

NATIONAL Assessment Centre Services (part 1 Jan 2021) **SMV 9338Y**

Date In: 02/12/2022 09:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/AIC22012067/Y	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YP 5894Y	i-Motor Claim Form		
D.O.A: 22/11/2022 18:30	i-Motor W/O (within: QD 2hrs, PT 3hrs)		
QC (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SMV 9338Y** INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () T-Date: ()

Insured/Driver Liability: () % (Note: Bst. 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 repeller.

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

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

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

11A220336

Invoice Preparation Checklist	Bill	Adf Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$35)	
3) TP: Towing Fee	\$10/\$45	
4) FT: Follow-Through Survey	\$125	
5) FT: Follow-Through Survey (Resurvey)	\$30	
Resurveying within INC Only (w/ef 15 Jan 2023)		
6) TR: Resurverdon	\$71	
7) NI: H&A DA + SMRT Survey	\$140	
8) NTUC Additional Services:		
QW:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$12	
*NI: Post Repair Inspection	\$10	
*NI: DV / Collect Excess Coordination	\$1	
*NI: NI: TP (Non-INC) against INC	\$10	
*NI: NI: 2hrs Mobile	\$10	
Invoice dated	Fee Charged	
Invoice total	Fee Charged	

Checked by (Engr-In-Charge): _____

Comments: _____

1.2/3

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 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	02/12/2022 09:48 (SGT)
Reported by	Driver
Date of Accident	22/11/2022 18:30 (SGT)
Exact Location of Accident	Bukit Batok Central Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5894Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SOUND-VOX PRODUCTIONS PTE LTD
Company Reg No	2XXXXX146W
Email Address	zac@soundvox.sg
Mobile Phone No	(Phone) +65-96706187
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210032430-01

DRIVER

Name of Driver	MOHAMAD NAZARUDDIN BIN MOHAMAD ISAHAK
NRIC No	SXXXX380B
Date Of Birth	03/06/1974
Occupation	Outdoor

Date Of Driving Pass	16/01/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96706187
Alt. Phone Number	-
Email Address	zac@soundvox.sg
Address	BLK 706 TAMPINES STREET 71 #01-66
Address complement	-
Postcode	520706
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ANNAS MUSTAFA
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV9338Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.



x

Policyholder's Signature / Date & Time

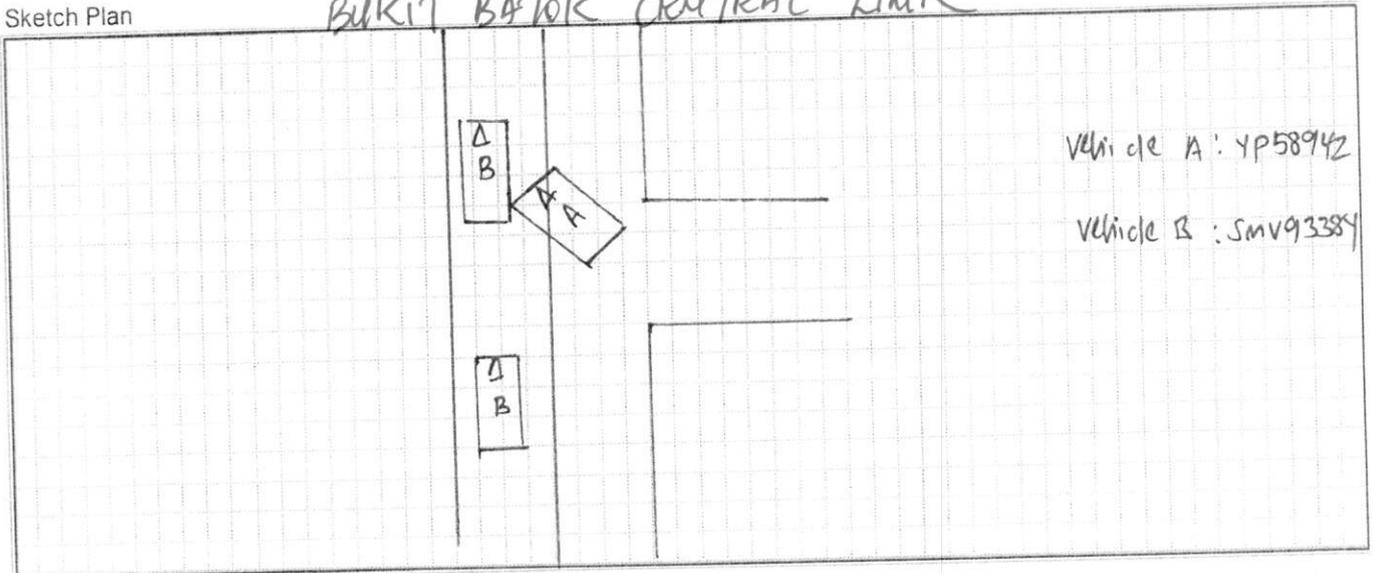
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature] 02/12/2022

Sketch Plan

BUKIT BARU CENTRAL LINK



Vehicle A: YP58942

Vehicle B: SMV93384

Describe Circumstance of the Accident

On stated date and time, as i exit from loading / unloading bay. I stopped my vehicle to check oncoming vehicle on main road before i filter out. As the traffic was cleared, i slowly filter out. Moments later, i felt an impact of my vehicle and notice that vehicle B SMV93387 travelling straight collided onto my vehicle front left portion.



Declaration

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

x

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

02/12/2022

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/11/2020 (dd/mm/yy) Time of Accident: 18:30 (24-HR-FORMAT)

Vehicle No.: YP58942 Vehicle Make & Model: Mitsubishi Canter

*Transmission: Manual Auto *C.c: 2998

Exact location of Accident: Bukit Batok Central Link

Policyholder's Name: Sound-vox Productions Pte Ltd NRIC/FIN/REG No.: 201100146W

*Policyholder's email address: zac@soundvox.sg

Driver's Name: Mohamad Nazaruddin Bin Mohamad Isahak NRIC/FIN/REG No.: S7417380B

*Driver's email address: _____

Driver's Contact No.: 96706187 Company Contact No (if any): _____

Date of birth: 31/6/1974 Driving Pass Date: 16/01/2013

Driver's Address: 76 Tampines Street 71, 01-66, 520706

Insurance Company: AIQ

Policy No.: 7210032430-01 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / **Employee** / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Type of Accident

Chain Collision Head To Rear Side Swipe Other _____

Occupation (nature job) Indoor Outdoor *No. of Passengers / Including Driver): 2

*Passenger Name: Annas Mubstafa Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: Loh Mee Yoon 50117565C Vehicle No: SMV93384

Driver's Contact No: 97982178 Insurance Company: _____

2. Driver's Name / IC No (if Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (if Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : SOUND-VOX PRODUCTIONS PTE LTD
Period of Insurance : 29 Mar 2022 To 28 Mar 2023
Engine No. : 4P10C24474
Chassis No. : FEB50545190

Vehicle No. : YP5894Z
Policy No. : 7210032430-01
Endorsement No. :
Issued Date : 28 Mar 2022

ABOUT THE COVER

Make/Model : MITSUBISHI CANTER 2 ton [Lorry]
Engine Capacity/Tonnage : 2 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2016
Driver Restriction : NA **Off Peak Car** : No **Insuring with COE/PARF** : Yes

Person or Classes of Persons Entitled to Drive* :

- a) Any person who is driving on the Policyholder's order or with their permission.
b) 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 S\$53,000 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* :

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/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: NA

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).

0504696022
ALLINK INSURANCE AGY-CV

BLK 153 BUKIT BATOK ST 11 #02-290
SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Allink Insurance Agency Pte. Lt