

# NATIONAL Assessment Centre Services

MAA 48082655

Date In: 27/06/2018 09:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/18082655/11673/Y	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SKV 9552M	i-Motor Claim Form		
DOA: 26/06/2018 07:10	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: SKV 63314	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 ( ) / Towel-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

<p>NA1804084</p> <p><b>Claimant's Particulars :-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	<p>Invoice dated:</p> <p>Fee Charged</p>			
	<p>Invoice dated:</p> <p>Fee Charged</p>			

## 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	27/06/2018 09:05
Date Of Accident	26/06/2018 07:10
Exact Location Of Accident	EXIT CARPARK BLK 614 SENJA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9552M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA POH SUAN
NRIC No	S1594140E
Email Address	HIMEC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96733334
Alternative Phone No	OTHERS-96733334
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	BIANTE-2.0 BIANTE 5-DOOR WAGON SP.6E (A)
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	2100443756-02
Cover Note Number	

### Driver

Name of Driver	YEO KIM LEE
NRIC No	S2512228C
Date Of Birth	25/12/1960
Occupation	INDOOR
Date Of Driving Pass	13/12/1978
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96733334
Fax Number	
Contact Number	OTHERS-96733334
EMail Address	HIMEC@SINGNET.COM.SG



Address	BLK 607 SENJA ROAD #17-12
Postcode	670607
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON 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

#### 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	SKV6331J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RYAN BERNARD AUGUSTINE
NRIC/Passport Number	S1624476G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

### SKETCH PLAN

## IMPORTANT NOTICE

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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:

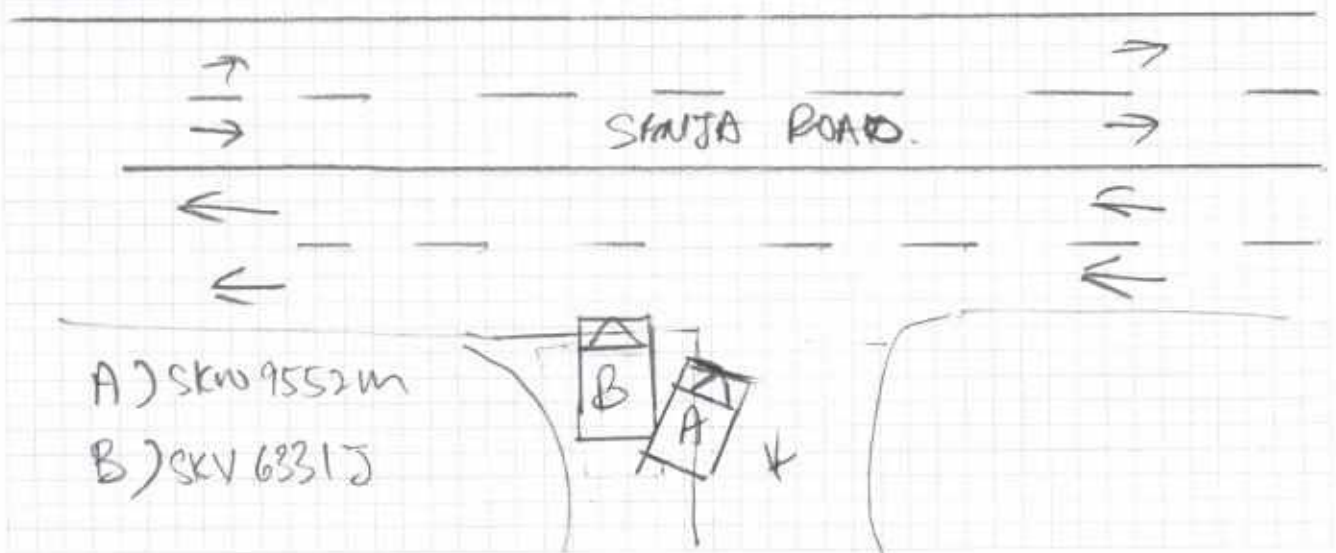
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: [Signature]  
NRIC/FIN No: [Signature]

