

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA 117153397

Date In: 20/11/17-14:42	Job description	Date & Time Completed	Done by
Ref No: NA/A/G17022128724	SAS e-filing		
Veh No: SKN51874	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/11/17-16:35	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SHA356PU 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

NA1707144	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	OD*			
	*N5: Courtesy Car / Tpl 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 Authorised 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 ability.
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 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 Report	20/11/2017 14:42
Date Of Accident	19/11/2017 16:35
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5187H
Insured/Policyholder	
Name Of Registered Owner	SNG CHYE HUAT
NRIC No	S1263626A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057706
Alternative Phone No	OFFICE-90057706
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.5 AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100377282-03000
Cover Note Number	
Driver	
Name of Driver	SNG CHYE HUAT
NRIC No	S1263626A
Date Of Birth	27/10/1957
Occupation	INDOOR
Date Of Driving Pass	16/11/1999
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057706
Fax Number	
Contact Number	OFFICE-90057706
EMail Address	NOEMAIL

Address	BLK 532 BEDOK NORTH STREET 3 #15-718
Postcode	460532
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3564U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM1664S
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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

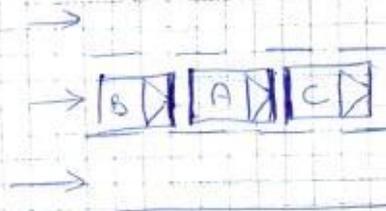


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS TUNAS, AFTER PANGALANAR EXIT

- VEHICLE A - SKN 7187H
- VEHICLE B - SHA 3564U
- VEHICLE C - SLM 1664S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards TUNAS after pangalanar exit. I was on lane 2

while traveling straight ahead, due to heavy traffic the vehicle in front brake to complete stop. And so I too apply brake to complete stop, suddenly after a few second I felt a great impact from the rear of my vehicle and the impact was so great that pushed me forward to hit onto the rear portion of the vehicle in front.

Alighted from my vehicle and realised a vehicle bearing (SHA 3564 U) had collided to the rear of my vehicle, and causes me to be pushed forward and hit to the vehicle in front. It was a chain ~~coll~~ collision involving 3 vehicle.

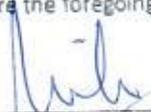
vehicle A - SKN 5187 H

vehicle B - SHA 3564 U

vehicle C - SLM 1664 S

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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKN 5157 H	Model / Make	TOYOTA CAMRY
Date of Accident	19/11/2017		
Time of Accident	18:35	HRS	
Location of Accident	DIE TOWARDS TUAS AFTER PAJA L&SAR EXIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	SUN CHYE HUAT		
Telephone No.	H/P : 9005 7706	Home :	Office :
NRIC	S1263626 A		
Address	BLK 532 BEDOK NORTH ST. 3 #15-718 S(460532)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	2106377282 - 03000		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	16 Nov 1999		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	OWNER
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHA 3564 M	Any Passengers :	02
Name of Driver		Contact No. :	
Vehicle C No.	SLM 1664 S	Any Passengers :	01
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	Yes / No		
Email Address	michaelsng@usp.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1263626A



Name



SNG CHYE HUAT

Race

CHINESE

Date of Birth

27-10-1957

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1263626A

Name:

SNG CHYE HUAT

Birth Date: 27 Oct 1957

Issue Date: 23 Jun 2007



2558842



NRIC No: S1263626A



Blood Group Date of Issue

A+ 10-01-1995

APT BLK 532 BEDOK NORTH STREET 3 #15-718
SINGAPORE 460532

NRIC No: S1263626A Date: 19-09-2004 No: 4937691

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 16 Nov 1999



NP 428A



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100377282-03000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$1000.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) **VEHICLE REGISTRATION NO.** SKN5187H
2) **NAME OF INSURED** Sng Chye Huat
3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT** 23 Jun 2017
4) **DATE OF EXPIRY OF INSURANCE** 22 Jun 2018
5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE***

SUBJECT TO AGE CONDITION : All Age Condition

- a) The Insured.
b) Any other person who is driving on the Insured's order or with his permission.
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.
A Young and/or inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Eihoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lal Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

* **NAMED DRIVER** NA

HIRE PURCHASE COMPANY DBS BANK LTD
/EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 7 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-030
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCGUK.

Co. Reg. No. 201029404M