

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA1810754

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 2/6/18-14:07 | Job description | Date & Time Completed | Done by |
| Ref No: NA/16805169/24 | SAS e-filing | | |
| Veh No: JCU7M | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 17/8/18-18:00 | 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: 6886588E | 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% P: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA805233

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

| | Amt (\$) Inc Bill | Amt (\$) Add Bill |
|---|----------------------|----------------------|
| 1) AR : Accident Reporting (\$30); | | |
| 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| 3) TP : Towing Fee \$40/\$45 | | |
| 4) FT : Follow-Through Survey \$120 | | |
| 5) iFT : 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:- | | |
| QD* | | |
| *N5: Courtesy Car / Tpt 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: Idac Mobile | \$30 | |

Invoice dated

Invoice dated

Fee Charged

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 | 20/08/2018 14:07 |
| Date Of Accident | 17/08/2018 18:00 |
| Exact Location Of Accident | ALONG BETTY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SCW2M |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEW GUAN LEONG |
| NRIC No | S1536236G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97535363 |
| Alternative Phone No | OFFICE-97535363 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | BMW |
| Model | M3 COUPE 4.0 SMT ABS D/AB GAS/D NAV |
| 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 | 2100382355-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LAW SER WEE |
| NRIC No | S1650644C |
| Date Of Birth | 26/12/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/11/2016 |
| Driving Experience | 1 YEAR AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91074888 |
| Fax Number | |
| Contact Number | OFFICE-91074888 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 190 PUNGGOL CENTRAL #10-295 |
| Postcode | 820190 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS PARKED ALONG BEATTY RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I CAME OUT FROM THE COFFEE SHOP AND REALIZE THAT VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION.

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 | GBB6588E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | GAO HONGXING |
| NRIC/Passport Number | G8606340P |
| Contact Number | 84903374 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Passenger 1

NAME: :

GENDER: :

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:

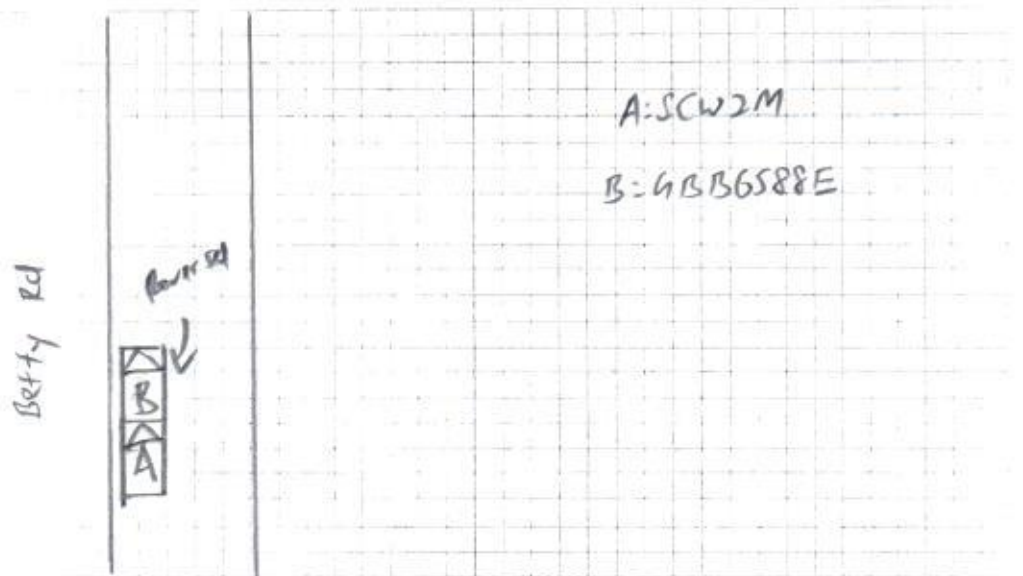
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

Refer to statement.

