

# NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118018738

Date In: 6/2/18-18:07	Job description	Date & Time Completed	Done by
Ref No: NA/118002421/24	SAS e-filing		
Veh No: 56H 954K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/2/18-14:00	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: Vch No: Property 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

MNA 11800819	<b>Invoice Preparation Checklist</b>	Am't (\$) for Bill	Am't (\$) 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:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Lat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Lat. 2 / 3:	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 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	06/02/2018 18:07
Date Of Accident	05/02/2018 14:00
Exact Location Of Accident	ALONG KPE AFTER BUANGKOK E DRIVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH9541X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASON TAN HONG CHAI
NRIC No	S7603623C
Email Address	NQEMAIL
Mobile Phone No	(LOCAL) +65-81384306
Alternative Phone No	OFFICE-81384306

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100470306-01000
Cover Note Number	

### Driver

Name of Driver	JASON TAN HONG CHAI
NRIC No	S7603623C
Date Of Birth	08/02/1976
Occupation	INDOOR
Date Of Driving Pass	01/01/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81384306
Fax Number	
Contact Number	OFFICE-81384306
Email Address	NOEMAIL

Address	BLK 167D PUNGGOL EAST #05-385
Postcode	824167
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	-
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PROPERTY
Vehicle Make/Model/Colour	N PARK
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	-
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.



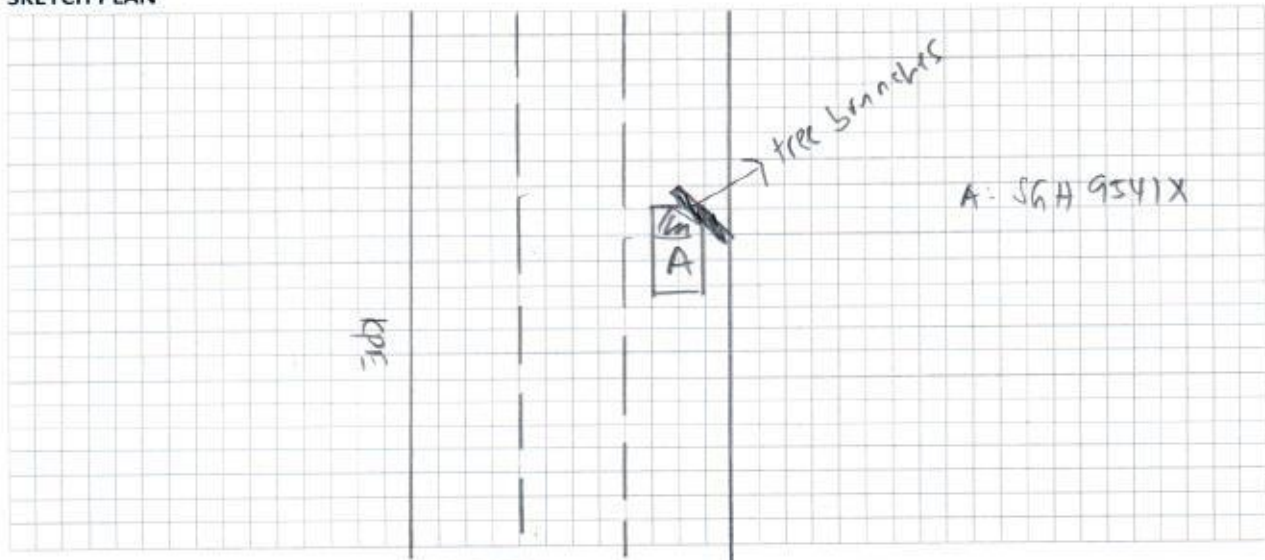
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG KPE MOST EXTREME RIGHT LANE AFTER  
BUANGKOK E DRIVE EXIT. SUDDENLY A FALLEN TREE BRUNCLES FELL DOWN RESULTING MY VEHICLE  
WINDSCREEN & ROOFTOP DAMAGED.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 5 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 14 : 00 ) (HH:MM)

LOCATION: KPE after Banglok E Drive Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SH 9341X  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 2100470306-01000  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Jason Tan Hong Chai (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7663623C CONTACT: 81384306  
c) ADDRESS: Dlk 1610 Punggol East 05-85 (82410)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER (as above)

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 8 / 2 / 1976 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1993

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Property (street) MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of  
passenger  
(including d  
(1))

\* No of pass  
(including d  
(=))

\* No of pass  
(including d  
(=))

email = jason\_tan@aia.com.sg

fax =



POLICE REPORT (NP322)

Report No. F/20180206/2132

Police Station Of Origin  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Date/Time Report Made 06/02/2018 16:45		Vide Report No.		Station Diary No. 35	
Name Of Informant JASON TAN HONG CHAI		Address APT BLK 167D PUNGGOL EAST #05-385 SINGAPORE 824167			
ID Type / ID No. NRIC NO / S7603623C		Contact No. Home/Office Mobile 81384306			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation FINANCIAL SERVICE CONSULTANT		Sex Male	Age 41	Date of Birth 08/02/1976	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 06/02/2018 16:00		Location Of Incident IDAC office @ Paya Ubi SINGAPORE			

**Brief details.**

On the above mentioned, date, time and place. I discovered the lost of the below mentioned item. I tried to make a search for it but to no avail. As such I was advised by IDAC to lodge a report if I have lost my driving licence.

**Property Information**

Signature Of Officer Recording The Report:

F / Staff Sgt RAIDY FARIZ BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Punggol N.P.C /  
Sgt 3 ONG CHUN KAI  
Contact No.: 66049999

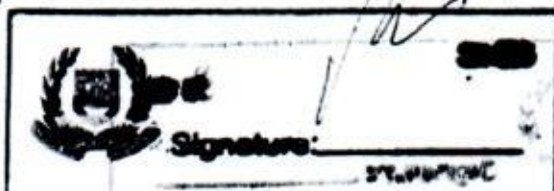
Signature Of Informant:

Date/Time:  
06/02/2018 16:45

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645







**SINGAPORE  
POLICE FORCE**



F/20180206/2132

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180206/2132

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	DRIVING LICENCE	SINGAP ORE	S760362 3C	1		One driving licence bearing JASON TAN HONG CHAI

Signature Of Officer Recording The Report:

F / Staff Sgt RAIDY FARIZ BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Punggol N.P.C /  
Sgt 3 ONG CHUN KAI  
Contact No.: 66049999

Signature Of Informant:

Date/Time:  
06/02/2018 16:45

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7603623C



Name

JASON TAN HONG CHAI

陈泓材

Race

CHINESE

Date of birth

08-02-1976

Sex

M

Country of birth

SINGAPORE

S7603623C

4706136



NRIC No. S7603623C



Date of issue

12-04-2011

APT BLK 167D PUNGGOL EAST #05-385  
SINGAPORE 824167

NRIC No: S7603623C

Date: 01/07/2011

No: 6859832





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

AUTOPLAN (TPFT)

OWN DAMAGE EXCESS NA  
WINDSCREEN EXCESS NA

CERTIFICATE NO. 2100470306-01000

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SGH9541X

2) NAME OF INSURED

Jason Tan Hong Chai

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

27 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

26 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

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 / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDeigro 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. 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 Loss of Use Days (cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY Yes Motoring & Credit 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 14 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

504339-000  
TAN HONG CHAI JASON  
BLK 167D PUNGGOL EAST  
#05-385  
SINGAPORE 824167  
SP-DESTINLIM

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPPCB

Co. Reg. No. 201009404M