

# NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA118063490

|                         |  |                       |         |
|-------------------------|--|-----------------------|---------|
| Date In: 15/5/18 17:51  | Job description                          | Date & Time Completed | Done by |
| Ref No: MA/118008826/h4 | SAS e-filing                             |                       |         |
| Veh No: SLB 5410 P      | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 14/5/18 16:00    | i-Motor Claim Form                       |                       |         |
| OD: TP / Repairing 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: SHD 3442  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| MA1803087                       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    | 30.00       |          |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 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:-                   |             |          |
| QC Checked by (Engr-In-Charge): | QJ:-  |             |          |
|                                 | *N5: Courtesy Car / Tpl Allowance \$3           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Auditors' Comments :-           | TP (N11): TP (N11) against INC \$20             |             |          |
| Pat 1:                          | 9) N12: Idac Mobile \$0                         |             |          |
| Pat 2 / 3:                      | 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             | 15/05/2018 17:51      |
| Date Of Accident           | 14/05/2018 16:00      |
| Exact Location Of Accident | ALONG LAVENDER STREET |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLB5410P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN SEOK CHING       |
| NRIC No                     | S0145888D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91796455 |
| Alternative Phone No        | OFFICE-91796455      |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | VOLKSWAGEN              |
| Model  | JETTA 1.4 TSI AT 1623Q5 |
| 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                                       | REPORTING ONLY          |
| 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             | 2100496992-01                        |
| Cover Note Number         | -                                    |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHUA TZE KIAN DARREN  |
| NRIC No              | S8612964G             |
| Date Of Birth        | 02/05/1986            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 31/01/2008            |
| Driving Experience   | 10 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97572679  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |



|   |                                      |
|---|--------------------------------------|
| Address   | BLK 20 TELOK BLANGAH CRESCENT #12-84 |
| Postcode  | 090020                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | CHILDREN                             |
| 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   |     |
| 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

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         | SHD3442 |
| Vehicle Make/Model/Colour           |         |
| Details Of Properties               |         |
| Vehicle Category                    | TAXI    |
| Name of Driver                      |         |
| NRIC/Passport Number                |         |
| Contact Number                      |         |
| 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

Cavan Rd

A = SLB 5410 P  
B = SHD 3442  
(not accurate)

A

B

lavender st

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After check the Right Lane traffic was clear,  
I slowly filter to the Right Lane, suddenly A taxi  
come from the right lane hit onto my right hand  
Side.

## 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 05 / 2018) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: Along Lavender St Street.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB S410 P  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2100496992 - 01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volkswagen Jetta Sport.  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Tan Serik Ching (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S045888D CONTACT: 91796455  
 c) ADDRESS: 20, Teluk Blangah Crescent, #12-84 SC090020

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chua Tze Kian Daren (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S86129646 CONTACT: 9757 2679  
 c) ADDRESS: 20, Teluk Blangah Crescent, #12-84 SC090020

\*d) DATE OF BIRTH: (22 / 05 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD3442 MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

waiting license.

email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8612964G



Name

CHUA TZE KIAN DARREN

蔡子健

Race

CHINESE

Date of birth

02-05-1986

Country/Place of birth

SINGAPORE

Sex

M



5671540



NRIC No. S8612964G



Date of issue

15-11-2016

Address

APT BLK 20 TELOK BLANGAH CRESCENT  
#12-84  
SINGAPORE 090020



DRIVING LICENCE

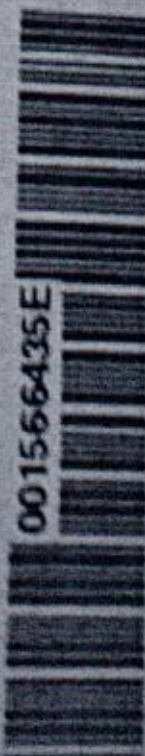
License Number: **S8612964G**

Name

**CHUA TZE KIAN DARREN**

Birth Date: **02 May 1986**

Issue Date: **31 Jan 2008**





DRIVE VEHICLES IN THE FOLLOWING

Motor Cars - 3000kg with <7 passengers, exclusive of the driver, and other motor vehicles up to 2500kg

PAT

ISSUES

31 Jan 2012

Licence No: 506129640







# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Seok Ching  
Period of Insurance : 03 Feb 2018 To 02 Feb 2019  
Engine No. : CAV289592  
Chassis No. : WWWZZZ16ZBM101219

Vehicle No. : SLB5410P  
Policy No. : 2100496992-01  
Endorsement No. :  
Issued Date : 02 Feb 2018

### ABOUT THE COVER

Make/Model : VOLKSWAGEN JETTA SPORT  
Engine Capacity/Tonnage : 1,390.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2011  
Insuring with COE/PAFF : 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" ("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 1500cc - 1800cc Optional

\* Limitations rendered inoperative by Section 8 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 - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Tan Seok Ching - \$1600 (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: TOKYO CENTURY LEASING (SINGAPORE) 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).

0155005000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-LLL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPSLD