

# NATIONAL Assessment Centre Services

Form: NA-1003

Date In 03/09/2018 14:28

Ref No NA/AIG18016005/K4

Veh No SMA7164E

D.O.A 03/09/2018 10:00

OD Reporting Only

TP Insur

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

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:

FBM 5883T. 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time Actions

NA1805594

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Inspector's Comments:

1.

2/3:

Invoice Preparation Checklist

Ami (\$)

Ami (\$)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

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: Idau DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

\*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 (N11 INC) against INC \$20

9) N12: Idau Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

2/3/2018

2/3/2018



## 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	03/09/2018 14:28
Date Of Accident	03/09/2018 10:00
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA7164E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG POH LENG ( WANG BAOLING )
NRIC No	S7834691D
Email Address	PAULINEONGPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97385497
Alternative Phone No	OTHERS-97385497
<b>Vehicle Particulars</b>	
Manufacturer	MINI
Model	COOPER COUNTRYMAN LED NAV 0717
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	1800070341
<b>Driver</b>	
Name of Driver	ONG POH LENG ( WANG BAOLING )
NRIC No	S7834691D
Date Of Birth	16/11/1978
Occupation	INDOOR
Date Of Driving Pass	14/01/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97385497
Fax Number	
Contact Number	OTHERS-97385497
Email Address	PAULINEONGPL@GMAIL.COM

Address	BLK 506 ANG MO KIO AVENUE 8 #09-2616
Postcode	560506
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	
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	FBM5883T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	ONG POH LENG ( WANG BAOLING )
------	-------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SMA7164E

YES




## 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 (c) 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.

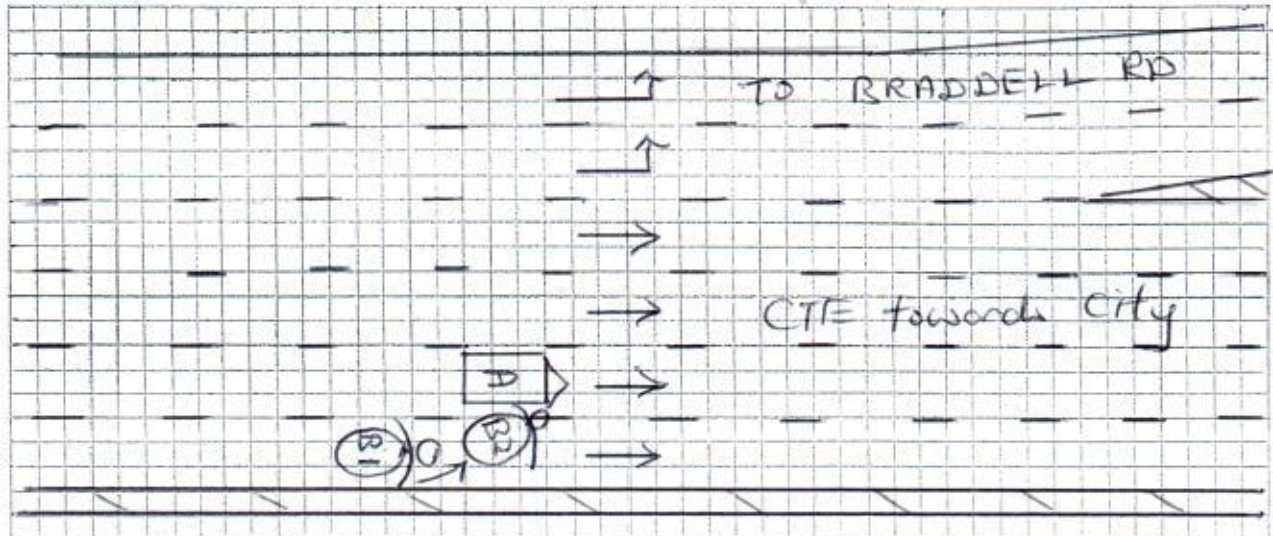
x   
Policyholder's Signature  
Date & Time:

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

 3/9/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A-SMA 7164 E  
B-FBM 5883 T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/09/2018 at about 1000 hrs at along CTE towards City before Braddell Road Exit. I was travelling on the lane 2 and suddenly I heard a loud bang from my Right. When I alighted, I realised that it was Vehicle (B) on my Right loss his control and hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMA 7164 E

(B) FBM 5883 T

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

x

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.:



mg3solution@gmail.com

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 3/9/2018		Time: 1000hrs		(hh:mm) 24 hr format	
Location CTE towards City before Braddell Rd Exit					
Vehicle Number SMA 7164E					
Insured Name ONG POH LENG					
NRIC / FIN S7834691D			Contact Number 9738 5497		
Make MINI		Model COOPER 1.5			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company AIG					
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number 1800070341					
Name of Driver ( / ) Same as Insured					
NRIC / FIN S7834691D			Contact Number		
Date of Birth 16/11/1978					
Driving Pass Date 14/01/2008					
Occupation ( / ) Indoor ( ) Outdoor					
Gender ( ) Male ( / ) Female					
Email Address paulineongpl@gmail.com ( ) NO EMAIL					
Address of Driver BLK 506 ANG MO KIO HVE 8 #09-2616 SC 560506					
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No					
If No, Relationship of the Driver with the Insured					
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( / ) Clear ( ) Raining ( ) Others					
Road Surface ( / ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( / ) Yes ( ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( ) Yes ( / ) No					
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B FBM 5883T					
Veh C					
Veh D					
Veh E					
Veh F					

1 person including driver

\* Inform that it is a new car SMA 7164E so he as cover note certificate and the certificate will be ready and take for 2 months to come?

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7834691D



Name

ONG POH LENG  
(WANG BAOLING)

王宝玲

Race

CHINESE

Date of birth

18-11-1978

Sex

F

S7834691D

Country of birth

SINGAPORE

owner & Driver

SMA 71642

4429951



NRIC No: S7834691D



Date of issue

15-07-2009

APT BLK 506 ANG MO KIO AVENUE 8 #09-2618  
SINGAPORE 580506

NRIC No: S7834691D

Date: 17/04/2017



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7834691D**  
Name:  
**ONG POH LENG**  
**(WANG BAOLING)**

Birth Date: **16 Nov 1978**  
Issue Date: **14 Jan 2008**

001561523J



owner & driver

SMA 7164E

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

	PASS DATE
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	14 Jan 2008

NP 428A

Licence No: S7834691D





## COVER NOTE

### MINI AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

**Name of Policyholder** : Ong Poh Leng (Wang Baoling)  
**Period of Insurance** : 18 Jun 2018 to 17 Jun 2020  
**Engine No.** : 35185330B38A15A  
**Chasis No.** : WMWYS320703E55387

**Vehicle No.** :  
**Cover Note No.** : 1800070341  
**Endorsement No.** :  
**Issued Date** : 18 Jun 2018

#### ABOUT THE COVER

**Make/Model** : MINI Cooper Countryman Led  
**Engine Capacity/Tonnage** : 1,499.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PARF** : Yes

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 sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 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 - 1600cc

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Ong Poh Leng (Wang Baoling) - \$600 (Own Damage)

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

1. Eurokars Habitat Pte Ltd. Add: Eurokars Centre, 12 Sungai Kadut Ave, Singapore 729646 63633003

For other 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](http://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:** HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503599140

ARF (AP) PTE LTD - MINI

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

**Underwritten by AIG Asia Pacific Insurance Pte. Ltd.**

**AIG Asia Pacific Insurance Pte. Ltd.**

**AUTHORISED REPRESENTATIVE**

See Yuse Chan