

NATIONAL Assessment Centre Services [wef 1 Jan 2005] **MAIA460 77018**

Date In: 14/06/2018 10:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBR107678010855/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: GBE 4644 R	i-Motor Claim Form		
D.O.A: 13/06/2018 15:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: **82H 8362S** 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (Non INC) against INC \$20	
	9) N12: Idao 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	14/06/2018 10:42
Date Of Accident	13/06/2018 15:00
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH RD U-TURNING TO DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4644R
Insured/Policyholder	
Name Of Registered Owner	ANN AIR-CON ENGINEERING
Co Reg No	39914800X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96781539
Alternative Phone No	OFFICE-96781539

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100443193-02
Cover Note Number	

Driver

Name of Driver	POH TECK SANG
NRIC No	S6914479I
Date Of Birth	21/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96781539
Fax Number	
Contact Number	OFFICE-96781539
E Mail Address	NOEMAIL

Address	BLK 30 NEW UPPER CHANGI ROAD #04-804
Postcode	461030
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : PUNDI GENDER: : MALE

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 SKETCH PLAN AND ATTACHMENT

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	SJH8362S
Vehicle Make/Model/Colour	
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)	

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:

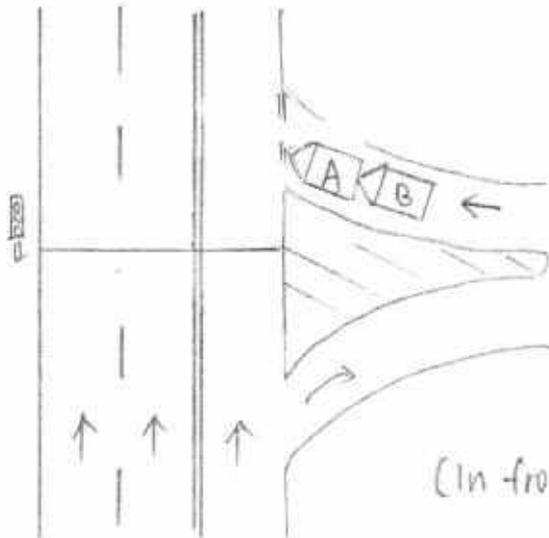
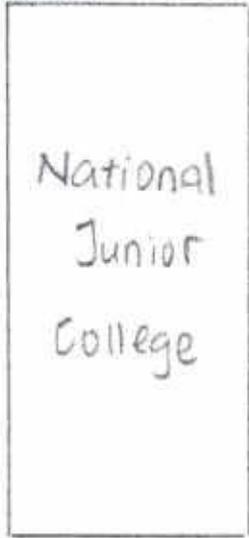
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A = GBE4644R

B = SJH 8362S

Junction of Bukit Timah Road U-turning to Dunearn Road

(In front of National Junior College)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach.

DECLARATION

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

Policyholder's Signature
Date & Time:

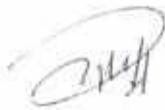
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

On 13.06.18 at about 15:00 hours along Junction of Bukit Timah Road U-turning to Dunearn Road (In front of National Junior College). While I was stationary on the above junction waiting for the traffic to clear, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): GBE 4644R

Vehicle (B): SJH 8362S



 Rosli Yusoff
14/06/2018

Date of Accident : 13/06/2018 Accident Time: 15-00 (24-HR-Format)
 Accident Place : Junction of Bukit Timah RD U-turning to Dunearn RD
 Vehicle No. (Car Plate No.) : GBE4644R Make/Model: NISSAN NV200
 Insurance Company : AIG Policy No: 2100443193-02
 Owner or Company Name / IC No. : Ann Air-con Engineering (39914600X)
 Owner or Company Contact No. : - Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : Poh Teck Sang (569144791)
 DRIVER'S Date Of Birth : 21/04/1969 DRIVER'S License Pass Date 26/03/1994
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) \ Others: -
 DRIVER'S Address : Blk 30 New upper Changi Road, #01-804, S(461030)
 DRIVER'S Contact No./ Alt No. : 1) 9679 1591 2) -
 DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
 Email Address : - no email -
 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): 2
 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>SJH 83625</u>	Vehicle No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name Driver: <u>-</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>-</u>	IC No. Driver/Contact: <u>-</u>

* NEW - Passenger's name & gender:

Passenger 1 = Pundi (M)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6914479I



Name

POH TECK SANG



傅德胜

Race

CHINESE

Date of Birth

21-04-1969

Sex

M

Country of Birth

SINGAPORE

S6914479I

GBE4644R

Driver

A9105114



NRIC No. S6914479I

Blood Group Date of issue

A+ 15-02-2002

Address

APT BLK 30 NEW UPPER CHANGI ROAD
#04-804
SINGAPORE 461030

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S 69144791**
Name
POH TECK SANG

Birth Date **21 Apr 1969**
Issue Date **03 Jan 2013**

002137701C



GBE 4644R

Driver.

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 26 Mar 1994

NP 428A



