

NATIONAL Assessment Centre Services

ref: 1 Jan 09] MNA118053428

Date In: 23/4/18-15:47	Job description	Date & Time Completed	Done by
Ref No: NA/A1618007481/24	SAS e-filing		
Veh No: SKU93728	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 20/4/18-15:30	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: SLW57072 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

NA180528	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl 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 \$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	23/04/2018 15:47
Date Of Accident	20/04/2018 15:30
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE (SLE) EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9372B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG MEI LIN (HUANG MEILIAN)
NRIC No.	S7312187F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98345755
Alternative Phone No	OFFICE-98345755
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100426110-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN CHEE FAY
NRIC No	S2681226G
Date Of Birth	19/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97860313
Fax Number	
Contact Number	OFFICE-97860313
EEmail Address	NOEMAIL

Address	BLK 57 GEYLANG BAHRU #12-3517
Postcode	330057
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

### 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

REFER TO 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	SLW5707Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAH SENG TENG
NRIC/Passport Number	
Contact Number	98156827
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.
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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:

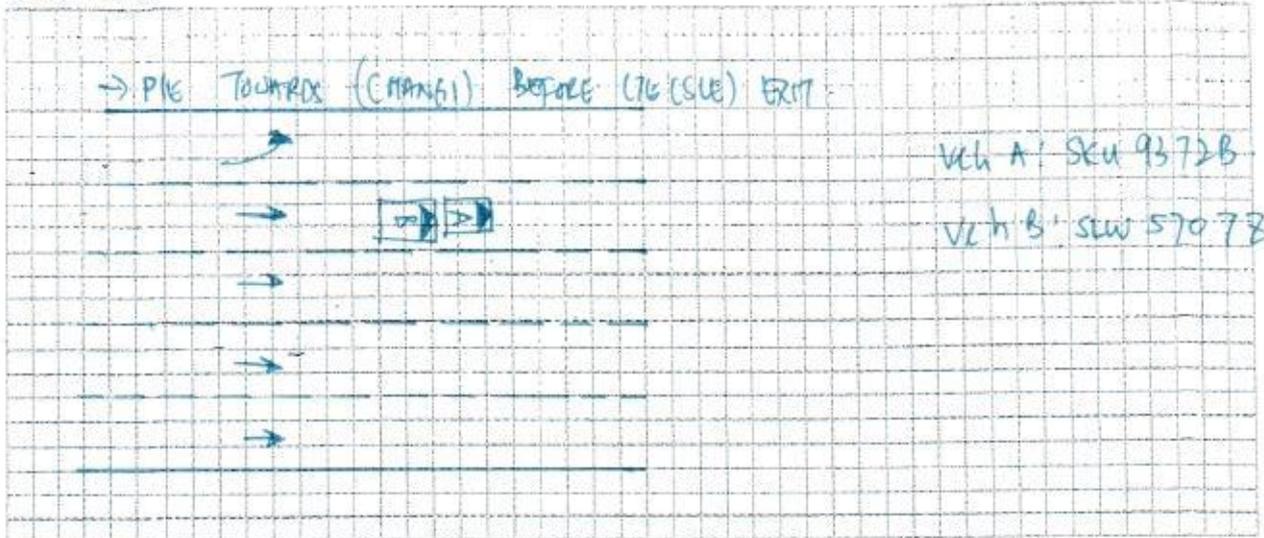


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date / time, I was travelling along the stated venue.  
 As the front vehicle stopped, I stopped as well. Moments later,  
 Veh B could not stop in time and hit onto mine, causing damages

DECLARATION

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

x   
 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.:

Date of Accident : 20/4/18 Accident Time: 1530 (24-HR-Format)

Accident Place : PRE TOWARDS (CHANGI) BEFORE (SLE) EXIT.

Vehicle No. (Car Plate No.) : SKU 9372 B Make/Model: TOYOTA ACTIS.

Insurance Company : AIG Policy No: 2100426110-02.

Owner or Company Name /IC No. : NOON MEI LIN (HUANG MEI LIAN).

Owner or Company Contact No. : 98345755 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : CHAN CHEE FAY S2681226 G.

DRIVER'S Date Of Birth : 19/09/66 DRIVER'S License Pass Date 14 SEP 1999.

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : BULK ST GEYLANG BARRU #12-3517 S(330057).

DRIVER'S Contact No./ Alt No. : 1) 97860313. 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : uprintingspress@singnet.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLW 5707 Z</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>FAH SENG TENG.</u>	Name Driver: _____
IC No. Driver/Contact: <u>98156827</u>	IC No. Driver/Contact: _____

\* **NEW** - Passenger's name & gender:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7312187F



Name



WONG MEI LIN  
(HUANG MEILIAN)

黄美莲

Race

CHINESE

Date of Birth

Sex

09-04-1973

F

Country of Birth

SINGAPORE

A0260547



NRIC No. S7312187F



Blood Group

Date of issue

12-11-2002

Address

APT BLK 57 GEYLANG BAHRU

#12-3517

SINGAPORE 330057

8282889



NRIC No. S2681226G



Nationality  
**MALAYSIAN**

Blood Group Date of Issue  
O+ 13-04-1998

APT BLK 57 GEYLANG BAHRU #12-3517  
SINGAPORE 330057

S2681226G Date: 25-12-1999 No. 3636055

**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	14 Sep 1999

License No: S2681226G



NP 428A

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S2681226G



Name  
**CHAN CHEE FAY**  
**陳沐輝**

Race  
**CHINESE**

Date of Birth **19-09-1966** Sex **M**

Country of Birth  
**MALAYSIA**



S2681226G

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S2681226G**

Name  
**CHAN CHEE FAY**

Birth Date **19 Sep 1966**

Issue Date **04 Oct 2003**



000889148G



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Wong Mei Lin (Huang Meilian)  
**Period of Insurance** : 24 Aug 2017 To 23 Aug 2018  
**Engine No.** : 1ZR521996  
**Chassis No.** : MR053REH104536120

**Vehicle No.** : SKU9372B  
**Policy No.** : 2100426110-02  
**Endorsement No.** :  
**Issued Date** : 18 Aug 2017

### ABOUT THE COVER

**Make/Model** : TOYOTA COROLLA ALTIS 1.6 DUAL  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/PARF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

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

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 109) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Wong Mei Lin (Huang Meilian) - \$600 (Own Damage)

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

#### Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD.

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 109), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0038210000

AIG ASIA PACIFIC INSURANCE PL  
 78 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079120  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

83PBLT