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.:

Onan Sing e gcs GBB 6568 E
Tel. 6388588

1 Gao Hui Xing / G8603407 Reserve my Vch GBB 6568 E
had hit onto the Vch saw 2 M.

I will response for the accident

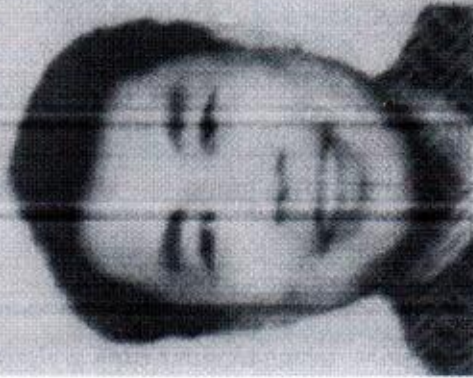
Gao Hui Xing
84903374 高红星

IDENTITY CARD NO. S1536236G



Name

CHEW GUAN LEONG AUDIE



周 駿 龍

Race

CHINESE

Date of birth

10-11-1962

Country/Place of birth

SINGAPORE

Sex

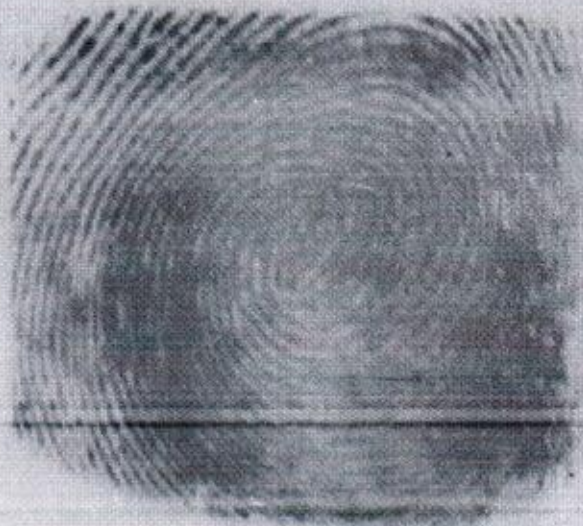
M



583079



NRIC No. S1536236G



Date of issue

22-11-2017

Address

2 SPRINGSIDE GREEN
SINGAPORE 786931

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1650644C**

Name: **LAW SER WEE**

Birth Date: **26 Dec 1964**

Issue Date: **15 Nov 2016**

002629361K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1650644C**

Name: **LAW SER WEE**

劉 思 偉

Race: **CHINESE**

Date of birth: **26-12-1964**

Sex: **M**

Country of birth: **SINGAPORE**



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

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

EFFECTIVE DATE

15 Nov 2016



NP 428A

4924369

NRIC No: **S1650644C**

Date of issue: **16-01-2013**

Address: **APT BLK 190 PUNGGOL CENTRAL
#10-295
SINGAPORE 820190**





CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chew Guan Leong
Period of Insurance : 12 Aug 2018 To 11 Aug 2019
Engine No. : 20734926S65B40A
Chassis No. : WBSKG92080E697855

Vehicle No. : SCW2M
Policy No. : 2100382355-04
Endorsement No. :
Issued Date : 07 Aug 2018

ABOUT THE COVER

Make/Model : BMW M3 4.0 [Coupe]
Engine Capacity/Tonnage : 3,999.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2011
Insuring with COE/PAFF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable
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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$6500 Theft - \$0 Theft Outside Singapore Cover - \$13000 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chew Guan Leong - \$13000 (Theft Outside Singapore Cover) \$6500 (Own Damage), Law Ser Wee - \$13000 (Theft Outside Singapore Cover) \$6500 (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 repairer 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: SINGAPURA FINANCE LTD

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0155005000

KOH TONG POH
AIG BUILDING 78 SHENTON WAY #07-16
SINGAPORE 079120 SP-LLL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPOCP