

NATIONAL Assessment Centre Services (Ref: 1 Jan 05) **MMA 118083012.**

Date In: 27/6/18 15:42	Job-description	Date & Time Completed	Done by
Ref No: NAI AIG 18011718/164.	SAS e-filing		
Veh No: SJA 9016 Y	E-mail (within 5hrs, AOC 2hrs)		
D.O.A: 26/6/18 15:50.	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: Unknown.	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

NAI 1804070	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$90)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	27/06/2018 15:42
Date Of Accident	26/06/2018 15:50
Exact Location Of Accident	OPEN CARPARK OF BLK 82-83 MACPHERSON LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA9016Y
Insured/Policyholder	
Name Of Registered Owner	LOH SOU KEAN
NRIC No	S1537478J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96316192
Alternative Phone No	OFFICE-96316192

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRACE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1700057646
Cover Note Number	-

Driver

Name of Driver	BOON TENG HUAT
NRIC No	S1353856E
Date Of Birth	15/04/1959
Occupation	INDOOR
Date Of Driving Pass	11/03/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96316192
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 135 SIMEI ST 1 #02-50
Postcode	520135
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	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	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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

A = SJA 9016 Y

BIK 82-83 Macpherson Lane Open Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



T/20180627/2071

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180627/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 13:12	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: BOON TENG HUAT			Address: APT BLK 135 SIMEI STREET 1 #02-50 SINGAPORE 520135		
ID Type / ID No.: NRIC NO / S1353856E			Contact No.: Home/Office: Mobile: 96316192		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 15/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2018 15:50	Type of Location: Car Park
Location: Along Road 1 MACPHERSON LANE Open carpark of B/82-83 Macpherson Lane				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA9016Y	Car	MITSUBISHI	ATTRAGE	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180627/2071

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180627/2071

CONTINUATION OF REPORT

Driver			
Name	BOON TENG HUAT	ID No.	S1353856E
Related Vehicle	SJA9016Y (Car)	Contact No.	96316192
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 26/06/2018 AT ABOUT 3.50 P.M, I PARKED MY VEHICLE AT THE OPEN CARPARK OF BLK82-83 MACPHERSON LANE. I PARKED AT LOT NUMBER 53. WHEN I PARKED MY VEHICLE, THERE WAS NO OTHER VEHICLE BESIDE MY VEHICLE. AFTER I PARKED AND SECURED MY VEHICLE, I PROCEED TO MY MOTHER'S IN-LAW HOUSE. ON THE SAME DAY AT ABOUT 4.45 P.M, I WENT BACK TO MY VEHICLE AND DISCOVERED THERE WAS SOME DAMAGES TO MY VEHICLE. I DISCOVERED SOME SCRATCHES ON THE FRONT RIGHT PORTION AND A DENT AT THE RIGHT WHEEL ARC AREA. THERE WAS PAINT TRANSFER ON THE SCTACHES AS WELL. THERE WAS NO OTHER VEHICLE TO THE LEFT AND RIGHT OF MY VEHICLE. I HAVE A IN-CAR CAMERA HOWEVER THE CAMERA IS NOT RECORDING WHEN I SIWTHCED OFF MY ENGINE.



**SINGAPORE
POLICE FORCE**



T/20180627/2071

3 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180627/2071

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:

G /

Sgt 3 MUHAMMAD SAYYIDI BIN TAUHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

27/06/2018 13:12

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 6 / 18) (DD/MM/YYYY), TIME: (15 : 50) (HH:MM)

LOCATION: Open carpark of B182-83 Macpherson Lane.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 9016Y
b) INSURANCE COMPANY: AIG.
c) POLICY NUMBER: _____
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: Parkeed Vehicle.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Loh Sou Kean. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1537478J. CONTACT: 96316192.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Boon Teng Huat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96316192.
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: Macpherson NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown MODEL: _____
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 = frankieboon88@yahoo.com.sg
fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1353856E



Name

BOON TENG HUAT

溫 登 發

Race

CHINESE

Date of birth

15-04-1959

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S1353856E

BOON TENG HUAT

Birth Date: 15 Apr 1959

Issue Date: 13 Mar 2018



5900082



NRIC No. S1353856E



Date of issue

26-03-2018

Address

APT BLK 135 SIMEI STREET 1
#02-50
SINGAPORE 520135

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 11 Mar 1962

NP 428A





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Loh Sou Kean
 Period of Insurance : 28 Sep 2017 To 27 Sep 2018
 Engine No. : 3A92UGJ2492
 Chassis No. : MMBSTA13AJH000407

Vehicle No. : SJA9016Y
 Policy No. : 1700057646
 Endorsement No. :
 Issued Date : 11 Oct 2017

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
 Engine Capacity/Tonnage : 1,193.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 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 amount of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (Named or unnamed) is under the age of 25 and/or has less than 3 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 1500cc - 1500cc

* Limitations rendered imperative by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0; Own Damage - \$500; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Loh Sou Kean - \$500 (Own Damage)

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

- 1 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
- 2 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 930 Looi Rd 3 Singapore 408650 67461000
- 3 Cycle & Carriage Body & Paint Centre Add: 20 Pandan Gardens Singapore 609339 69684501

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. 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: Standard Chartered Bank (Singapore) Limited

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500722713

C&C FULCO-EPNG(MIT)

22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCHF2