

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>13/12/17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/AIG17023628/13</b>	SAS e-filing		
Veh No: <b>SLN8005T</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>12/12/17</b> <b>2130</b>	i-Motor Claim Form		
OD: <b>TP</b> / 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: ( **M GARAGE** ) Tel: Fax: )

TP Particulars:	Veh No: <b>SHD65306</b>	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

<b>NA/707699</b>	<b>Invoice Preparation Checklist</b>		Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120			
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30			
<b>Auditors' Comments :-</b>	For claiming against JNC Only (wef 10 Jan 2005)			
<b>Dat. 1:</b>	6) TR: Re-inspection \$75			
<b>Dat. 2/3:</b>	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	<b>OD*</b>			
	*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 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	13/12/2017 12:41
Date Of Accident	12/12/2017 22:00
Exact Location Of Accident	AMK AVE 5 TWDS HOUGANG BESIDE NANYANG POLYTECHNIC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8005T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOO CHEE RUEY
NRIC No	S8001805C
Email Address	CHEERUEY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96720990
Alternative Phone No	OTHERS-96720990

### Vehicle Particulars

Manufacturer	BMW
Model	630I
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	2100467423-01000
Cover Note Number	

### Driver

Name of Driver	BOO CHEE RUEY
NRIC No	S8001805C
Date Of Birth	21/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96720990
Fax Number	
Contact Number	OTHERS-96720990
EMail Address	CHEERUEY@GMAIL.COM

Address	102 PUNGGOL DRIVE #18-25
Postcode	828800
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### 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

PLS REFER TO THE ATTACHED 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	SHD6530G
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)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	BOO CHEE RUEY
------	---------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN8005T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 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 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. 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 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:

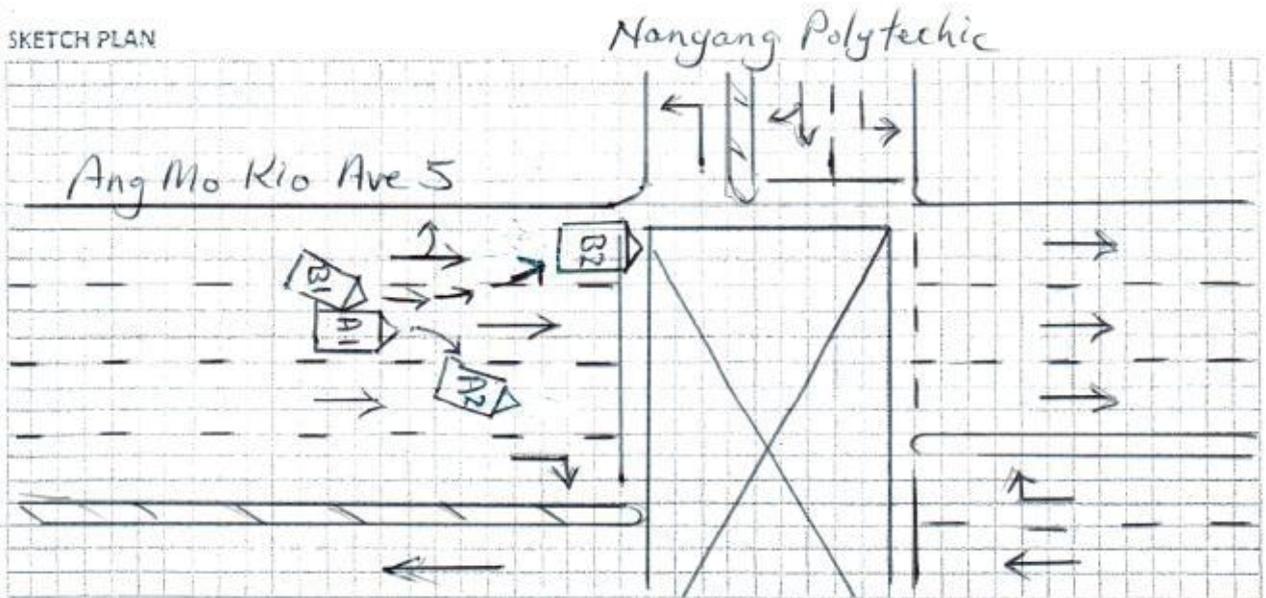
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

 13/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/2017 at about 2200 hrs at along Ang Mo Kio Ave 5 towards Hougang beside Nanyang Polytechnic. I was travelling on the 2nd lane from the left and suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot and without cautious and hence collided onto my left Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

CA1 SLN 8005 T  
CB) SHD 6530 G

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 13/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/12/2017 Time: 2200 hrs (hh:mm) 24 hr format		
Location Ang Mo Kio Ave 5 towards Hougang beside Nanyang Polytechnic		
Vehicle Number SLN 8005 T		
Insured Name BOO CHEE RUEY		
NRIC / FIN S 8001805C	Contact Number 9672-0990	
Make Bmw	Model E301 3.0 AT ABS	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company AIA		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 2100467423-01000		
Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured		
NRIC / FIN S 8001805C	Contact Number 9672-0990	
Date of Birth 21/01/1980		
Driving Pass Date 16-Feb-2011		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address cheeruey@gmail.com ( ) NO EMAIL		
Address of Driver 102 Minggoi drive #1F-25 Singapore 828000		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured		
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B	SHD 6530 G	
Veh C		
Veh D		
Veh E		
Veh F		

including driver & person only

Owner 8 Drive

SLN 8005T

 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
BOO CHEE RUEY

NRIC No.  
S8001805C



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

T06GPV1049552A0411 00000050130302

NRIC No / Colour	S8001805C / PINK	
Race	Blood Group	Sex
CHINESE	O (+)	M
Date Of Birth	Country Of Birth	
21/01/1980	SINGAPORE	
Service Status	Military Rank Status	
REGULAR	OFFICER	
Address		
ADDRESS: 102 PUNGGOL DRIVE #18-25		
SINGAPORE 828800		DATE: 21.09.2016 S8001805C



owner & drive

SLN 80057

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8001805C**  
Name: **BOO CHEE RUEY (WU ZHIRUI)**

Birth Date: 21 Jan 1980  
Issue Date: 28 Feb 2014

002276652D



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

	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	16 Feb 2011

NP 428A

Licence No: S8001805C





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	(The below excess is subject to GST)
CERTIFICATE NO. 2100467423-01000	OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS S\$100.00 <small>(for policies with effect from 1st November 2002)</small>
	SUM INSURED Market Value
	INSURING WITH COE/PARF Yes
1) VEHICLE REGISTRATION NO.	SLN8005T
2) NAME OF INSURED	BOO CHEE RUEY
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	21 May 2017
4) DATE OF EXPIRY OF INSURANCE	20 May 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. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)	
5. Kah Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479550) 6. Lai 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 Bik D (Tel: 67476106)	
LOSS OF USE	Loss of Use 10 Days (1600cc) - Refer to policy wordings for details
* NAMED DRIVER	NA
HIRE PURCHASE COMPANY	CENTURY TOKYO LEASING (S) PTE 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 3 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

501630-000  
SC ALLIANCE PTE LTD  
78 SEA BREEZE AVENUE  
SINGAPORE 487582

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSAA