

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18055623

Date In: 27/4/18-18:21	Job description	Date & Time Completed	Done by
Ref No: NA/18/18007826/24	SAS e-filing		
Veh No: 5M71425	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/4/18-09:10	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: A70134	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%. P: 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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	in Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments:-**

Sat 1: \_\_\_\_\_

Sat 2 / 3: \_\_\_\_\_



## 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 27/04/2018 18:21  
 Date Of Accident 27/04/2018 09:10  
 Exact Location Of Accident UPPER BUKIT TIMAH RD TWDS JLN JURONG KECHIL RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH7142S

**Insured/Policyholder**  
 Name Of Registered Owner FOONG WAI MENG  
 NRIC No S7224315C  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-97766178  
 Alternative Phone No OFFICE-97766178

**Vehicle Particulars**  
 Manufacturer MITSUBISHI  
 Model LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR  
 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 2100269613-06  
 Cover Note Number

**Driver**  
 Name of Driver FOONG WAI MENG (FENG WEIMING)  
 NRIC No S7224315C  
 Date Of Birth 15/07/1972  
 Occupation INDOOR  
 Date Of Driving Pass 13/06/1994  
 Driving Experience 23 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97766178  
 Fax Number  
 Contact Number OFFICE-97766178  
 Email Address NOEMAIL

Address	BLK 43 CAMBRIDGE ROAD #03-15
Postcode	210043
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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	PA7013Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAN MEI LEE
NRIC/Passport Number	
Contact Number	97863445
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.:

# SKETCH PLAN

PtE  
Tugas

A - SJH 7142S

B - PA7013Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

27/04/18 at about 9.10am. I was traveling along upper Bukit Timah Road towards Talan Jurong kecil Rd, there were total of 4 lanes and I was travelling on lane 4 and travel straight towards Talan Jurong kecil Road, suddenly a vehicle PA7013Y from lane 3 cut into my lane and hit my car's right front portion. (I have camera footage recorder).

## 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.:



<b>Vehicle No.</b>	8TH7142S		<b>Model / Make</b>	MIT LANCER	
<b>Date of Accident</b>	27/04/18				
<b>Time of Accident</b>	09:10 A.M HRS				
<b>Location of Accident</b>	UPPER BUKIT TIMAH RD TOWARDS JALAN JURONG KECHIL RD.				
<b>Exact purpose use during accident</b>	Personal				
<b>Name of Owner</b>	FOONG WAZ MENG				
<b>Telephone No.</b>	H/P : 97766178		<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S7224315C				
<b>Address</b>	APT BLK 43 CAMBRIDGE ROAD #03-15 S(210043)				
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY				
<b>Insurance Company</b>	AIG				
<b>Type of Coverage</b>	<u>Comprehensive</u> THIRD PARTY Third Party / Fire / Theft				
<b>Policy No.</b>	2100269613-06				
<b>Name of Driver</b>	As Above If No,				
<b>NRIC</b>	S7224315C		<b>Any Passengers :</b> NZL		
<b>Date of birth</b>	15/07/1972				
<b>Occupation</b>	Outdoor / <u>Indoor</u>				
<b>Driving License Pass Date</b>	13/06/1994				
<b>Gender</b>	<u>Male</u> / Female				
<b>Contact No.</b>	H/P :		<b>Home :</b>	<b>Office :</b>	
<b>Address</b>					
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.				
<b>Relationship</b>	Employee, If no, state <u>OWNER</u> .				
<b>Weather condition</b>	<u>Clear</u> Raining Other				
<b>Road Surface</b>	<u>Dry</u> Wet Other				
<b>Any Injuries</b>	<u>No</u> , If Yes, Who?				
<b>Name And Contact No.</b>					
<b>Name And Contact No.</b>					
<b>Police Report</b>	<u>No</u> , If Yes, Where?				
<b>Vehicle B No.</b>	PA 7013 Y		<b>Any Passengers :</b> UNKNOWN		
<b>Name of Driver</b>	TAN MEI LEE		<b>Contact No. :</b> 9786 3445		
<b>Vehicle C No.</b>	<b>Any Passengers :</b>				
<b>Vehicle D No.</b>	<b>Any Passengers :</b>				
<b>Vehicle E no.</b>	<b>Any Passengers :</b>				
<b>Vehicle F No.</b>	<b>Any Passengers :</b>				
<b>Vehicle G No.</b>	<b>Any Passengers :</b>				
<b>Witness Name</b>	<b>Witness Contact :</b>				
<b>Accident Portion</b>	RIGHT FRONT PORTION.				
<b>Camera Recorder</b>	<u>Yes</u> / No				
<b>Email Address</b>	• WMfoong@singnet.com.sg				
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>					
					Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD				
<b>CONTACT NO.</b>	6842 0051 / 6744 0510				
<b>CONTACT PERSON</b>	JUN MZNG.				
<b>FAX NO</b>	6741 0510				
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg				

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7224315C



Name

FOONG WAI MENG  
(FENG WEIMING)

冯伟明

Race

CHINESE

Date of Birth

15-07-1972

Sex

M

Country of Birth

SINGAPORE

S7224315C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7224315C

Name:

FOONG WAI MENG  
(FENG WEIMING)

Birth Date: 15 Jul 1972

Issue Date: 14 Apr 2003



000382104K

1015812



NRIC No. S7224315C



Blood Group Date of Issue

AB+

09-06-1993

Address

APT BLK 43 CAMBRIDGE ROAD #03-15  
SINGAPORE 210043

NRIC No: S7224315C

Date: 01-03-2003

No: 4115766

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

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

13 Jun 1994



Licence No: S7224315C

NP 428A





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Foong Wai Meng  
**Period of Insurance** : 21 Aug 2017 To 20 Aug 2018  
**Engine No.** : 4A910086148  
**Chassis No.** : JMYSRCY2A8U007585

**Vehicle No.** : SJH7142S  
**Policy No.** : 2100269613-06  
**Endorsement No.** :  
**Issued Date** : 17 Jul 2017

### ABOUT THE COVER

**Make/Model** : MITSUBISHI LANCER EX 1.5 MIVEC  
**Engine Capacity/Tonnage** : 1,499.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2008  
**Insuring with COE/PAF** : Yes

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

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver 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" ("YIDER") 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 (10 days)** 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - 50 Own Damage - \$500 Theft - 30 Flood Cover - 50

#### Section 2

Property Damage - 50

**Windscreen** : \$100

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

Foong Wai Meng - \$800 (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 6338 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: GE MONEY PTE 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503828000

KOH YAT CHING JOEL

BLK 3 PAYA LEBAR CRESCENT #01-23

SINGAPORE 534239

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Joel*

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

SACF4