

NATIONAL Assessment Centre Services (only when **NO 2735 7008**)

Job description: **SAS e-filing** Date & Time Completed: Done by:

1. E-mail (within 24hrs, A/C 24hrs)

1. Motor Claim Form

1. Motor W/O (within 24hrs, A/C 24hrs)

1. Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Driver

Particulars: Yell No: **XE 60194** INC () / Non-INC ()

Owner / Driver () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Basic Sum (W/O): 1k: 0.30%, 1k: 21.70%, 1k: 30.140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: () Loading: \$1,000 () / \$2,000 ()

With-In Customer / Customer's Information strictly Confidential & Strictly NO 1st of repair.

Total Loss Cost: + to e-mail Insurer URGENTLY.

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

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Damage: ()

Other: ()

NA2351436

Insurance Policy No: ()

Policyholder: ()

Policy No: ()

Damage Portion: ()

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

Invoice / Reproduction Charges

| | |
|--|-----------|
| 1. All Accident Payments (1300) | |
| 2. DA: Damage Assessment (1400) | INC (350) |
| 3. Towing Fee | \$105.40 |
| 4. PE: Follow-up Service (1500) | \$170 |
| 5. PE: Follow-up Service (Basic Fee) | \$50 |
| 6. PE: Follow-up Service (Basic Fee) | \$50 |
| 7. PE: Follow-up Service (Basic Fee) | \$50 |
| 8. PE: Follow-up Service (Basic Fee) | \$50 |
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| 99. PE: Follow-up Service (Basic Fee) | \$50 |
| 100. PE: Follow-up Service (Basic Fee) | \$50 |

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 | 15/05/2023 18:00 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 12/05/2023 13:40 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | (TUAS) AFTER BKE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SNC5811L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | MOHAMAD ZAIDI BIN BORHAN |
| NRIC No | SXXXX289I |
| Email Address | md.zaidi.b@gmail.com |
| Mobile Phone No | (Phone) +65-93802546 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volvo |
| Model | Xc40 |
| 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 | 1969 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7210138816-01 |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | MOHAMAD ZAIDI BIN BORHAN |
| NRIC No | SXXXX289I |
| Date Of Birth | 06/04/1976 |
| Occupation | Indoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 08/06/1998 |
| Driving experience | 24 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93802546 |
| Alt. Phone Number | - |
| Email Address | md.zaidi.b@gmail.com |
| Address | 1G CANTONMENT ROAD #12-77 |
| Address complement | - |
| Postcode | 085701 |
| 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 | Hit by fallen tree / Other objects |
| 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) | 4 |
| 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 | WIFE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|------|
| Name | SON |
| Gender | Male |

PASSENGER 3

| | |
|--------------|----------|
| Name | DAUGHTER |
| 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

-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 | XE6019Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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

Please report correctly the details of the accident to speed up the claims process.

- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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.**
- 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.
- 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:

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

13/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

| | | |
|---------------------|--|----------------------|
| VEHICLE A: SNC5B11L | | PIE (TVAS) AFTER BRE |
| VEHICLE B: XE6019Y | | |

Describe Circumstance of the Accident

On the stated date and time, I, vehicle 'A', was travelling along the stated venue. Vehicle 'B', who was on my left, suddenly had a bucket that fell off its vehicle. The bucket fell on my bonnet, and damaged my vehicle's front portion as well. I wish to state that the bucket was probably not secured properly on the truck.

Declaration

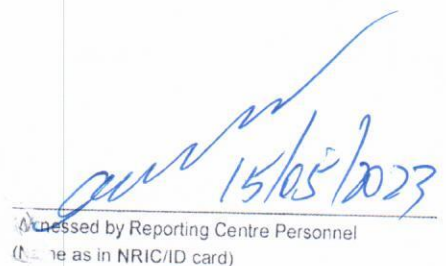
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



15/05/2023

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



SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? _____ Owner / Driver / Both

Date of Accident: _____ 12/05/2023.

Time of Accident: _____ 1:40 (AM / PM)

Location of Accident: _____ PIE (Tuas) after BKE

Country/State of Loss: _____ Sg.

Type of Accident: _____ Hit by fallen object.

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken _____ Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: _____

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SNC5811L

Vehicle Category: Private

Vehicle Manufacturer: VOLVO Vehicle Model: XC40

Transmission: Manual / Auto Cc: _____

Exact purpose for which vehicle was being used at the time of accident:

Private Hire / Private Use / Employment

No. of passengers (including driver) 04

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: Alt.

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Mohamad Zaidi Bin Borhan

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S7610289J

Email: MD.ZAIDI.BE@gmail.com

Mobile No: 93802546

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: _____

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: _____

Date of Birth: _____

Driving Pass Date: _____

Mobile No: _____

Email: _____

Address 1: _____

Address 2: _____

Postal Code: _____

Occupation: _____

Indoor / Outdoor

Driver Owner Relationship _____

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? _____

Yes / No

If yes, please provide:

(i) Vehicle Registration No: _____

(ii) Vehicle Category: _____

(iii) No. of passengers (including driver) _____

Passenger Name: _____

Gender: _____

Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : MOHAMAD ZAIDI BIN BORHAN
Period of Insurance : 24 Nov 2022 To 23 Nov 2023
Engine No. : B4204T182493275
Chassis No. : YV1XZ16ACJ2008006

Vehicle No. : SNC5811L
Policy No. : 7210138816-01
Endorsement No. :
Issued Date : 11 Nov 2022 18:42

ABOUT THE COVER

Make/Model : VOLVO XC40 T5 R-Design
Engine Capacity/Tonnage : 1,969.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MOHAMAD ZAIDI BIN BORHAN - \$800 (Own Damage), \$800 (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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504629000

CH AUTO SOLUTION

78 SHENTON WAY #01-K1 GEM ROOM, AIG BUILDING
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.

CH Auto Solution