

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 18/08/030

Date In: 21/8/18-18:49	Job description	Date & Time Completed	Done by
Ref No: NA/1805258/24	SAS e-filing		
Veh No: 507711	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/8/18-08:10	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: WC4736M	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

NA 1805274	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
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):	ON*		
	*N5: Courtesy Car / Tpt 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		
	9) N12: Idac 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	21/08/2018 18:49
Date Of Accident	21/08/2018 08:10
Exact Location Of Accident	ALONG MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT711J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASON EMMANUEL TEE BOON SERN (ZHENG WENSHENG)
NRIC No	S7919645B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92989690
Alternative Phone No	OFFICE-92989690

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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	1700045733
Cover Note Number	

### Driver

Name of Driver	JASON EMMANUEL TEE BOON SERN (ZHENG WENSHENG)
NRIC No	S7919645B
Date Of Birth	11/07/1979
Occupation	INDOOR
Date Of Driving Pass	20/04/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92989690
Fax Number	
Contact Number	OFFICE-92989690
Email Address	NOEMAIL

Address	38 LENGKONG TUJOH #01-11
Postcode	417392
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	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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC4756M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JASON EMMANUEL TEE BOON SERN (ZHENG WENSHENG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLT711J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

X

Policyholder's Signature  
Date & Time:

X

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

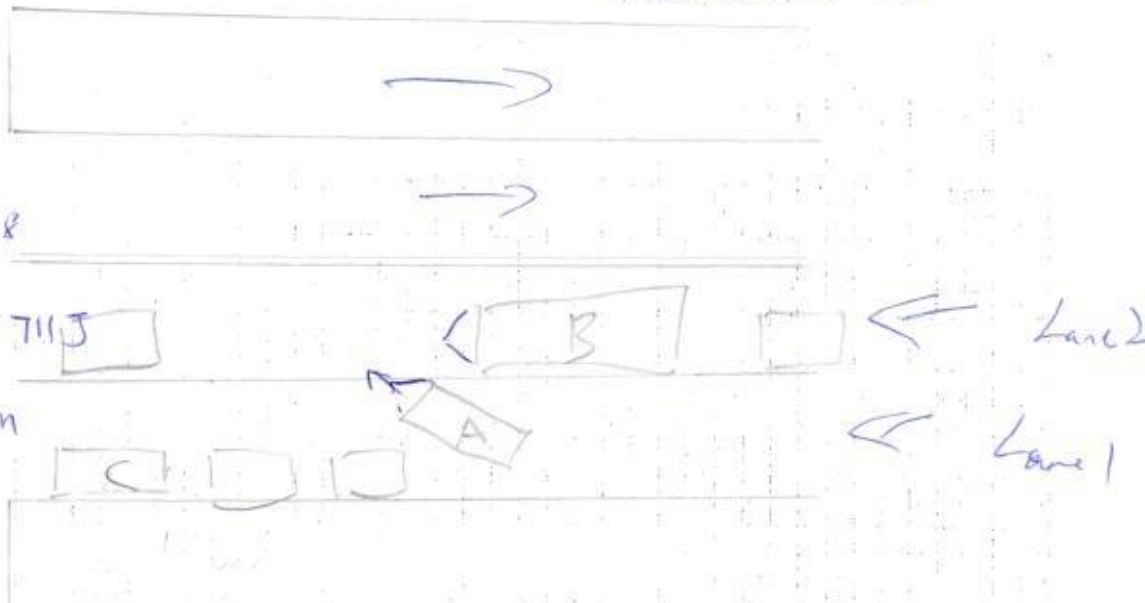
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Mountbatten Rd

DOA: 21/8/18

A: SLT T11J  
B: WC  
4756M




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B was involved in an earlier accident with vehicle C. Driver alighted his vehicle to liaise with driver of vehicle C, causing traffic jam along Mountbatten Road. Vehicle behind them had to divert from lane 1 to 2 due to the traffic lanes being blocked. I was following the traffic when I noticed the driver of vehicle B returning to his vehicle. In the meantime, I was following the traffic intent to filter from Lane 1 to Lane 2 when suddenly the driver of vehicle B started his vehicle and hit my driver side without warning. I felt some impact and after a while, I started to feel soreness and pain from neck down to my right shoulder.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

x   
Policyholder's Signature  
Date & Time:

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

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



## Personal Particulars

Date of Accident: 21/8/18

Time of Accident: 8:10 am

Exact Location of Accident: Mountbatten Rd

Owner's Name: Tee Boun Sern NRIC No: 57919645B HP No: 92989690

Driver's Name: " NRIC No: " HP No: "

Date of Birth: 11/7/1979 Driving Licence Passing Date: 20/4/1989 Occupation: Indoor / Outdoor

Address: 38 Longkung Tajoh A01-11 (417397)

Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_

Vehicle No: SLT710 Make & Model: Subaru

Insurance Co: AIG Coverage: Comprehensive Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_  
wife

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Tee Boun Sern neck & back

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (☒ Yes / ☐ No)

## Third Party Driver's Particulars

Vehicle B No: WC 4756 M Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Licence Number **S7919645B**

Holder

**TEE BOON SERN**  
(ZHENG WENSHENG)

Birth Date: **11 Jul 1979**  
Issue Date: **10 Sep 2004**



1001284306C



IDENTITY CARD NO. **S7919645B**



Name  
**JASON EMMANUEL TEE BOON SERN**  
(ZHENG WENSHENG)

Race  
**CHINESE**

Date of birth  
**11-07-1979**

Sex  
**M**

Country of birth  
**SINGAPORE**



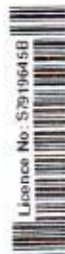
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

20 Apr 1999

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg



Licence No. **S7919645B**

NP 428A

4559411



NRIC No. **S7919645B**



Date of issue  
**15-04-2010**

**38 LENGKONG TUJUH #01-11**  
**SINGAPORE 417352**

NRIC No: **S7919645B**  
Date: **19/03/2014**





AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way  
#07-18  
AIG Building  
Singapore 079120  
Co Reg. No. ZC100940484

Policy/Reference No. 1700045733-01

24 Jul 2018

Mr. Jason Emmanuel Tee Boon Sern (zheng Wensheng)  
38 LENGKONG TUJOH  
#01-11 VACANZA @ EAST  
SINGAPORE 417392

Dear Mr. Jason Emmanuel Tee Boon Sern (zheng Wensheng)

**Your Policy Has Been Renewed**

We are pleased to inform you that your SUBARU AUTO PROTECTOR PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 1700045733-01  
Effective date : 29 Aug 2018  
Expiry date : 28 Aug 2019

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

**For More Information**

If you require more information about your policy, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at [www.aig.com.sg](mailto:www.aig.com.sg) or a fax at +65 6415 3723.

**Thank you for your support. We look forward to serving you in all your general insurance needs.**

Yours sincerely

Bucha Manik  
Head of Individual Personal Insurance

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24 hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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