

# NATIONAL Assessment Centre Services

Date In: 01/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/1618002047/13	SAS e-filing		
Veh No: SLE3563D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/01/18 1715	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKL53D	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	NA1800704	Invoice Preparation Checklist	Am't (\$) - In Bill	Am't (\$) - Add Bill
Driver/Owner:		1) AR : Accident Reporting (\$30);		
Contact No:		2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		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:-		
		OD*		
		*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		
Auditors' Comments :-		Invoice dated	Fee Charged	
Cat. 1:		Invoice dated	Fee Charged	
Cat. 2 / 3:				



## 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 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	01/02/2018 16:30
Date Of Accident	31/01/2018 17:15
Exact Location Of Accident	LOR 2 TOA PAYOH SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3563D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIEW CHENG(LIN XIUJING)
NRIC No	S73110311
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90235855
Alternative Phone No	OFFICE-90235855

### Vehicle Particulars

Manufacturer	MINI
Model	COOPER COUNTRYMAN
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	2100482102-01
Cover Note Number	

### Driver

Name of Driver	LIM SIEW CHENG(LIN XIUJING)
NRIC No	S73110311
Date Of Birth	23/03/1973
Occupation	INDOOR
Date Of Driving Pass	24/12/1994
Driving Experience	23 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90235855
Fax Number	
Contact Number	OFFICE-90235855
Email Address	NOEMAIL

Address	BLK 52 LOR K TELOK KURAU #04-04
Postcode	425780
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### 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

I WAS DRIVING ALONG LOR 2 TOA PAYOH SLIP RD INTO PIE(CHANGI).I STOPPED AS TO GIVE WAY TO ONCOMING VEH.OUT OF THE SUDDEN,VEH B CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEH.

#### 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	SKL53D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WEE HONG
NRIC/Passport Number	
Contact Number	
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:

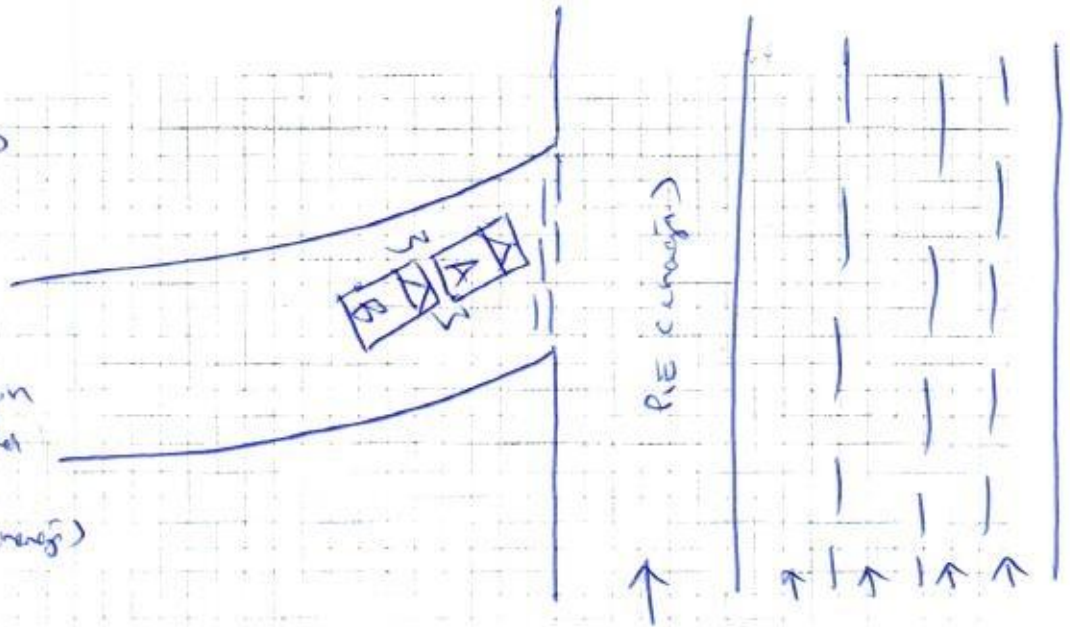
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

A - SLE 25630  
B - SKL 530

Lor 2  
Tua Payoh  
Circuit  
into  
PIE (Changi)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lor 2 Tua Payoh and into PIE (Changi). I stopped at the gate to the incoming traffic. At the sudden, veh (B) came from the rear and collided directly onto the rear portion of my vehicle.

