

NATIONAL Assessment Centre Services

[wef 1 Jan 2003]

MMA118078529.

Date In: 18/16/18 17:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1A1618010980/h4	E-mail (within 5hrs, ADC 2hrs)		
Veh No: SGD 5965D	i-Motor Claim Form		
D.O.A: 18/16/18 13:45.	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: GBD 8888 U. 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

MA180 3828

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

- 1) AR: Accident Reporting (\$30);
- 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 10 Jan 2003)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NIUC Additional Services:-
- 9) NI2: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30.00

\$5

\$10

\$25

\$5

\$20

30

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	18/06/2018 17:44
Date Of Accident	18/06/2018 13:45
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD5965D
Insured/Policyholder	
Name Of Registered Owner	CHEN HUAYI
NRIC No	S2679411J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98443160
Alternative Phone No	OFFICE-98443160

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 T5
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	2100399546-03
Cover Note Number	-

Driver

Name of Driver	CHEN HUAYI
NRIC No	S2679411J
Date Of Birth	15/11/1961
Occupation	INDOOR
Date Of Driving Pass	16/12/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98443160
Fax Number	
Contact Number	OFFICE-98443160
Email Address	NOEMAIL

Address	BLK 526 CHOA CHU KANG ST 51 #08-281
Postcode	680526
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	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

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)	2
Passenger 1	NAME: : CHEN JUNBIN
	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 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	GBD8858U
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	CHEN HUAYI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGD5965D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEN JUNBIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGD5965D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.**

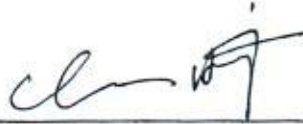
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report 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:

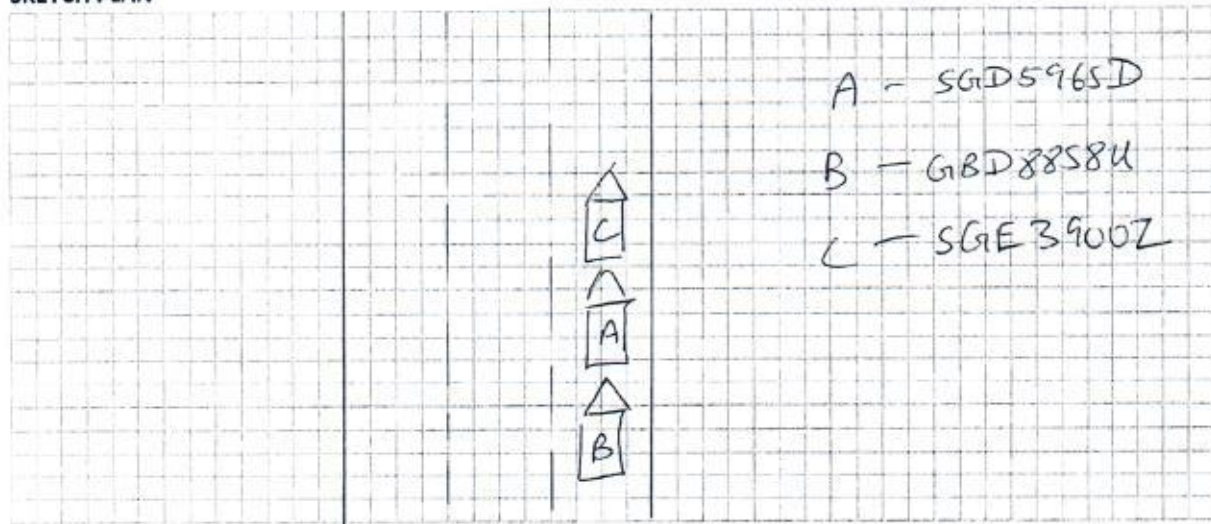


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/6/2018 at 1.45pm, I was driving my vehicle A along PIE towards Changi. I stop my car due to in front of the vehicle stop. suddenly vehicle B hit on my rear portion. There were 3 cars involved in an accident.

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.:

Date of Accident : 18/6/18 Accident Time: 1.45pm (24-HR-Format)
Accident Place : along PIE towards Changi
Vehicle No. (Car Plate No.) : SGD 5965D Make/Model: Volvo
Insurance Company : AIG Policy No: 2100399546-03
Owner or Company Name / IC No. : chen Hua yi / 526794115
Owner or Company Contact No. : _____ Owner's Hp 98443160 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 15/11/196 DRIVER'S License Pass Date 16/12/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : BLK 526 choa chu kang st 51 #08-281
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 5680526
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): 2 passenger
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>GBD 88584 (OAC)</u>	Vehicle No: <u>SGE 3900 Z</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Chen JunBin Male

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2679411J



Name
CHEN HUAYI

陳華毅

Race
CHINESE

Date of birth
15-11-1961

Sex
M

Country of birth
CHINA



S2679411J

4831655



NRIC No: S2679411J



Date of issue
05-01-2013

APT BLK 526 CHOA CHU KANG STREET 51 #08-281
SINGAPORE 680526


NRIC No: S2679411J Date: 30/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Dec 2003

IP 428A

Licence No: S2679411J





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2679411J

Name: CHEN HUAYI

Birth Date: 15 Nov 1961

Issue Date: 16 Dec 2003





CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : CHEN HUAYI
 Period of Insurance : 15 Jan 2018 To 15 Jan 2019
 Engine No. : B4204T111074801
 Chassis No. : YV1DZ40LDF2649297

Vehicle No. : 5GD5965D
 Policy No. : 2100399546-03
 Endorsement No. : 000000000166631
 Issued Date : 14 Dec 2017

ABOUT THE COVER

Make/Model : VOLVO XC60 T5 DRIVE E
 Engine Capacity/Tonnage : 1,969.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2015
 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" ("YIDEX") 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 2000cc.

* 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 - \$0 Den Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEN HUAYI : \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Wearnes Automotive Pte Ltd Add 249 Alexandra Road Singapore 159935 04304090 53789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 5200. Alternatively, you may refer to AIG website 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: OCBC Bank 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, 1976 (Malaysia).

0503485736

WEARNES AUTOMOTIVE - FMS (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE