

NATIONAL Assessment Centre Services. [weF 1 Jan'06] MNA 118042257

Date In: 29/3/18-10:39	Job description	Date & Time Completed	Done by
Ref No: NA/1618005830/24	SAS e-filing		
Veh No: SLQ82982	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/3/18-8:00	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: Veh No: 56D42886 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:	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

NA1801968	Invoice Preparation Checklist	Amt (\$)	Amt (\$)	
		In Bill	Add Bill	
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	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:-			
	QD*:			
*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: Idac Mobile 30				
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	29/03/2018 10:39
Date Of Accident	28/03/2018 18:00
Exact Location Of Accident	ALEXANDRA RD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8298Z
Insured/Policyholder	
Name Of Registered Owner	ANGELYN VERNIS CHAN SOH HAR (ZENG SUXIA)
NRIC No	S7436507H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97681060
Alternative Phone No	OFFICE-97681060

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	2100511295-00000
Cover Note Number	

Driver

Name of Driver	LOH HEONG WEE
NRIC No	S7438653I
Date Of Birth	22/11/1974
Occupation	INDOOR
Date Of Driving Pass	28/11/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97904113
Fax Number	
Contact Number	OFFICE-97904113
E-Mail Address	NOEMAIL

Address	549A SEGAR ROAD #02-658
Postcode	671549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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: : ANGELYN VERNIS CHAN SOH HAR (ZENG SUXIA) 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 ALEXANDRA RD TWDS QUEENSWAY. VEHICLE B COULDN'T BRAKE HIS VEHICLE IN TIME AND HIT ONTO MY VEHICLE REAR PORTION. MY VEHICLE MOVE FORWARD, MY VEHICLE HIT ONTO VEHICLE C REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD4288G
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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGV109Y

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:

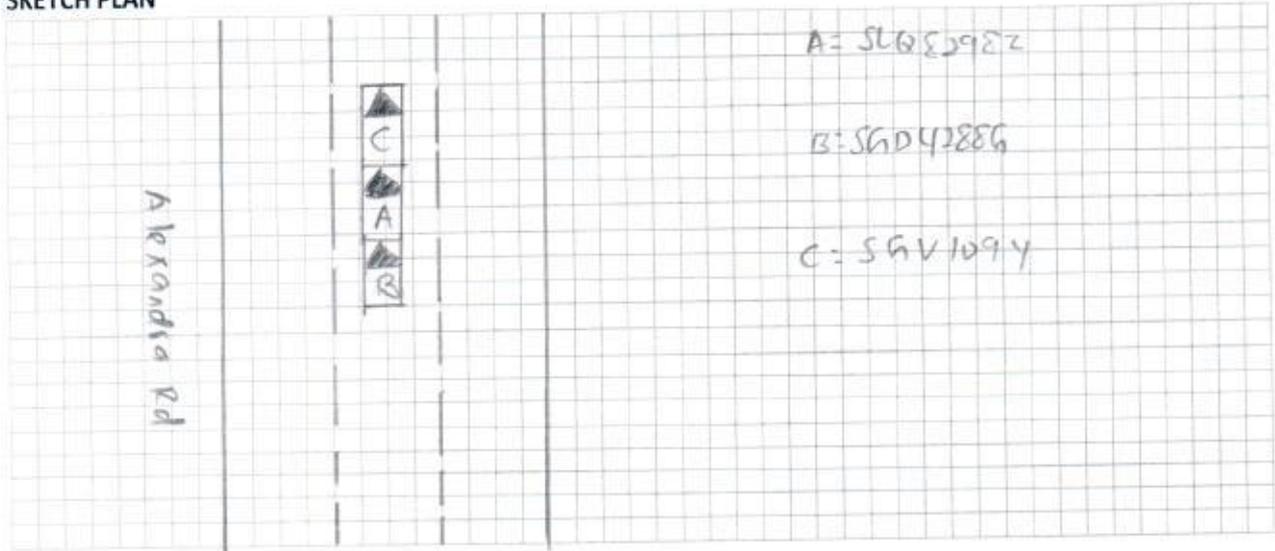
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 29/3/18
10.45am


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S74386531**

Name: **LOH HEONG WEE**

Birth Date: **22 Nov 1974**

Issue Date: **10 Jan 2003**

000101383H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S74386531**

Name: **LOH HEONG WEE**

卢 雄 伟

RACE: **CHINESE**

Date of Birth: **22-11-1974** Sex: **M**

Country of Birth: **SINGAPORE**



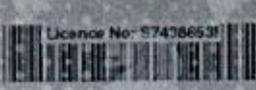

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

ISSUE DATE: **28 Nov 1994**

Licence No: **S74386531**

NP 426A



333

NRIC No: **S74386531**

Blood Group: - Date of issue: **11-03-2003**

549A SEGAR ROAD #02-858
SINGAPORE 671549

NRIC No: **S74386531** Date: **03/10/2017**






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

TRANS EUROKARS AUTO PROTECTOR (Insured Not Driving Policy)

CERTIFICATE NO. 2100511295-00000

OWN DAMAGE EXCESS S\$600.00 (I)
WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Trans Eurokars Pte Ltd)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SLQ8298Z
- 2) NAME OF INSURED Angelyn Vernis Chan Soh Har (Zeng Suxia)
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 24 Jul 2017
- 4) DATE OF EXPIRY OF INSURANCE 23 Jul 2018
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

SUBJECT TO AGE CONDITION :All Age Condition
Any person other than the Insured 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.

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

- 1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)
- 2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
- 3. DPS Body & Paint Workshop - 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 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER Loh Heong Wee

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN Standard Chartered Bank (Singapore) Limited

* 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 2 Aug 2017

AIG Asia Pacific Insurance Pte. Ltd.

503599-190
ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND
COMPLEX SINGAPORE 069111

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCZSS