

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 23/03/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/A141800548/13 | SAS e-filing | | |
| Veh No: SFV34704 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 22/03/18 1955 | i-Motor Claim Form | | |
| OD (TR) 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: (TORQUE 5 | Tel: | Fax: |
| TP Particulars: | Veh No: SHC1499C | 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 |
|-----------|---------|
| | |
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| | |
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| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1801860 | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| QC Checked by (Engr-In-Charge): | 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 | | |
| Auditors' Comments :- | TP (N11): TP (Non INC) against INC \$20 | | |
| Cat. 1: | 9) N12: Idac Mobile 30 | | |
| Cat. 2 / 3: | 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 | 23/03/2018 16:43 |
| Date Of Accident | 22/03/2018 19:55 |
| Exact Location Of Accident | TPE TWDS PIE B4 KPE/ECP EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFV3470U |
| Insured/Policyholder | |
| Name Of Registered Owner | CHANG LAM CHIANG |
| NRIC No | S0185393G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98635196 |
| Alternative Phone No | OTHERS-98635196 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | 0100531357-12000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHANG LAM CHIANG |
| NRIC No | S0185393G |
| Date Of Birth | 17/05/1947 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/07/1970 |
| Driving Experience | 47 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98635196 |
| Fax Number | |
| Contact Number | OTHERS-98635196 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 712 BEDOK RESERVOIR ROAD #02-3928 |
| Postcode | 470712 |
| 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 | 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 | |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

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 | SHC1499C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | MUHAMMAD FIRDAUS |
| NRIC/Passport Number | |
| Contact Number | 93384394 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLZ9969S |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE TECK BOON

NRIC/Passport Number

Contact Number

98297271

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:

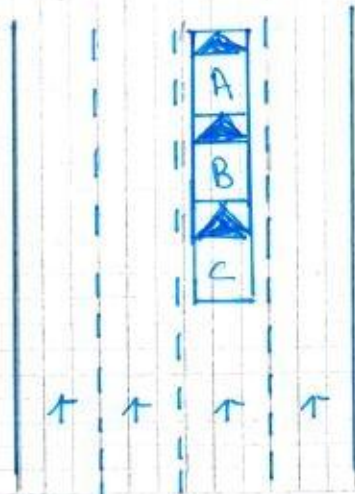
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/03/18

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

SKETCH PLAN

TPE towards PIE before KPE/ECF Exit



Vehicle A - SFV 3470U

Vehicle B - SHC 1499C

Vehicle C - SLZ 9969S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue,
 I vehicle 'A' SFV 3470U was driving straight on my
 lane. The vehicle in front of me slow down, so
 I followed suit at one car length distance. Suddenly
 I felt an impact on my rear portion. Vehicle 'B'
 SHC 1499C collided onto my rear portion. I got down
 to check, I was involved in a 3 'cars' collusion.

DECLARATION

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

Csch

Policyholder's Signature

Date & Time:

Csch

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sgw 23/03/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/03/2018 (DD/MM/YYYY), TIME: 19:54 (HH:MM)

LOCATION: TPE towards PIE before KPE/ECF Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFV 3470U
b) INSURANCE COMPANY: MG
c) POLICY NUMBER: 0100531357
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vios
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: for 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: Chang Lam Chiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0185393G CONTACT: 98635196
c) ADDRESS: apt B1K 712 Bedok Reservoir Road
#02-3928 Singapore 4720 470712

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (17/05/1947) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 48 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SHC 1499 C MODEL: Hyundai
b) DRIVER'S NAME: Muhammad Firdaus
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93384394

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLZ 9969 S MODEL: Hyundai Elantra
e) DRIVER'S NAME: Lee Teck Boon
f) NRIC/FIN/PASSPORT: _____ CONTACT: 98297271

LKK
Negeri Ubi Industrial Park 2
A01-25, 51 Ubi Ave
S (408 933)

Email = REPORTING@
TOPQUE5.com
fax = 6452 4584

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0185393G



Name
CHANG LAM CHIANG

曾南章

Race
CHINESE

Date of Birth
17-05-1947

Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0185393G**

Name
CHANG LAM CHIANG

Birth Date: **17 May 1947**

Issue Date: **04 Jun 2003**



1434455




NRIC No. **S0185393G**


Blood Group: **B+** Date of issue: **16-11-1993**

Address
**APT BLK 712 BEDOK RESERVOIR ROAD
#02-392B
SINGAPORE 1647**

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 01 Jul 1970 |

NP 478A





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, 1969 (MALAYSIA)

M.X.1

AUTOPLAN (TPFT)

OWN DAMAGE EXCESS NA
WINDSCREEN EXCESS NA

CERTIFICATE NO. 0100531357-12000

SUM INSURED
INSURING WITH COE/PARF SFV3470U
Market Value
Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Chang Lam Chiang

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

1 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

31 May 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: 63637118) 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 Hunt (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 CHANG KANG YANG

HIRE PURCHASE COMPANY The Hongkong and Shanghai Banking Corporation 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 At Singapore 11 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-101
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPHKP

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Ca. Reg. No. 201005400A

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