A - SLE 25630  
B - SKL 530

*[Signature]*

## DECLARATION

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

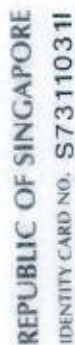
*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 01/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Vehicle No.	SLE 25630		Model / Make	Mini Cooper Countryman
Date of Accident	3/1/18			
Time of Accident	5.15pm	HRS		
Location of Accident	Lorong 2 Tanjong Sirip Rd. No. 11E (Changi)			
Exact purpose use during accident	Pte use			
Name of Owner	Lim Siew Cheng			
Telephone No.	H/P : 90235855	Home :	Office : 90235857 (Huston)	
NRIC	S7311031Z			
Address	Bldg 52, Huang K Telok Kurau, #04-04, S U25705			
Claim type	OD	(THIRD PARTY) REPORTING ONLY		
Insurance Company	AIG			
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft	
Policy No.	2100482102-01			
Name of Driver	As Above If No,			
NRIC	Any Passengers : 01 (female) 12yrs			
Date of birth	23/7/1973			
Occupation	Outdoor	/	(Indoor)	
Driving License Pass Date	24/12/1994			
Gender	(Male) / (Female)			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
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.	SLE 530	Any Passengers : —		
Name of Driver	Goh Nee Hung	Contact No. : 96223998		
Vehicle C No.		Any Passengers :		
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	Rear End			
Camera Recorder	(Yes / No)			
Email Address	kimlimsc@hotmail.com			
PARTICULAR WORKSHOP	Tuner Automotive Pte			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Xuan			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



LIM SIEW CHENG  
(LIN XIUJING)

林秀菁

CHINESE

CHINESE

1000

02 03 1973

23-03-1973

Country of origin

1

11

15 JUL 1993



REPUBLIC OF SINGAPORE DRIVING LICENCE

Source Number: S73110311

100

LIM SIEW CHENG (LIN  
XIUJING)

Birth Date: 23 Mar 1973  
Issue Date: 03 Jan 2003

Issue Date: 03 Jan 2003



000086751C1



S7311031I



Reference	Country	Date of visit
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100

1

BLK 52 LORONG K TELOK KURAU #04 - 04  
SINGAPORE 425780

ERIC No: S73110311

Date: 25/08/2009

No: 6223598

0053383

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Class 1  
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

24 Dec 1994



**Abstract**

□ 40908





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM SIEW CHENG (LIN XIUJING)  
 Period of Insurance : 09 Sep 2017 To 15 Dec 2018  
 Engine No. : A530I983N16B16A  
 Chassis No. : WMWZB32060WL89625

Vehicle No. : SLE3563D  
 Policy No. : 2100482102-01  
 Endorsement No. :  
 Issued Date : 29 Jun 2017

### ABOUT THE COVER

Make/Model : MINI COOPER COUNTRYMAN  
 Engine Capacity/Tonnage : 1,598.00 CC  
 Driver Restriction : NA  
 Sum Insured :  
 Market Value :  
 Off Peak Car : No  
 First Year of Registration : 2011  
 Insuring with COE/PAF : 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 \$3,000 as "Inexperienced Driver Excess" (TDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### 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 (10 days) 1500cc - 1500cc Optional

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

### EXCESS

Section 1  
 Fee - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM SIEW CHENG (LIN XIUJING) - \$600 (Own Damage)

### 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 6336 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia).

0501951000

EE BOON KHENG EDMUND  
 BLK 671C JURONG WEST ST 66 #11-122  
 SINGAPORE 643871 SP-JAMES-MOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

56PCE