

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA 118078595

Date In: 12/6/18-18:52	Job description	Date & Time Completed	Done by
Ref No: NA/16/18011022/24	SAS e-filing		
Veh No: STJ9522E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/6/18-09:00	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: X6V87742 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1803778	<b>Invoice Preparation Checklist</b>		Am't (\$) In-Bill	Am't (\$) Add-Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	9) 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	18/06/2018 18:52
Date Of Accident	17/06/2018 09:00
Exact Location Of Accident	BLK 204 SERANGOON CENTRAL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9522E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY TECK LYE PETER
NRIC No	S1732857C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96664095
Alternative Phone No	OFFICE-96664095

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 2.0 S-GT-S AWD 4AT
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	5100029011

### Driver

Name of Driver	TAY TECK LYE PETER
NRIC No	S1732857C
Date Of Birth	16/08/1965
Occupation	INDOOR
Date Of Driving Pass	06/10/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96664095
Fax Number	
Contact Number	OFFICE-96664095
EMail Address	NOEMAIL

Address	BLK 205 SERANGOON CENTRAL #05-132
Postcode	550205
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180617/2015.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV8774Z
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

### 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:



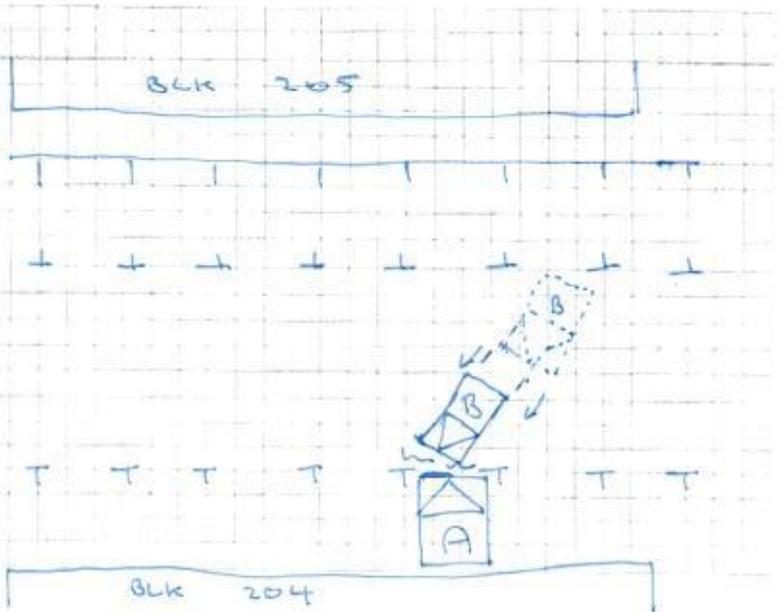
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN**

VEHICLE A - 5J5 9522E  
 VEHICLE B - 5GV 8774Z



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

MY VEHICLE WAS STATIONARY PARKED IN A PARKING LOT IN-BETWEEN OF BLK 204 AND BLK 205.

AS PER POLICE REPORT REPORT NUMBER T/20180617/2015

SERANGOON NPC OFFICER IN-CHARGE SI KALBSWARI AGANI

VEHICLE A - 5J5 9522E  
 VEHICLE B - 5GV 8774Z

**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 Person's Signature  
 Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	SSJ 9522E	<b>Model / Make</b>	Subaru SGT
Date of Accident	17/06/18		
Time of Accident	0900	<b>HRS</b>	
Location of Accident	OPEN CARPARK OF BLK 204 SERANGOON CENTRAL		
Exact purpose use during accident	STATIONARY PARKED		
<b>Name of Owner</b>	TAY TEUK LYE PETER		
Telephone No.	H/P : 96664095	<b>Home :</b>	<b>Office :</b>
NRIC	S 1732857C		
Address	BLK 204 SERANGOON CENTRAL # 05-132 S(950205)		
Claim type	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
Insurance Company	AIG		
Type of Coverage	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
Policy No.	5100029011		
<b>Name of Driver</b>	As Above If No,		
NRIC		<b>Any Passengers :</b>	NIL
Date of birth	16/08/1965		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	06 OCT 1993		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <b>OWNER</b>	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where? <b>SERANGOON NPC</b>	
<b>Vehicle B No.</b>	SGJ 8774 Z	<b>Any Passengers :</b>	
Name of Driver		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	FRONT PORTION		
<b>Camera Recorder</b>	Yes/ No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		





**SINGAPORE  
POLICE FORCE**



T/20180617/2015

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20180617/2015

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	TAY TECK LYE PETER	ID No.	S1732857C
Related Vehicle	SJJ9522E (Car)	Contact No.	96664095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/06/2018 at about 1000hrs, I discovered my vehicle SJJ9522E parked at open space car park of B/204 Serangoon Central, lot number 402 sustained some minor damage at the front bumper, car registration plate and left head light.

One of the neighbor staying nearby, Ah Bao 98696613 inform that he witness one vehicle SGV8774Z reverse his vehicle and hit unto my vehicle at about 0900hrs. The said vehicle then parked opposite of where my vehicle was parked and waited for a while. Later, Ah Bao said that the driver left his vehicle probably to nearby coffeeshop for breakfast.

There was no note left behind by the said driver and I couldn't find him when I was at my vehicle. Thus decided to lodge a police report.

There was IVVRS installed in my vehicle however I couldn't find any related footage of today incident.



**SINGAPORE  
POLICE FORCE**



T/20180617/2015

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No. T/20180617/2015

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TEE CHEN YU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 12:03
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:  
Authentication Stamp NP168  Signature:  Singapore Police Force	SN 154

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO: S1732857C



TAY TECK LYE PETER

Race: CHINESE  
 Date of Birth: 16-08-1965 Sex: M  
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1732857C  
 Name: TAY TECK LYE PETER

Birth Date: 16 Aug 1965  
 Issue Date: 19 May 2017




0026851828

0.4.034



S1732857C



Bond Group: B Date of issue: 21-02-1992

APT BLK 205 SERANGOON CENTRAL #05-132  
 SINGAPORE 550205  
 NRIC No: S1732857C Date: 10-01-2000 No: 8194305

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 Jul 1989
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	06 Oct 1993

NP 428A

Licence No: S1732857C





ORIGINAL

Co. Reg. No. 2010090404M

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

**Cover Note: 5100029011**

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.

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's Motor Vehicle Policyholder. The Policy to which this Cover Note relates to is issued in accordance with the provisions of the Motor Vehicle (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	TAY TECK LYE PETER
Age Condition	1 All Age 2 30 Years Old and Above 3 35 Years Old and Above 4 40 Years Old and Above 5 Named Driver Basis
Policy Type	Comprehensive Third Party Fire and Theft Third Party only

Policy Period	05.06.2018 12.31.18
Registration Number	SJ9522E
Make/Model	SUBARU IMPREZA 5D 2.0
CC/Typeage	1994 cc
Engine Number	FJ20D311020
Chassis Number	GH8004902
Year of Registration	2008
Hire Purchase Company	EFFELGA EFFZIGA CREDIT PTE LTD
Excess	SS 800 (Section III) Both SS 100 (With/without 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 law, please refer to the reverse page.

Issued in Singapore

04/06/2018

504645

Date of issuance

Authorized Representative

Agent Code

Manik Bucha, Personal Insurance

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



Handwritten signature and date: 9/2/18