

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118029130

Date In: 11/3/18 - 15:31	Job description	Date & Time Completed	Done by
Ref No: NA/ALG18003988/24	SAS e-filing		
Veh No: 6BC4772P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/2/18 - 21:40	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:	Veh No: 5P2284	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

NA1801325

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$10);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against UNC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*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: Idao Mobile 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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	01/03/2018 15:31
Date Of Accident	21/02/2018 21:40
Exact Location Of Accident	ADMIRALTY ST OPP SEMBAWANG GOD OF WEALTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4772P
Insured/Policyholder	
Name Of Registered Owner	CHUA SOON SENG
NRIC No	S00534571
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90108268
Alternative Phone No	OFFICE-90108268

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100423196-02000
Cover Note Number	

Driver

Name of Driver	CHUA SOON SENG
NRIC No	S00534571
Date Of Birth	20/12/1952
Occupation	INDOOR
Date Of Driving Pass	13/02/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90108268
Fax Number	
Contact Number	OFFICE-90108268
Email Address	NOEMAIL

Address	BLK 608 HOUGANG AVENUE 4 #03-151
Postcode	530608
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 AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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

ON STATED DATE AND TIME, I WAS OPENING THE DOOR AND GETTING UP MY VEHICLE ALONG ADMIRALTY ST. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY DRIVER DOOR AREA.

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	SJP228H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



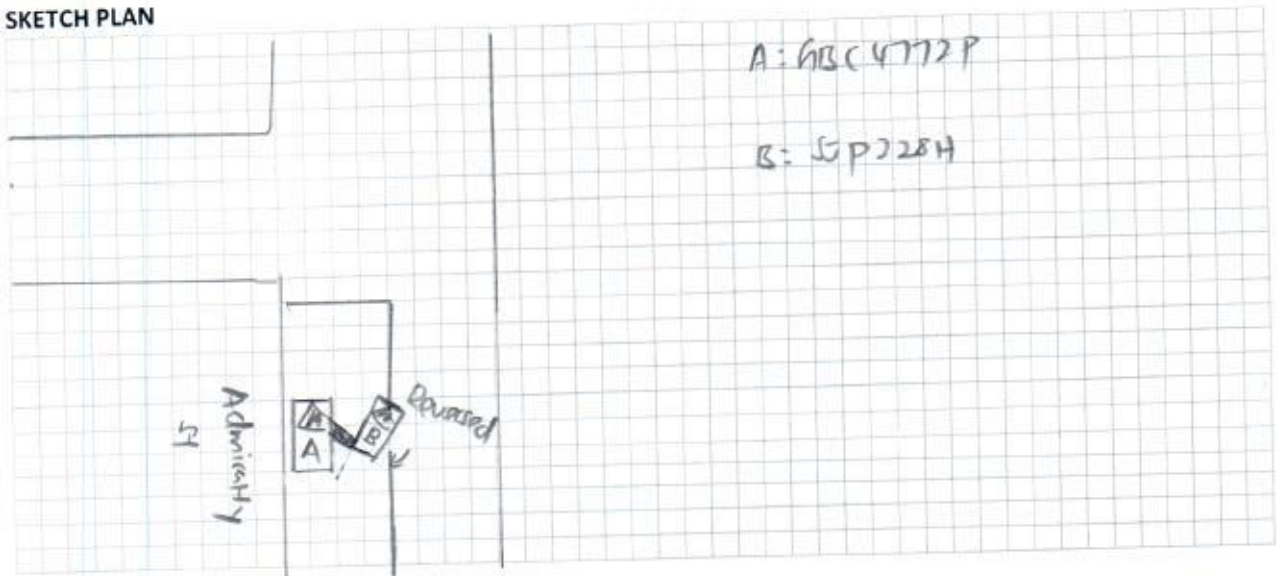
Policyholder's Signature
Date & Time:

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S00534571**
 Name **CHUA SOON SENG**
 Birth Date **20 Dec 1952**
 Issue Date **07 Oct 2003**

000594967K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S00534571**



Name

CHUA SOON SENG

蔡 順 成

Race

CHINESE

Date of birth

20-12-1952

Country/Place of birth

SINGAPORE

Sex

M

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Nov 1975
Class 2A	Motorcycles between 201 cc and 400 cc	08 Nov 1975
Class 2	Motorcycles exceeding 400 cc	08 Nov 1975
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Feb 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Jun 1985



NP 428A

5840473



NRIC No: **S00534571**



Date of issue

29-11-2017

Address

**APT BLK 608 HOUGANG AVENUE 4
#03-151
SINGAPORE 530608**



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 Z 300

COMMERCIAL AUTOPLUS

CERTIFICATE NO. 2100423196-02000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

GBC4772P

Chua Soon Seng

29 Jul 2017

28 Jul 2018

- 1) The Insured.
- 2) Any other person who is driving on the Insured's order or with his/her permission.
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*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover : a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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

1. Autolution Industrial - 19 Ubi Rd 4 (T: 64909666) 2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
3. DPS Body & Paint - 209 Pandan Gardens (Tel: 65684501) 4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)
5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)
11. Tan Chong Mtr - 913 Bt Timah Rd (T: 64694091/2/3) 12. Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753/4)
13. TC AutoClinic - No 1 Sixth Lok Yang Rd (T: 62622212) 14. TC AutoClinic - 25 Leng Kee Rd (T: 67038511/2/3)

LOSS OF USE Not Included

* NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank
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 27 Jul 2017

504430-000
SUMMIT INSURANCE AGENCY
459 UPPER EAST COAST ROAD
#06-02
SINGAPORE 466504

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSYM

AIG Asia Pacific Insurance Pte. Ltd.