

NATIONAL Assessment Centre Services

Ref: 12/001

MAA48/07673

Date In: 20/08/2018 15:23	Job description	Date & Time Completed	Done by:
Ref No: NGA/19180/50944	SAS e-filing		
Veh No: 3BP 3221B	E-mail (within 3hrs, ABC 2hrs)		
D.O.A: 18/08/2018 14:20	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SJR 1497E

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

NA805327

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2/3:

Invoice Preparation Checklist

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 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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 (Non INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am (\$)

In Bill

Am (\$)

Add Bill

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	20/08/2018 15:23
Date Of Accident	18/08/2018 14:20
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP3221B
Insured/Policyholder	
Name Of Registered Owner	CHIN SIEW WAH
NRIC No	S1160930I
Email Address	CHINSWPETER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90021801
Alternative Phone No	OTHERS-90021801

Vehicle Particulars

Manufacturer	BMW
Model	730I
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	2100464223-02
Cover Note Number	

Driver

Name of Driver	CHIN SIEW WAH
NRIC No	S1160930I
Date Of Birth	01/12/1956
Occupation	INDOOR
Date Of Driving Pass	16/09/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90021801
Fax Number	
Contact Number	OTHERS-90021801
EMail Address	CHINSWPETER@GMAIL.COM

Address	365 HOLLAND ROAD #03-08
Postcode	278639
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 TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	1

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	SJR1497E
Vehicle Make/Model/Colour	HONDA CRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAO YING FENG
NRIC/Passport Number	S7782023Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

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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:

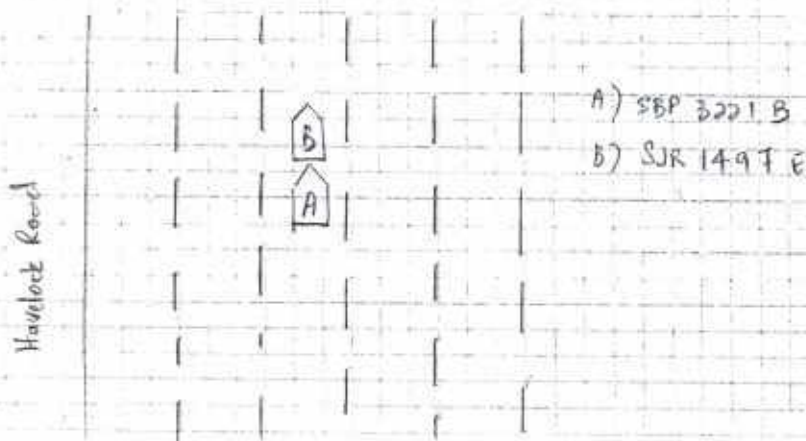


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *Ressi W. H. J. B.*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/8/13 about 2:15pm, my vehicle A was stationary behind vehicle B. When I released my foot from the brake pedal, my vehicle A shifted a little forward and slightly touched vehicle B. Only left rear bumper is slightly affected. Nobody was injured.

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	Time of Accident	Country / Exact Location of Accident
18/8/18	1420hrs	Along Havelock Road

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SBP 3221 B
Name of Owner:	Chin Siew Wah
Owner IC:	S 1160 930 I
Vehicle Model & Type (Audi/Toyota etc)	BMW 730i
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	AIG
Type of Policy	Comprehensive / Commercial / Third Party
*Policy Number	2100 464 223
*Contact Nbr	90021801
*Alternative contact nbr	90021801
DRIVER	
Name of Driver	As Above
Driver IC	As Above
Date of Birth	01/12/1956
Occupation	Indoor / outdoor
*Yrs of Driving Experience	42 yrs
Gender	M
Contact No	90021801
Address	365 Holland Rd #03-06 SE 298439
Email Address	
Employee of Insured's Company?	NA
If no, state relationship of Driver with Insured.	Self
Driver's own vehicle no. & Insurance company	NA
DETAILS OF INJURED PERSONS 1	
Name	
Address	
Injuries Sustained	NA
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	front to rear
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
Video Footage	Yes / No
Offer by other workshop	Yes / No
*No. of passengers incl driver / Gender	1 per
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	NA
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	STR 1497 E
Vehicle Make / Model / Colour / Properties	Honda red
Name of Driver	Yao YingFeng
IC / FIN / Passport Nbr	S778 2023 Z
Contact Nbr	
Address	
Insurance Company	
*No. of passengers incl driver / Gender	4 per
DETAILS OF WITNESS	
Name	
Gender	NA
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

chinswester@gmail.com

cc: shufath@singnet.com.sg

IDENTITY CARD NO. **S11609301**



Name

CHIN SIEW WAH

錢紹華

Race

CHINESE

Date of birth

01-12-1956

Sex

M

Country of birth

SINGAPORE

REPUBLIC

DRIVING LICENCE



Licence Number **S11609301**

Name

CHIN SIEW WAH

Birth Date **01 Dec 1956**

Issue Date **28 Aug 2003**



S056700

NRIC No. **S11609301**



Date of issue

03-07-2012

Address

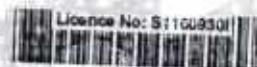
**365 HOLLAND ROAD
#03-06
SINGAPORE 278639**

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

16 Sep 1970



Licence No: **S11609301**

NP 428A

CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chin Siow Wah
Period of Insurance : 03 May 2018 To 02 May 2019
Engine No. : 12387700N52B30AF
Chassis No. : WBAKB22000CN74880

Vehicle No. : SHP3221B
Policy No. : 2100464223-07
Endorsement No. :
Issued Date : 05 Apr 2018

ABOUT THE COVER

Make/Model : BMW 730Li	Sum Insured	Market Value	First Year of Registration : 2011
Engine Capacity/Tonnage : 2,996.00 CC	Off Peak Car : No		Insuring with CDE/PART : Yes
Driver Restriction : NA			

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 authorized driver only if he/she meets the specified age condition.
You have to pay an additional sum of \$2,000 as "Unauthorized Driver Excess" (UDSE) if you are or your authorised driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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: 150000 - 150000 (Optional)

* Exclusions mentioned in Schedule 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 183) and Section 25 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

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

Section 2
Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

Chin Siow Wah - \$000 (Own Damage)

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

Approved Reporting Centres/AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairs of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24 hour accident emergency hotline at +65 6338 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: NA

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. 183), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1908 (Malaysia).

0173017000

MAK KUM FAT GUY

371 AL EXANDRA ROAD #05-12 VIA ALEXANDRA
SINGAPORE 119953 SP-ACNFSW00N

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

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