

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118075891

Date In: 11/6/18-18:33	Job description	Date & Time Completed	Done by
Ref No: NA/A18010631/24	SAS e-filing		
Veh No: SCY 6388A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/6/18-14:55	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: SDN 1600J	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

NA1803682	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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 2005)		
Lat 1:	6) TR: Re-inspection \$75		
Lat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idac Mobile 30		
	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	11/06/2018 18:33
Date Of Accident	09/06/2018 14:55
Exact Location Of Accident	PIE (CHANGI) AFTER BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY6388A
Insured/Policyholder	
Name Of Registered Owner	SEAH LYE HUAT
NRIC No	S1673202H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97845553
Alternative Phone No	OFFICE-97845553

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5 AT STANDARD PLUS EU6
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	
Cover Note Number	3100028629

Driver

Name of Driver	SEAH CHONG YEE
NRIC No	S9343467F
Date Of Birth	12/11/1993
Occupation	INDOOR
Date Of Driving Pass	03/12/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845553
Fax Number	
Contact Number	OFFICE-97845553
Email Address	NOEMAIL

Address	BLK 41 CAMBRIDGE ROAD #04-24
Postcode	210041
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 - 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	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	SDN1600J
Vehicle Make/Model/Colour	HYUNDAI
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)	1

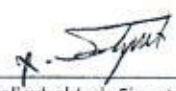
SKETCH PLAN

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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:



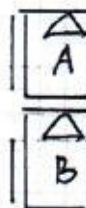
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SCY6388A

Vehicle B: SDN1600J

PIE (Changi), after Bt. Timah



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SCY6388A, was travelling straight along the stated venue. There was a jam & vehicles were slow moving. Front vehicle stopped and I stopped as well. Suddenly, vehicle 'B', SDN1600J, hit into my stationary vehicle's rear portion.

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: 09, 06, 2018 (DD/MM/YYYY), TIME: 14:55 (HH:MM)

LOCATION: PIE (Changi), after Bukit Timah Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCY6300A
 b) INSURANCE COMPANY: AIQ
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mazda 2
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SEAH LYE HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1673202H CONTACT: _____
 c) ADDRESS: BLK 41 CAMBRIDGE ROAD #04-24
S(210041)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SEAH CHONG YEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9343467E CONTACT: 97046553
 c) ADDRESS: BLK 41 CAMBRIDGE ROAD #04-24
S(210041)

* d) DATE OF BIRTH: (12/11/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1.5

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

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

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

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SDN1600J MODEL: Hyundai

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: _____

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1673202H



Name

SEAH LYE HUAT

余 来 棧

Race

CHINESE

Date of birth

24-08-1964

Sex

M

Country/Place of birth

SINGAPORE



5336185



NRIC No. S1673202H



Date of issue

04-08-2014

Address

APT BLK 41 CAMBRIDGE ROAD
#04-24
SINGAPORE 210041

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9343467F**

Name:

SEAH CHONG YEE

Birth Date: **12 Nov 1993**

Issue Date: **03 Dec 2016**

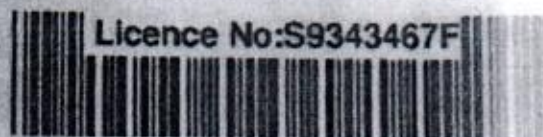


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ **03 Dec 2016**

NP 428A



NRIC No/Colour
S9343467F/ PINK

Race
CHINESE

Date Of Birth
12/11/1993

Service Status
REGULAR

Address

Blk 41 CAMBRIDGE ROAD
#04-24 SINGAPORE 210041

Blood Group
O (+)

Sex
M

Country Of Birth
SINGAPORE

Military Rank Status
OFFICER



SINGAPORE ARMED FORCES IDENTITY CARD

Name

SEAH CHONG YEE



NRIC No

S9343467F



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

AIG

AUTO PROTECTOR

Cover Note: 3100028629

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Schedule (please circle where applicable)

Policyholder/Insured	SEAH LYE HUAT		Policy Period	25/05/2018 - 24/05/2023-59
Age Condition	1	All Age	Registration Number	
	2	30 Years Old and Above	Make/Model	MAZDA 2 STD SDN PLUS
	3	35 Years Old and Above	CC/Tonnage	1496
	4	40 Years Old and Above	Engine Number	P520514228
	5	Named Driver Basis	Chassis Number	MA16DL25APJW380744
Policy Type		Comprehensive	Year of Registration	2018
		Third Party Fire and Theft	Hire Purchase Company	HONG LEONG FINANCE LTD
		Third Party only	Excess	SS 600 (Section I/M Both) SS 100 (Windscreen excess)

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore



25/5/2018
Date of issuance

Authorised Representative

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.