

NATIONAL Assessment Centre Services (v1.1 1/1/00)

NAI8031719

Date In: 06/03/2018 17:45	Job description	Date & Time Completed	Done by
Ref No: NAI8031719	SAS e-illing		
Veh No: SKJ 6432P	E-mail (with 3hrs, AIC 3hrs)		
D.O.A: 03/03/2018 11:00	Motor Claim Form		
OD / TP Reporting Only	Motor W/O (V/Lines 00-2018, TP 01/1/18)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yell No: 840 18677	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () %	(Note: Est. Status (WO): NI 0-20%, P: 21.79%, P: 30-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customers 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 () / Non-INC ()	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury: ()

Date/Time: ()

Action: ()

NAI801492	Invoice/Reparation Charge	Bill / (Add. Bill)
Driver/Owner:	1) AR: Accident Reporting (300)	
Contact No:	2) DA: Damage Assessment (3100) INC (210)	
Assigned Portion:	3) TP: Towing Fee \$405.62	
	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$10	
	6) TR: Re-inspection \$11	
	7) NI: (DA + SMRT Survey) \$140	
	8) NTUC Additional Services	
	9) NI: (DA + SMRT Survey) \$140	
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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	06/03/2018 17:45
Date Of Accident	03/03/2018 11:00
Exact Location Of Accident	AYE TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6432P
Insured/Policyholder	
Name Of Registered Owner	CHNG WEINI (ZHUANG WEINI)
NRIC No	S8115387F
Email Address	SEAHPEIJUN1994@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90666403
Alternative Phone No	OTHERS-90666403

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	2100367693-03000
Cover Note Number	

Driver

Name of Driver	SEAH PEI JUN
NRIC No	S9423695I
Date Of Birth	04/07/1994
Occupation	INDOOR
Date Of Driving Pass	06/05/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90666403
Fax Number	
Contact Number	OTHERS-90666403
Email Address	SEAHPEIJUN1994@GMAIL.COM

Address	BLK 828 JURONG WEST STREET 81 #07-288
Postcode	640828
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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

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	SHD1867T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NAJIB
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA457T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR RAJA

NRIC/Passport Number

Contact Number

90127645

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.:

06/03/2018
Resli W. H. H. B.

SKETCH PLAN

A: SLA457T

B: SKJ6432P C: 94D1867T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along A/E towards Alexandra at 11am. the car in front suddenly brake. I managed to stop as I have kept a safe distance. However, the taxi behind me hit me with a strong impact and pushes my car forward. As a result, my car come into contact with the car in front of me. Nobody was injured during the accident.

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.:

06/03/2018
Rashid W. M. Yusoff

Date of Accident	Time of Accident	Exact Location of Accident
03/03/18	11am	Aye towards Alexandra

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SKJ 6432 P
Name of Owner:	Chng Weini
Owner IC:	S8115387 F
Vehicle Make (Audi/Toyota etc)	VW Golf
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Saloon
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	Aib
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	2100367643

DRIVER	
Name of Driver	Sean Pei Jun
Driver IC	S9423645 I
Date of Birth	04/07/1994
Occupation	Indoor
Yrs of Driving Experience	6/5/0014
Gender	Female
Contact No.	90666403
Address	61K 838 Jurong West Street Q1 #01-256 SE 640528
Email Address	seanpeijun1994@gmail.com
Employee of Insured's Company?	NO / friend
If no, state relationship of Driver with Insured.	friend
Driver's own vehicle no. & Insurance company	NIL
DETAILS OF WITNESS	
Name	
Phone	
Email Address	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	Chain collision
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (Including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
If yes, state which police station	-
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SHD 1567 T
Vehicle Make / Model / Colour / Properties	
Name of Driver	Najib
IC / FIN / Passport Nbr	
Contact Nbr	
Address	
Insurance Company	
Nature of Damage	

DETAILS OF INJURED PERSONS-1 <small>Details of other vehicle</small>	
Name	SLA 457 T
Address	Mr Raja 90127645
Approximate age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of SEAH PEI JUN

Licence Number: **S94236951**

Name: **SEAH PEI JUN**

Birth Date: **04 Jul 1994**

Issue Date: **06 May 2014**

Barcode: **002302250D**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S94236951**

Portrait of SEAH PEI JUN

Name: **SEAH PEI JUN**

Chinese Name: **谢沛君**

Race: **CHINESE**

Date of birth: **04-07-1994**

Sex: **F**

Country of birth: **SINGAPORE**

Barcode: **002302250D**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE: 06 May 2014

Class 3A: Motor cars without clutch pedals (Auto) -< 3500kg with < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals -< 2500kg

NP 426A

Barcode: **Licence No. S94236951**

4771621

Barcode

NRIC No: **S94236951**

Portrait of SEAH PEI JUN

Date of issue: **29-08-2011**

Address: **APT BLK 828 JURONG WEST STREET 81 #07-288 SINGAPORE 640828**

D&C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8115387F



Name

CHNG WEINI
(ZHUANG WEINI)

庄 玮 妮

Race

CHINESE

Date of birth

27-05-1981

Sex

F

Country of birth

SINGAPORE

S8115387F

CERTIFIED TRUE COPY


Sharon Chew

Business Development Manager
AIA Singapore Private Limited

4734988



NRIC No. S8115387F



Year of issue

18-05-2011

94, 84 GUAN SOON AVENUE
SINGAPORE 439051

NRIC No: S8115387F

Date: 11/12/2015

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

AUTOPLUS

CERTIFICATE NO. 2100367693-03000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PAF Yes

- 1) VEHICLE REGISTRATION NO. SKJ6432P
- 2) NAME OF INSURED Chng Weini
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 25 Apr 2017
- 4) DATE OF EXPIRY OF INSURANCE 24 Apr 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.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro 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: 65547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kai 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 10 Days (1600cc) - Refer to policy wordings for details

* **NAMED DRIVER** NA

HIRE PURCHASE COMPANY DBS BANK 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 21 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

501857-000
CHNG WEINI
371 ALEXANDRA ROAD
#08-23 AIA ALEXANDRA
SINGAPORE 159953
SP-WEINI-CTS


AUTHORISED REPRESENTATIVE