

# NATIONAL Assessment Centre Services

(Ref: 1 JAN05)

MMA 118084099.

Date In: 29/16/18 16:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/AIG 18011902164	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SLS 7041T	i-Motor Claim Form		
D.O.A: 29/16/18 11:20.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <u>TP</u> 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:

QX 207T.

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

MA1804156

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref: 1

Ref: 2/3

1) AR: Accident Reporting (\$30);	30.00
2) DA: Damage Assessment (\$100); INC (\$30)	
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 2005)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRI Survey \$160	
8) NTUC Additional Services:-	
Q1:	
*N5: Courtesy Car / Tpl Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (N11): TP (N-in INC) against INC \$20	
9) N12: Idas 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	29/06/2018 16:14
Date Of Accident	29/06/2018 11:20
Exact Location Of Accident	IN BETWEEN BLK 252 & 254 JURONG EAST ST 24
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7041T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHAN MIN
NRIC No	S0218944E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93741966
Alternative Phone No	OFFICE-93741966

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	1700069396
Cover Note Number	-

### Driver

Name of Driver	LEE CHAN MIN
NRIC No	S0218944E
Date Of Birth	20/12/1941
Occupation	INDOOR
Date Of Driving Pass	07/02/1961
Driving Experience	57 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93741966
Fax Number	
Contact Number	OFFICE-93741966
Email Address	NOEMAIL



Address	57 HUME AVE #10-02
Postcode	598753
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	COLLISION - HEAD ON COLLISION
Weather Conditions	DRIZZLING
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX207T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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.

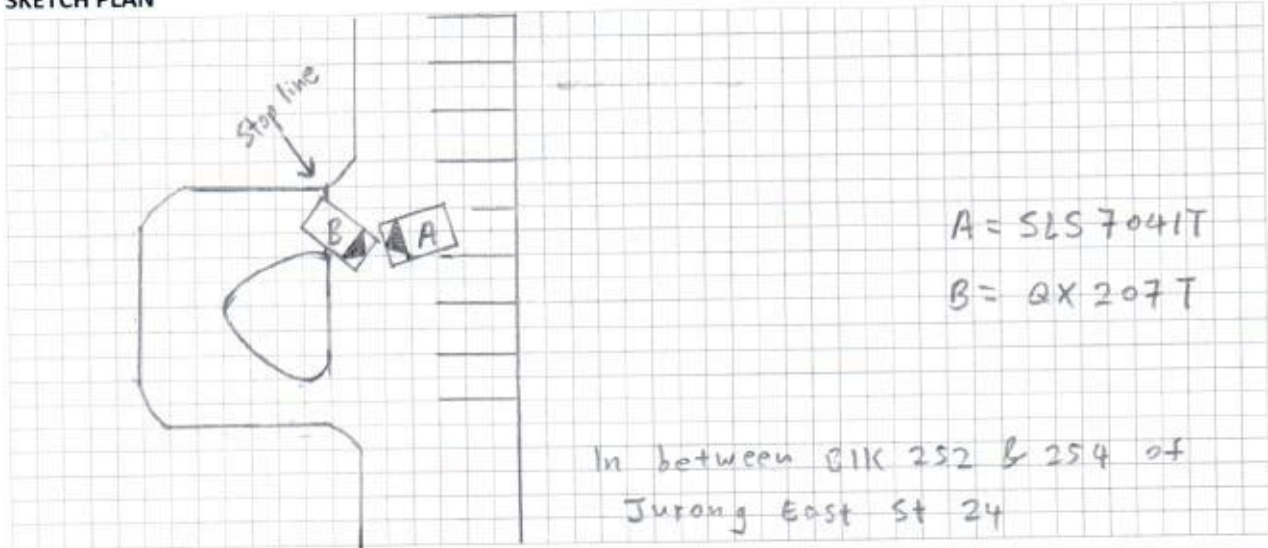
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## 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/20180629/2108

