

NATIONAL Assessment Centre Services

(wef 1 Jan'09)

MNA 118057352

Date In: 215/18 16:31	Job description	Date & Time Completed	Done by
Ref No: MNA/AG 18008011/164	SAS e-filing		
Veh No: SGP 6918X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 215/18 10:32	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: XD 6467S	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: (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

Claimant's Particulars:-	Invoice Preparation Checklist		Amst (\$)	Amst (\$)
			Est Bill	Add Bill
	1) AR: Accident Reporting (\$30);		32.00	
	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 16 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
Q1:				
*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		

Auditors' Comments :-

Cal 1:

Cal 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 02/05/2018 16:31
 Date Of Accident 02/05/2018 10:30
 Exact Location Of Accident ALONG AYE TWDS TUAS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP6918X
Insured/Policyholder
 Name Of Registered Owner DAI CHAOWEI
 NRIC No S2723790H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91260825
 Alternative Phone No OFFICE-91260825

Vehicle Particulars

Manufacturer TOYOTA
 Model WISH 1.8 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

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2100491059-00000
 Cover Note Number -

Driver

Name of Driver DAI CHAOWEI
 NRIC No S2723790H
 Date Of Birth 19/10/1967
 Occupation INDOOR
 Date Of Driving Pass 09/03/2004
 Driving Experience 14 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-91260825
 Fax Number
 Contact Number OFFICE-91260825
 Email Address NOEMAIL

Address	BLK 221 AMK AVE 1 #11-759
Postcode	560221
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 - HEAD TO REAR
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6467S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAI CHAOWEI
------	-------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGP6918X

YES

NO

SKETCH PLAN


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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)**

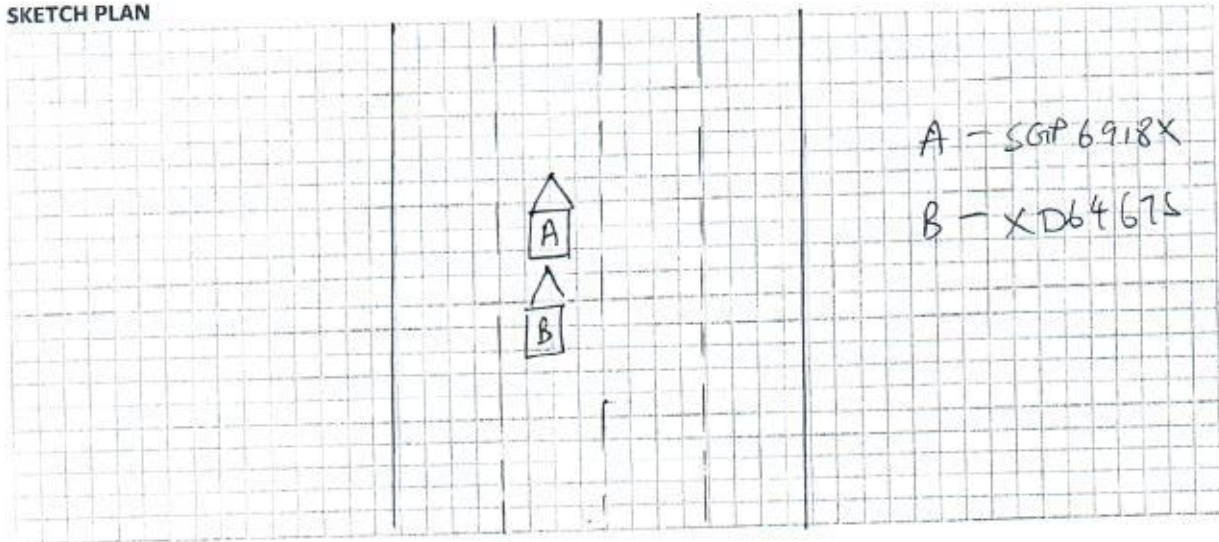
I understand, acknowledge, agree and consent that:

- (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 2/5/18 at 10.30am, I was driving my vehicle A along
AGE towards Tuas. Suddenly vehicle B hit on my rear
portion.

DECLARATION

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

Wong
Policyholder's Signature
Date & Time:

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

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

Date of Accident : 2/5/18 Accident Time: 10.30am (24-HR-Format)
Accident Place : along AYE towards Tuas
Vehicle. No. (Car Plate No.) : SGP 6918X Make/Model: Toyota wish 1.8
Insurance Company : Alfa Policy No: 2106491059
Owner or Company Name /IC No. : Dai chaowei / S272379011
Owner or Company Contact No. : _____ Owner's Hp 91260825 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 19/10/1967 DRIVER'S License Pass Date 9/3/2004
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner
DRIVER'S Address : BLK 221 AMK Ave 1 #11-759 S560221
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 1
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): yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>XD64675 (QBB)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member: **S2723790H**

Name: **DAI CHAOWEI**

Birth Date: **19 Oct 1967**

Issue Date: **13 Jan 2007**

001471353D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2723790H**

Name: **DAI CHAOWEI**

戴朝威

Race: **CHINESE**

Date of birth: **19-10-1967**

Country of birth: **CHINA**

Sex: **M**

S2723790H




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

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE: **09 Mar 2004**

Licence No: **S2723790H**

NP 428A



4927652

MISC No: **S2723790H**

Date of issue: **26-12-2008**

Address: **APT BLK 221 ANG MO KIO AVENUE 1
#11-759
SINGAPORE 560221**






RETAILER TEL: 6545 9499
6545 9499 (Toll Free)

CERTIFICATE OF INSURANCE

WITHIN VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 186)
WITHIN VEHICLE (THIRD PARTY RISKS AND COMPENSATION) RULES, 1987
WITHIN VEHICLE (THIRD PARTY RISKS) ACT, 1987 (MALAYSIA)
WITHIN VEHICLE (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

WAT

12 MONTH AUTO PROTECTION (2-YEAR)

CERTIFICATE NO. 2100491059-00000

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PAIF Yes

1) VEHICLE REGISTRATION NO.

SGP6918X

2) NAME OF INSURED

Dai Chawel

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

23 Nov 2016

4) DATE OF EXPIRY OF INSURANCE

22 Nov 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

18 YEARS TO AGE CONDITION - All Age Condition

at the driver's

1. Any other person who is driving on the insured's order or with his permission

This policy will indemnify the insured or any authorized driver only if he/she meets the age conditions
& Young and/or Inexperienced Driver Excess ("YID") of S\$3,000.00, in addition to the
Policy Excess, applies to him and any Authorized Driver (named or unnamed) if you are in the said
Authorized Driver is below the age of 23 and/or has less than 2 years' driving experience.

Insured 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 trade, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or reward, tuition, driving test, racing, demonstrating, 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 / MOTORS AUTHORIZED REPAIRERS

1. Norman Motors (S) Pte Ltd - 3 Pandan Crescent (Tel: 6531 1188)

APPROVED REPORTING CENTRES / AIG AUTHORIZED REPAIRERS (FOR CLAIMS RELATED NOTICES)

2. ComfortCarz Pte Ltd - 205 Bras Basah Rd (Tel: 6353 1188) 3. OPS Body & Paint Workshop - 209 Pandan Crescent (Tel: 6759 0077)

4. Kholi - 30 Bukit Batok Cres (Tel: 6754 7777) 5. Glass Plus - 52 Ubi Ave 3 (Tel: 6770 0887) - For windscreen only

6. Kian Fook Sing Motor - 61 Delta Lane 12 (Tel: 6747 0901) 7. Lai Hui (Hong Kong) Motor - 21 Sun Ming Rd (Tel: 6450 1401)

8. Mow Automotive - 1935 Bukit Merah Lane 3 (Tel: 6272 0695) 9. Progressive Automotive - 3022A Loo Rd 1 (Tel: 6745 0265)

10. S&B Motor - 1 Kian Bukit Ave 9 5th Fl (Tel: 6247 6766)

LOSS OF USE Loss of Use 15 Days (T500 - 16000) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited
EMPLOYER'S LOAN

* Limitations outlined hereinafter by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 186) and
Section 25 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1. We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third
Party Risks and Compensation) Act (Chapter 186) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 23 Nov 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-447
INCHCAPE AUTO TOYOTA-UNIT LLL
25 LING KEE ROAD
SINGAPORE 159102

AUTHORIZED REPRESENTATIVE

ORIGINAL