

NATIONAL Assessment Centre Services (part 1 20100)

NA18024109

Date In: 19/02/2018 20:06	Job description	Date & Time Completed	Done by
Ref No: NBS18024109 31624	SAS e-tiling		
Veh No: SPH 6893 L	E-mail (within 3hrs, AIO 3hrs)		
D.O.A: 11/02/2018 14:10	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor W/O (Within 30 mins, TP 3hrs)		
TP Insurer:	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: STW 68188 INC ( ) / Non-INC ( )

Owner / Drivers: ( ) 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: YBS ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer | Customer's information strictly Confidential & Strictly NO refer of reporter.

( ) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks	INC Sol. (inc. 6788 GG16)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Re-survey Photo (Repair Cost > \$3000) ( )			

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

Date/Time	Action

NA1801027	Invoice Preparation Charge	Bill	Med. Bill
Customer Particulars:	1) AR: Accident Reporting (\$50)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow Through Survey	\$150	
C. Checked by (Engr-In-Charge):	5) PT: Yellow Through Survey (Re-survey)	\$30	
Additional Comments:	Parallelism report INC Only (Cost 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NI: No DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collision/Excess Coordination	\$1	
	TP (NI)   TP (N/A) INC   report INC	\$20	
	13) NI: Idle Hours	10	
	Invoice total		
	Invoice total		

### 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	19/02/2018 20:06
Date Of Accident	11/02/2018 14:10
Exact Location Of Accident	BUGIS JUNCTION BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH6893L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO XUE YUAN
NRIC No	S9317195J
Email Address	SIONGONN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96520149
Alternative Phone No	OTHERS-96520149

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 AVG-2.0 (R18 LED) (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	REPORTING ONLY
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	1700032322
Cover Note Number	

#### Driver

Name of Driver	LOO XUE YUAN
NRIC No	S9317195J
Date Of Birth	12/05/1993
Occupation	INDOOR
Date Of Driving Pass	11/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96520149
Fax Number	
Contact Number	OTHERS-96520149
EMail Address	SIONGONN@SINGNET.COM.SG

Address	48 HOLLAND GROVE VIEW
Postcode	276205
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : DORA CHEN
	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

PLEASE REFER TO SKETCH PLAN

### 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	SFW6818B
Vehicle Make/Model/Colour	AUDI A6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG TECK KUAN
NRIC/Passport Number	S1355427G
Contact Number	81289828
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**.
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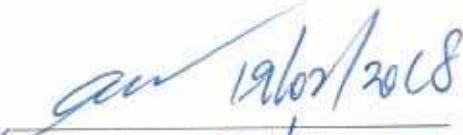
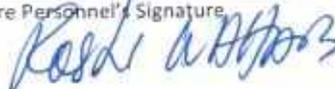
#### **8. Consent under the Personal Data Protection Act (PDPA)**

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: 19/2/18

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

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



ACCIDENT STATEMENT

ACCIDENT DATE: 11/2/2018 (DD/MM/YYYY), TIME: 14:10 (HH:MM)

LOCATION: Bugis Junction B2 Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFH 6893L
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 1700052322
- 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: PERAWAK U84
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

INSURED / POLICY HOLDER

- a) NAME: Loo Xue Yuan (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S93171959 CONTACT: 96520149
- c) ADDRESS: Holland Grove View 49  
S 276205

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

DRIVER

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

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: SFW 6818B MODEL: Audi A6
- b) DRIVER'S NAME: Cheng Teck Kuan
- c) NRIC/FIN/PASSPORT: S1355427G CONTACT: 8128 9828

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- a) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_

① DORA CHEN (P)

# No of passenger (including driver) (2)

# No of passenger (including driver) ( )

# No of passenger (including driver) ( )

email = Siongann@singnet.com.sg

fax =

✓ 1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9317195J



Name  
LOO XUE YUAN

卢学远

Race  
CHINESE

Date of birth  
12-05-1993

Country of birth  
SINGAPORE

Sex  
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9317195J

LOO XUE YUAN

Birth Date: 12 May 1993

Issue Date: 11 Aug 2015

002460274H




SG 50

4226555



NRIC No. S9317195J



Date of issue  
30-05-2008

Address  
48 HOLLAND GROVE VIEW  
SINGAPORE 276205

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 11 Aug 2015

Licence No: S9317195J



NP 428A

