

NATIONAL Assessment Centre Services [wef 1 Jan'05]

Date In: 18/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/AIG17023890/13	SAS e-filing		
Veh No: SLM4741H	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 15/12/17 1005	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: (FASTECH)	Tel: ()	Fax: ()
TP Particulars:	Veh No: 5J49857K	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% P: 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

NA1707766	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	18/12/2017 09:45
Date Of Accident	15/12/2017 10:05
Exact Location Of Accident	BUKIT TIMAH RD TWDS WOODLANDS B4 CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4741H
Insured/Policyholder	
Name Of Registered Owner	TANG TZE LING, MELISSA
NRIC No	S8434637C
Email Address	MELTANGTZELING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97912912
Alternative Phone No	OTHERS-97912912

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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	2100505989-00000
Cover Note Number	

Driver

Name of Driver	TANG TZE LING, MELISSA
NRIC No	S8434637C
Date Of Birth	19/11/1984
Occupation	INDOOR
Date Of Driving Pass	02/01/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97912912
Fax Number	
Contact Number	OTHERS-97912912
EMail Address	MELTANGTZELING@GMAIL.COM

Address	188 KENG LEE RD #18-03
Postcode	308414
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	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY9857K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	91779140
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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

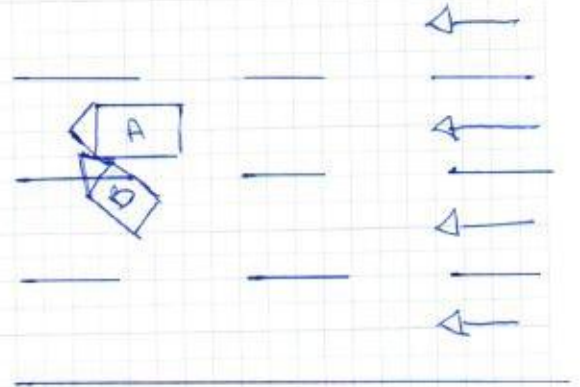
 18/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

BUKIT TIMAH RD TWAS WOODLANDS
B4 CTE

SKETCH PLAN

Vehicle A: 8LM 4741H

Vehicle B: SJY 9857K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was drive straight on the stated venue. I was driving in my lane, suddenly vehicle B SJY 9857K hit onto my car while he was changing lane from Lane 3 to my Lane (Lane 2). The collison causes damages to my car. Video footage is submitted.

Vehicle A: 8LM 4741H

Vehicle B: SJY 9857K.

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.:

Date of Accident: 15 th December 2017		Accident Time: 10.05am	
Vehicle (A) No: SLM 4741 H.		Make Model: KIA Sorento.	
Location: Bukit Timah Road towards Woodland (Before CTE).			
Owner Name: Tanh Tze Ling Melissa			
Owner Address: 188 Kenh Lee Rd #18-03 S(308414)			
Owner NRIC: S8434637 C		Email: MELTANGTZE LING @ AMNL.COM	
HP: 9791 2912	Home: mel + ang tze ling @ gmail . com	Office:	
Insurance Company: (Comprehensive / Third Party / Third Party Fire & Theft)		Insurance Policy No: AIG.	
Driver Name: Tang Tze Ling Melissa			
Driver NRIC: S8434637 C		Date of Birth: 19/11/1984	
Driver Contact No: 9791 2912		Occupation: Sales	
Driving License Pass Date:		Relationship With Owner: Owner	

Claiming Under: (Own Damage Claim / Third Party Claim / Reporting Only)

Weather Condition: (Clear / Raining / Drizzling / After Rained)

Road Surface: (Wet / Dry)

Damage Portion of Vehicle(A): Rear / Front / Right Side / Left Side / Chain Collision

Anyone Injured: YES / NO	Name:	
Police Report: YES / NO	If YES, Where:	
Passenger In Vehicle (A):		
Witness Name:	NRIC:	HP:

Vehicle (B) No: S349857 K	Vehicle (C) No:
Driver Name:	Driver Name:
Driver NRIC: 91779140	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(B):	Damage portion of vehicle(C):

Vehicle (D) No:	Vehicle (E) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(D):	Damage portion of vehicle(E):

15/12/17

waiting for CI

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8434637C**
 Name: **TANG TZE LING, MELISSA**
 Birth Date: **19 Nov 1984**
 Issue Date: **02 Jan 2009**

001694304A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8434637C**



Name: **TANG TZE LING, MELISSA**
 邓诗玲
 Race: **CHINESE**
 Date of Birth: **19-11-1984** Sex: **F**
 Country of Birth: **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 7500kg

PASS DATE: **02 Jan 2009**

NP 428A

Licence No: **S8434637C**

3106990




NRIC No: **S8434637C**

Blood Group: **O+** Date of issue: **12-11-1999**
 188 KENG LEE RD #18-03
 SINGAPORE 308414
S8434637C 30/05/2013



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

KIA AUTO PROTECTOR

CERTIFICATE NO. 2100505989-00000

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

1) VEHICLE REGISTRATION NO.

SLM4741H

2) NAME OF INSURED

Tang Tze Ling, Melissa

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

31 Mar 2017

4) DATE OF EXPIRY OF INSURANCE

30 Mar 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.

APPROVED REPORTING CENTRES / KIA AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gardens (Tel: 6568 4567)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethos - 30 Bukit Batok Cres (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

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 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C & C - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN NA

* 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 At Singapore 7 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

500709-237

CYCLE & CARRIAGE - DPHANG(KIA)

239 ALEXANDRA ROAD SINGAPORE 159930 ANSP.
MOTOR

AUTHORISED REPRESENTATIVE