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180629/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2018 15:19	Vide Report No.: D/20180629/0048	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LEE CHAN MIN			Address: 57 HUME AVENUE #10-02 PARC PALAIS SINGAPORE 598753		
ID Type / ID No.: NRIC NO / S0218944E			Contact No.: Home/Office: Mobile: 93741966		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 76	Date of Birth: 20/12/1941	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 Government Vehicle	Drink Drive: No	Date/Time of Accident: 29/06/2018 11:20	Type of Location:
Location: Along Road 1 JURONG EAST STREET 24  IN BETWEEN BLK 252 AND 254 OF JURONG EAST STREET 24				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX207T						0
SLS7041T	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180629/2108

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180629/2108

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS7041T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700069396	29/09/2017	28/09/2018

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I JUST FINISHED BUYING FOOD AT BLK 254 AND WAS DRIVING AWAY. I WAS DRIVING AT QUITE A FAST SPEED TO GO OUT OF THE CARPARK. AS I WAS DRIVING, I SAW A POLICE VAN(QX207T) GOING OUT OF THE DROP-OFF POINT OF THE CARPARK. I STOPPED MY CAR FOR THE POLICE VAN. AS I STOPPED, THE POLICE VAN DID NOT STOP AT THE STOP LINE AND WAS GOING TO TURN RIGHT WHEN THEY HIT THE FRONT OF MY CAR. POLICE CAME. NOONE WAS INJURED.





**SINGAPORE  
POLICE FORCE**



T/20180629/2108

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180629/2108

**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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/06/2018 15:19

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0218944E



Name  
**LEE CHAN MIN**

Race  
**CHINESE**

Date of Birth  
**20-12-1941**

Country of Birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
**S0218944E**

Name  
**LEE CHAN MIN**

Birth Date  
**20 Dec 1941**

Issue Date  
**06 Jan 2003**



1000122194J



1747172



NRIC No. **S0218944E**



Blood Group  
**O+**

Date of issue  
**22-10-1993**


Address  
**57 HUME AVENUE #10-02  
SINGAPORE 598753**

NRIC No: **S0218944E** Date: **13-10-1999** No: **2957744**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PAGE DATE  
**07 Feb 1991**



License No: **S0218944E**

NP 428A





## CERTIFICATE OF INSURANCE

### MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Chan Min  
Period of Insurance : 29 Sep 2017 To 28 Sep 2018  
Engine No. : P520469107  
Chassis No. : JM6BN22A8J0179180

Vehicle No. : SL87041T  
Policy No. : 1700069396  
Endorsement No. :  
Issued Date : 07 Nov 2017

#### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
Engine Capacity/Tonnage : 1,496.00 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 behalf or with his/her permission

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition

You have to pay an additional sum of \$1000 as "Young and Inexperienced Driver Excess" ("YIED") if you are a Young Authorized Driver (person or persons under the age of 21 and/or have less than 2 years driving experience)

Age Condition : All Age Condition

#### Limitation as to use\*

This policy for motor, 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

Limit of Use 1500cc - 1600cc Optional

\* Limitations mentioned inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 383) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0 (Non Damage) - \$1000 (Theft) - \$0 (Road Cover) - \$0

##### Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Lee Chan Min : \$1000 (Non Damage)

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

1. Thiam Contractors Pte Ltd And 5104 One, Singapore 600013/5104

For other Approved Reporting Centres/Authorised Repairers, please contact our 24 hour accident emergency hotline at: +65 6726 6206. Alternatively, you may refer to AIG website where we carry out or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

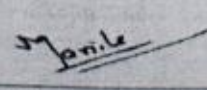
We warrant that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 383) and the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1986 (Malaysia)

0805569150

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
SINGAPORE 068111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORIZED REPRESENTATIVE

78 Bras Basah Way #07-10 AIG Building 2477120 (T: +65 6415 3000 / F: +65 6415 3723 / www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.