

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

Sheet 237/10008

Date In: 17/01/2023 18:54	Job description	Date & Time Completed	Done by
Ref No: N/A/81428007194	SAS e-filing		
Veh No: SNE 5347	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/01/2023 21:20	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh. No: TRA 883	Tel:	Fax:
Owner / Driver: (INC () / Non-INC ()		
Policy No: (Period: (Tel: (
Confirmed by: (Cover Type: (
Insured/Driver Liability: (Date: (Time: (
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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

N/A2302146

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)	Am't
1st Bill	Add
1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
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:-	
ON*	
*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: Idac 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	17/07/2023 18:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 21:20 (SGT)
Exact Location of Accident	Johor, Malaysia
Additional Location Information	KM10.4 SULTAN ISKANDAR HIGHWAY
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE534J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SYED NAJIB BIN SYED ABDUL MALIK ALSAGOFF
NRIC No	SXXXX381F
Email Address	knapp001@gmail.com
Mobile Phone No	(Phone) +65-85000271
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220021797-01

DRIVER

Name of Driver	SYED NAJIB BIN SYED ABDUL MALIK ALSAGOFF
NRIC No	SXXXX381F
Date Of Birth	24/08/1976
Occupation	Outdoor

Date Of Driving Pass	03/09/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85000271
Alt. Phone Number	-
Email Address	knapp001@gmail.com
Address	BLK 386 BUKIT BATOK WEST AVENUE 5 #15-354
Address complement	-
Postcode	650386
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRN883
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TRAFIK JOHOR BAHRU UTARA
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND TRAFIK JOHOR BAHRU (U)/011146/23

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	JRN883
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)	-

SKETCH PLAN

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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.

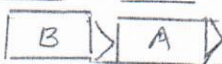
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SNE534J
(B) JRN883



KM10.4 LEBUH RAYA ISKANDAR SULTAN

Describe Circumstances of the Accident

On 12/07/2023, around 21.20pm.

I was driving vehicle SNE534J from country garden to puteri harbour

I was reaching KM10.4 Highway Iskandar Sultan

I noticed a cat out of sudden and slow down.

Suddenly car plate JRM883 from behind hit me.

I lost control of car and hit the divider to the right

I am not injured.

My damage of my car is

back bumper, bonnet, left right set of lights, panels, reverse sensor

left right mudguard, left back door

on the front is bumper, right mudguard, right door, right rim

There are other damage I am not certain yet

Above is all my report

TRAFIK Jaffer BARRY (u)/011146/23

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



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(U) Pegawai Penyiasat : R132496
Daerah : J/BAHRU UTARA
Kontinjen : JOHOR
No. Repot : TRAFIK JOHOR BAHRU(U)/011146/23
Tarikh : 12/07/2023
Waktu : 2303 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : MOHAMAD SYAMIM BIN MOHAMAD JASMI No. Badan : R207489 Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : --- No. Polis/Tentera : ---
No. Pasport : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu :

Nama : SYED NAJIB BIN SYED ABDUL MALIK ALSAGOFF
No. K/P (Baru) : --- No. Polis/Tentera : --- No. Pasport : K3630792H
No. Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 24/08/1976
Umur : 46 Tahun 10 Bulan Keturunan : Melayu Warganegara : SINGAPORE
Pekerjaan : BERNIAGA
Alamat Tinggal : APT BLK 386 BUKIT BATOK WEST AVENUE 5 #15-354 SINGAPORE, 650386 SINGAPORE
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 6585000271
Emel : ---

Pengadu Menyatakan :

PADA 12/07/2023 JAM LEBIH KURANG 21:20 MALAM, SAYA MEMANDU MOTOKAR/WAGON NOMBOR SNE534J DARI COUNTRY GARDEN HENDAK KE PUTERI HARBOUR. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM10.4 LEBUHRAYA ISKANDAR SULTAN, SEMASA SAYA MEMPERLAHANKAN KENDERAAN SAYA KERANA ADA SEEKOR KUCING MELINTAS DI LALUAN SAYA TIBA-TIBA SEBUAH M/KAR NOMBOR JRN883 DARI ARAH BELAKANG TELAH TERLANGGAR BELAKANG M/KAR SAYA LALU SAYA HILANG KAWALAN KE KANAN TERLANGGAR BATU PEMBAHAGI JALAN. SAYA TIDAK CEDERA. KEROSAKAN BELAKANG M/KAR SAYA IALAH BUMPER, BONET, SET LAMPU KIRI/KANAN, PANEL, REVERSE SENSOR, MUDGUARD KIRI/KANAN, PINTU KANAN BELAKANG, MANAKALA HADAPAN PULA BUMPER, MUDGUARD KANAN, PINTU KANAN, RIM KANAN, DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R207489 | 12/07/2023 11:10:04 PM

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12/07/2023 (dd/mm/yy) Time of Accident: 21:20 (24-HR-FORMAT)

Vehicle No.: SNE 534J Vehicle Make & Model: TOYOTA LEXUS ES250

*Transmission: ☐ Manual ☒ Auto *C.c.: 2500

Exact location of Accident: COUNTRY GARDEN TO PUTERI HARBOUR RM10.4 LEBUH RAYA

Policyholder's Name: SYED NAJIB BIN SYED ABDUL NRIC/FIN/REG No.: 57624381F
MALIK ALSAGOFF ISKANDAR SULTAN

*Policyholder's email address: knapp001@gmail.com

Driver's Name: SYED NAJIB BIN SYED ABDUL NRIC/FIN/REG No.: 57624381F
MALIK ALSAGOFF

*Driver's email address: knapp001@gmail.com

Driver's Contact No.: 85000271 Company Contact No (If any): -

Date of birth: 24/08/1976 Driving Pass Date: 03/09/1997

Driver's Address: BLK 386 BUKIT BATOK WEST AVENUE 5 # 15-350 (S) 650386

Insurance Company: AIG

Policy No.: 7220021797-01 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): 1

*Passanger Name: _____ Gender: Male / Female

*Passanger 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's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: JOHOR BAHRU UTARA

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: JRN 883

Driver's Contact No: _____ 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

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Syed Najib Bin Syed Abdul Malik Alsagoff
Period of Insurance : 29 Apr 2023 To 28 Apr 2024
Engine No. : 2ARF202966
Chassis No. : JTHBJ1GG802092203

Vehicle No. : SNE534J
Policy No. : 7220021797-01
Endorsement No. :
Issued Date : 24 Apr 2023 19:26

ABOUT THE COVER

Make/Model : LEXUS ES250

Engine Capacity/Tonnage : 2,494.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Syed Najib Bin Syed Abdul Malik Alsagoff - \$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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0334025000

LIANG SEA JOHN MIDGE

3 TAMPINES GRANDE #05-43G AIA TAMPINES

SINGAPORE 528799 SP-MIDGE-ELMFORTFINANCIAL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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