

NATIONAL Assessment Centre Services

Date: 17/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/IG23003963/d4	E-mail (within 3hrs, Aft 2hrs):		
Veh No: SNB 9647Z	i-Motor Claim Form:		
DOA: 15/04/2023 15:25	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD/TP/Reporting Only	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 8409B.	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	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

NA2301117

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	Amf
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt 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: Idau Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



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	17/04/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE (TPE) AFTER EXIT 9A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9647Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AHMAD NAQIB BIN NOOR
NRIC No	SXXXX192F
Email Address	A.NAQIB1988@GMAIL.COM
Mobile Phone No	(Phone) +65-98638791
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220100355

DRIVER

Name of Driver	AHMAD NAQIB BIN NOOR
NRIC No	SXXXX192F
Date Of Birth	23/02/1988
Occupation	Indoor



Date Of Driving Pass	03/10/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98638791
Alt. Phone Number	-
Email Address	A.NAQIB1988@GMAIL.COM
Address	991A BUANGKOK LINK
Address complement	# 16-199
Postcode	531991
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	SARAH NUR LEIA BINTE AHMAD NAQIB
Gender	Female

PASSENGER 2

Name	ARIA NUR AYRA BINTE AHMAD NAQIB
Gender	Female

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 THE ATTACHED POLICE REPORT - G/20230416/7063

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB8409B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KASAM BETTY CHARADWAJ
Passport No/FIN	GXXXX559N
Contact Number	(Phone) +65-81353592
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD NAQIB BIN NOOR
Gender	Male
Phone No	(Phone) +65-98638791
Address	991A BUANGKOK LINK
Address Complement	# 16-199
Post Code	531991
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK PAIN-GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SNB9647Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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 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.

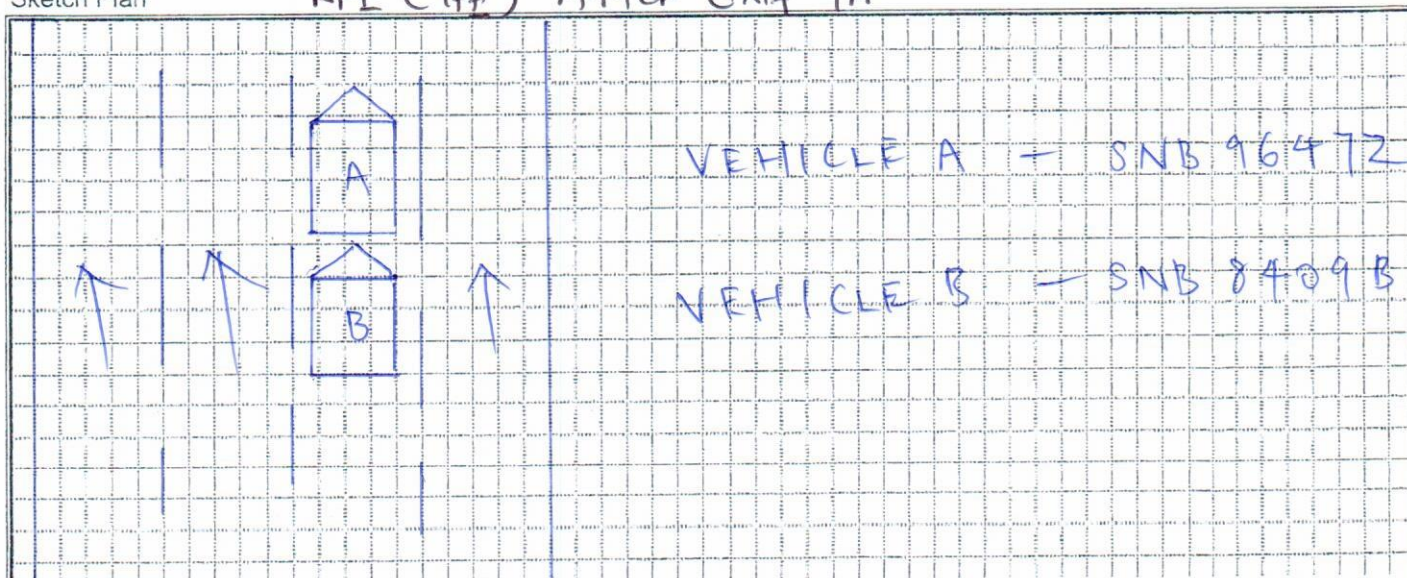
Policyholder's Signature / Date & Time

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

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

Sketch Plan

KPE (TPE) After Exit 9A



Describe Circumstance of the Accident


I WAS DRIVING STRAIGHT ALONG KPE (TPE) AS THE
CAR IN FRONT OF ME SLOW DOWN I FOLLOW SUIT.
SUDDENLY I FELT A HUGE IMPACT FROM THE BACK.
I CAME DOWN AND REALISE ^{di} ~~THE~~ VEHICLE B
COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

