

NATIONAL Assessment Centre Services

[wef: Jan 05]

MMA 118042972

Date In: 31/3/18 13:34	Job description	Date & Time Completed	Done by
Ref No: MMA/AG18005905/64	SAS e-filing		
Veh No: SKJ 56215	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/3/18 10:10	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLN 2438 S.

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2/3:

1) AR: Accident Reporting (\$30);

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 INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q11*

*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 \$0

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	31/03/2018 13:34
Date Of Accident	31/03/2018 10:10
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5621S
Insured/Policyholder	
Name Of Registered Owner	SIM SOW PING (SHEN SHAOBIN)
NRIC No	S8021259C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98577729
Alternative Phone No	OFFICE-98577729

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	1800006689
Cover Note Number	-

Driver

Name of Driver	SIM SOW PING (SHEN SHAOBIN)
NRIC No	S8021259C
Date Of Birth	18/07/1980
Occupation	INDOOR
Date Of Driving Pass	11/09/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98577729
Fax Number	
Contact Number	OFFICE-98577729
EMail Address	NOEMAIL

Address	BLK 960 HOUGANG AVE 9 #07-558
Postcode	530960
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?	YES
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 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	SLN2438S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM7891M
Vehicle Make/Model/Colour	

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:

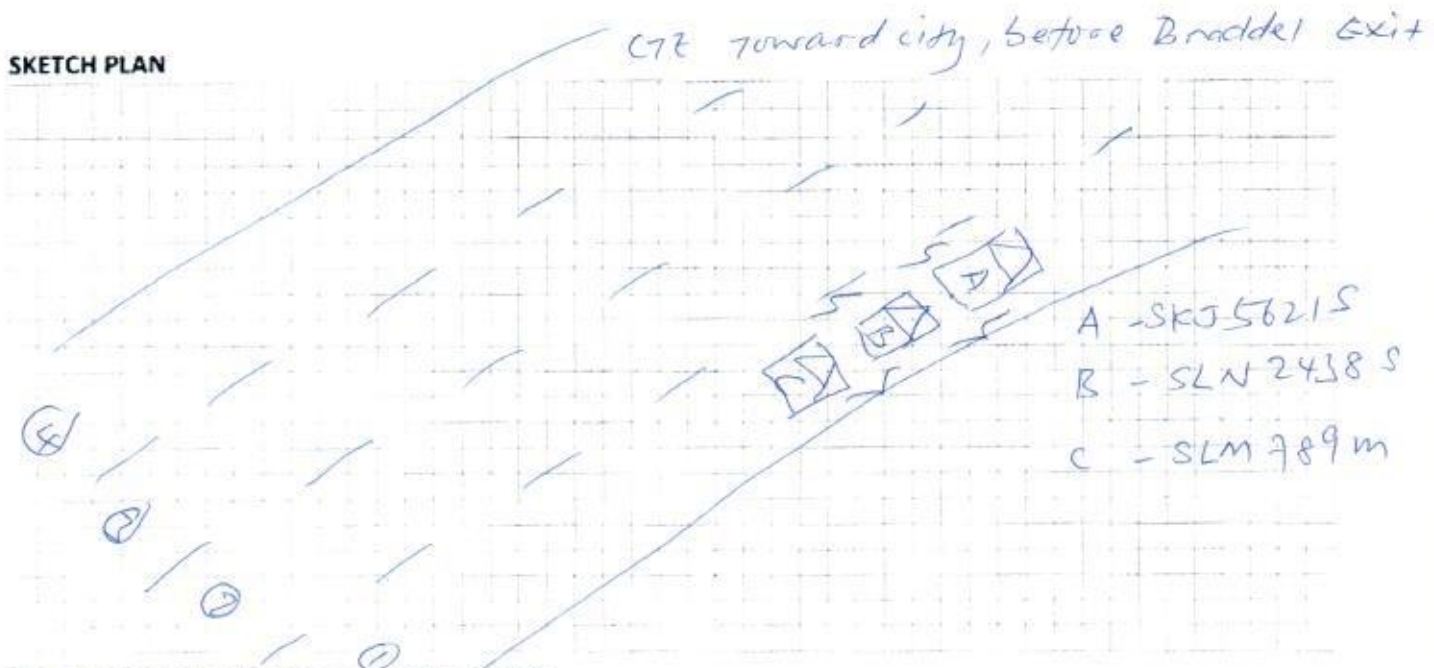


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/3/2018, about 10:10 a.m., I was travelling along CTE towards city, before Braddell exit on lane number 1. The front vehicle slow down and stopped his car. I also stopped my vehicle. The vehicle, SLN 2438 S stopped also behind my vehicle. Suddenly I felt an strong impact hitting the rear of my car. I alighted and inspect. There was a 3rd vehicle that hit SLN 2438 S and pushed forward and hit my car, back portion, causing a chain collision.

A - SKJ 5621 S
B - SLN 2438 S
C - SLM 7891 m

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.:

Vehicle No.	SKJ56215	Model / Make	Toyota Camry
Date of Accident	31/03/2018		
Time of Accident	10.10 am	HRS	
Location of Accident	CTE Toward City before Bradder Exit		
Exact purpose use during accident			
Name of Owner	Sim Sow Ping		
Telephone No.	H/P: 98577729	Home :	Office :
NRIC	S8021259C		
Address	Blk 960 Hougang Ave 9 #07-568, S, 530960		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG Ins		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1800006689		
Name of Driver	As Above If No, AS Above		
NRIC	S8021259C	Any Passengers :	0
Date of birth	18/07/1980		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	11 Sept 2001		
Gender	Male / Female		
Contact No.	H/P: 98577729	Home :	Office :
Address	as above		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? Sim Sow Ping	
Name And Contact No.	98577729		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLN24385	Any Passengers :	1
Name of Driver		Contact No. :	
Vehicle C No.	SLM7891M	Any Passengers :	about 3
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / No		
Email Address	eason.property@gmail.com		

PARTICULAR WORKSHOP

CONTACT NO. 6842 0051 / 6744 0510

CONTACT PERSON

FAX NO 6741 0510

WORKSHOP EMAIL ADDRESS sales@nsi.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021259C



Name

SIM SOW PING
(SHEN SHAOBIN)

沈少彬

Race

CHINESE

Date of birth

18-07-1980

Sex

M

Country of birth

SINGAPORE

S8021259C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8021259C

Name

SIM SOW PING
(SHEN SHAOBIN)

Birth Date: 18 Jul 1980

Issue Date: 02 Sep 2003



4639066

NRIC No. S8021259C



Date of issue

06-10-2010

APT BLK 960 HOUGANG AVENUE 9 #07-558
SINGAPORE 530960

NRIC No. S8021259C

Date: 21/12/2016

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

11 Sep 2001



NP 428A



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SIM SOW PING (SHEN SHAOBIN)
 Period of Insurance : 19 Jan 2018 To 18 Jan 2019
 Engine No. : 1AZE126440
 Chassis No. : MR053BK4107041920

Vehicle No. : SKJ5621S
 Policy No. : 1800006689
 Endorsement No. :
 Issued Date : 19 Jan 2018

ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.0
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

1. The Policyholder
 2. Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$ 200 as "Young and/or Inexperienced Driver Excess" ("YIGR") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, pack-trucking, hireability hire or speed-testing. The damage of goods other than samples in connection with any trade or business or use for any purposes in connection with Motor Trade.

* Excess was rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 35 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS

Section 1
 Theft - \$0
 Own Damage - \$900
 Theft - \$0
 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$400

Named Driver and Excess (where applicable)

SIM SOW PING (SHEN SHAOBIN) - \$600 (Own Damage)

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

Any accident report to the Vehicle must be obtained by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5201. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 Number. Simply search and download "AIG 800" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: High Speed Credit Pte Ltd.



We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1965 (Malaysia).

6501295000

INSURE LINK PTE LTD
 2 KALLANG AVE #08-16 OT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 OT Hub S(339407)
 Off : 6444 4844
 Fax: 6444 0040

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

(20 Jan 2018)