11/2022

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

LUXURY PRIME AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Zaid Bin Haroon
Period of Insurance : 01 Sep 2022 To 31 Aug 2023
Engine No. : M145144056
Chassis No. : ZAMHH45C000047364

Vehicle No. : SNG5438K
Policy No. : 7220100528
Endorsement No. :
Issued Date : 01 Sep 2022 12:08

ABOUT THE COVER

Make/Model : MASERATI GRANTURISMO CAMBIOCORSA
Engine Capacity/Tonnage : 4,691.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
Sum Insured : 270000
Off Peak Car : No
First Year of Registration : 2010
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable
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 1800cc - 2000cc

* 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 - \$14000 Theft - \$0 Theft Outside Singapore Cover - \$28000 Flood Cover - \$14000

Section 2
Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

Zaid Bin Haroon - \$14000 (Own Damage) \$28000 (Theft Outside Singapore Cover), \$14000 (Flood Cover)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: Genie Financial Services 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).

0030305222

G&M PTE LTD - LUXP

20 ANSON ROAD #07-01 TWENTY ANSON
SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Wan Loo Ho



Teamwork
today at 11:14



7:00



< 15



Roy Broke My Maserati



Yes 6:05 PM ✓✓



we keep in contact bro, am here to settle
no prob

6:05 PM

I think i need to send to workshop

6:08 PM ✓✓

Cannot drive there

6:08 PM ✓✓

Can u give me a call back

6:09 PM ✓✓

at yr convenient do let me have yr kaki
bukit workshop address

6:19 PM

I will update u in awhile

6:30 PM ✓✓

You deleted this message.

6:30 PM

Bro, with regards to this incident , I had
contact my insurance company and they
told me I have to file an Accident report
within 24hours after the accident
regardless whether are we proceeding
with insurance claims or private
settlement. Can you let me have your
carplate number ? Thks

6:55 PM ✓✓

I will also go down to my workshop
tomorrow and get my car checked by
them and i will give you a quote that they
quoted me

6:56 PM ✓✓

skb1497S

6:57 PM