Declaration

I/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

 17/04/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



G/20230416/7063

1 of 3

POLICE REPORT (NP299)

Report No. G/20230416/7063

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

Date/Time Report Made 16/04/2023 17:51	Vide Report No.	Station Diary No.		
Name Of Informant AHMAD NAQIB BIN NOOR	Address 991A BUANGKOK LINK #16-199 SINGAPORE 531991			
ID Type / ID No. NRIC NO / S8806192F	Contact No. Home/Office: Mobile: 98638791			
Nationality SINGAPORE CITIZEN	Email Address A.NAQIB1988@GMAIL.COM			
Occupation Community, partnership and relations manager	Sex Male	Age 35	Date of Birth 23/02/1988	Race Boyanese
Institution/School Name	Language English			
Date/Time Of Incident 15/04/2023 15:25 - 15/04/2023 15:35	Location Of Incident #--- KPE EXIT 9A			

Brief details.

It as a straight forward traffic accident where my car was rear ended. There wasn't any harsh or threatening word used. Particulars exchanged (NRIC/Employment pass, HP No. and vehicle information). No ambulance was called and the only medical issue was me - the driver - that had some neck injury due to whiplash and given 3 days MC. Both my kids are fine so far as the doctor access them to be ok.

I have a video recording of the incident which I can't upload into your system.

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: 16/04/2023 17:51
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230416/7063

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230416/7063

Details of other parties:

Name:

Kasam Betty Charadwaj

FIN:

G3013559N

DOB:

10-09-1986

Employer:

Jera Gloal Markets Pte Ltd

HP:

+65 8135 3592

Vehicle No:

SNB 8409B

Subjects Involved

Suspect

Person Name

KASAM SETTY BHARADWAJ

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:
16/04/2023 17:51

Classification Of Case:

VEHICLE NO: SNB9647Z

MAKE & MODEL: HONDA VEZEL ☒ AUTO ☐ MANUAL

DATE OF ACCIDENT	15 / 4 / 2023	C.C. 1500
TIME OF ACCIDENT	3.25	AM / PM
LOCATION OF ACCIDENT	KPE (TPE) AFTER EXIT 9A	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	AHMAD NAQIB BIN NOOR	
EMAIL	A.NAQIB1988@GMAIL.COM	OFFICE: MOBILE: 98638791
NRIC	58806192F	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRTY PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO	
INCURANCE CO.	AIG	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	23 / 02 / 1988	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO: 3	
NAME OF PASSENGER	SARAH NUR LEIA BINTE AHMAD NAQIB	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE	ARIA NUR AYRA BINTE AHMAD NAQIB
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	3 / 10 / 2010	
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO.	Mobile: Office: Home:	
EMAIL		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURE:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If yes, Who? AHMAD NAQIB BIN NOOR (Neck & Back pain)	
CONTACT NO.	98638791	
ROLICE REPORT	No / If yes, Where? ONLINE	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SNB8409B	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
WHO IS REPORTING	<input checked="" type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER / <input type="checkbox"/> BOTH	
Original Language Used	<input checked="" type="checkbox"/> English / <input type="checkbox"/> Mandarin / <input type="checkbox"/> Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : AHMAD NAQIB BIN NOOR
Period of Insurance : 24 Sep 2022 To 23 Sep 2023
Engine No. : L15Z1000426
Chassis No. : RV31000295

Vehicle No. : SNB9647Z
Policy No. : 7220100355
Endorsement No. :
Issued Date : 22 Sep 2022 18:10

ABOUT THE COVER

Make/Model : HONDA VEZEL

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2021
Insuring with COE/PAF : 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 S\$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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

AHMAD NAQIB BIN NOOR

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 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Siew Fong Tay