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/06/2018 AT 07:10HRS I WAS ABOUT TO EXIT CAR BLK 614 SANTA ROAD CARPARK. AT THE EXIT I SAW A CAR SKV 6331J AT THE STOP LINE, WHILE WAITING A BIT LONGER & OVERTAKE THE CAR BUT I MISJUDGE THE DISTANCE MY CAR SKW 9552M HIT THE RIGHT REAR CORNER OF THE CAR SKV 6331J AND MY DAMAGE ARE THE LEFT REAR DOOR THAN ALL

## 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: 26/06/2018 (DD/MM/YYYY), TIME: 07:10 (HH:MM)

LOCATION: BUKIT SENGKA ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 9552M  
 b) INSURANCE COMPANY: ALG  
 c) POLICY NUMBER: 2100443756-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: CHUA POH SUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: YAO KM LAY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2512228C CONTACT: 96733334  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 25/12/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/12/1970

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SKV 6331J MODEL: TOYOTA AINIS  
 b) DRIVER'S NAME: RYAN BERNARDO AUGUSTINE  
 c) NRIC/FIN/PASSPORT: S16244164 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = hmmac @ siskina1.com.sg

Fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2512228C



Name

YEO KIM LEE

杨金利

Race

CHINESE

Date of Birth

25-12-1960

Sex

M

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2512228C

Name

YEO KIM LEE

Birth Date: 25 Dec 1960

Issue Date: 19 Jul 2017



DRIVER



8884938

NRIC No. S2512228C



Nationality

MALAYSIAN

Blood Group

O+

Date of issue

10-01-2001

Address

APT BLK 507 SENJA ROAD  
#17-12  
SINGAPORE 670607

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	13 Dec 1978
Class 2A	Motorcycles between 201 cc and 400 cc	13 Dec 1978
Class 2	Motorcycles > 400 cc	13 Dec 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Dec 1978



NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1594140E



CHUA POH SUAN

蔡宝娟

Race

CHINESE

Date of Birth

21-11-1963

Country of Birth

SINGAPORE

Sex

F

*Chua*

2483129



NRIC No: S1594140E



Blood Group: Date of issue

A+ 15-10-1994

APT BLK 607 SENJA ROAD #17-12  
SINGAPORE 670607

NRIC No: S1594140E

Date: 04-10-2000

No: 3714065

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 2100443756-02

Period of Insurance : 23 Nov 2017 to 22 Nov 2018

Issued Date : 26 Oct 2017

### ABOUT THE POLICYHOLDER

Name of Policyholder : Chua Poh Suan  
Address : 607 Senja Rd  
#17-12  
SINGAPORE 870607

Occupation/Nature of Business : Manager/Director/Management

### ABOUT THE VEHICLE

Registration No. : SKW9552M Engine Capacity/Tonnage : 1,998.00 CC  
Chassis No. : JM6CC1071G0108939 Engine No. : PE30828708  
Seating Capacity : 8 First Year of Registration : 2015 Body Type : MPV  
Make/Model : MAZDA BIANTE  
Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

### ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No  
Driver Restriction : NA Insuring with COE/PARF : 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, Inexperienced Driver Excess" ("YIDR") if You are a Young Authorized Driver (minored or unminored) or under the age of 23 and/or not have more 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, riding, pace-making, rally/sport 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.

Other Key Policy Benefits :

Act of God, Strike, Robs and Civil Disturbances, PA to Authorized Driver / Unnamed Passenger \$10000, Dealer + AIG Authorized Workshop, PA Insured \$100000, Personal and Accessories (Contents) \$5000, Solar Film \$1150, New For Old (36 months), In-Car Camera Excess Waiver, Glass Roof/Moon Roof, Sun Roof/Panoramic Glass Roof, Loss of Use 150000 - 150000 (Optional), VCD Protector

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver  
Chua Poh Suan - \$600 (Own Damage)

### PREMIUM

Premium : \$ 1,538.19  
GST (7%) : \$ 107.67

Total : \$ 1,645.86

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, No Claim Discount - 50%