

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA 11811 7347.

Date In: 10/19/18 17:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/AG18016486/44	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SLG 8265X	i-Motor Claim Form		
D.O.A: 719118 19:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> 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: SHD 9662P	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

MNA 805750	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		for Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		30.00	
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claimant 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):	OD:			
	*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			
Ref 1:	9) N12: Idac Mobile 30			
Ref 2/3:	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	10/09/2018 17:00
Date Of Accident	07/09/2018 19:35
Exact Location Of Accident	ECP (CHANGI) BEFORE FORT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8265X
Insured/Policyholder	
Name Of Registered Owner	GOH CHUAN YONG (WU JUNRONG)
NRIC No	S8126780D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91834080
Alternative Phone No	OFFICE-91834080

Vehicle Particulars

Manufacturer	SUBARU
Model	LEVORG 1.6GT-S AWD CVT
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	2100486429-01
Cover Note Number	-

Driver

Name of Driver	GOH CHUAN YONG (WU JUNRONG)
NRIC No	S8126780D
Date Of Birth	27/08/1981
Occupation	INDOOR
Date Of Driving Pass	14/12/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91834080
Fax Number	
Contact Number	OFFICE-91834080
EMail Address	NOEMAIL

Address	BLK 53 NEW UPPER CHANGI RD #12-1482
Postcode	461053
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	CHAIN COLLISION
Weather Conditions	RAINING
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)	2
Passenger 1	NAME: : UNKNOWN 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

PLEASE REFER TO 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	SHD9662P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHOW HOCK SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD6394H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

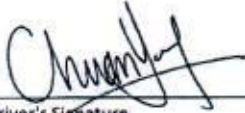
IMPORTANT NOTICE

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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.:

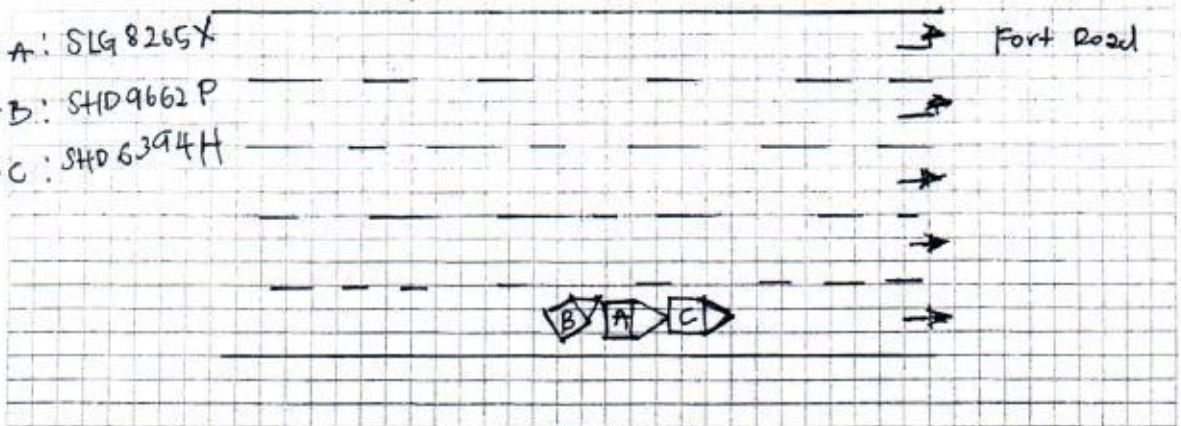
SKETCH PLAN

ECP(CHANGI) before Fort Road Exit.

Vehicle A: SLG 8265X

Vehicle B: SHD 9662 P

Vehicle C: SHD 6394H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

straight

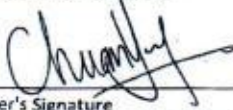
On the stated date and time, I, vehicle A was travelling on my rightful lane. When vehicle C slow down and come to a complete stop, I follow suit.

Suddenly, I felt an impact from the rear causing my vehicle to propel forward and hit onto vehicle C. I got down the vehicle and realised that vehicle B has hit onto my rear left portion while trying to swerve out from Lane 1.

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.:

AK pending gender.

ACCIDENT STATEMENT

ACCIDENT DATE: 01/09/2018 (DD/MM/YYYY), TIME: 19:35 (HH:MM)

LOCATION: ECPL(Changi) Before Fort Road Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 8265X
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2100486A29-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Subaru LCVO19
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Goh Chun Yong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8126780D CONTACT: 91834080
c) ADDRESS: 53 NEW UPP. Changi Rd #12-1482
SC461053

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 21/08/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 9662P MODEL: Chevrolet Epica
b) DRIVER'S NAME: CHOW HOCK SOON
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHD 6394H MODEL: SANGYONG
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(02)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = ric060autoservices@gmail.com

Fax = 6286 7060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8126780D



Name
GOH CHUAN YONG
(WU JUNRONG)

吴俊荣

Race
CHINESE

Date of birth
27-08-1961

Sex
M

Country/Place of birth
SINGAPORE





5446077



Tracking No. S81267800



Date of issue
13-03-2015

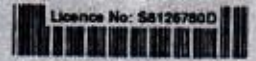
Address
APT BLK 53 NEW UPPER CHANGI ROAD
#12-1482
SINGAPORE 461053



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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Dec 2001



License No: S8126780D

NP 428A



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Goh Chuan Yong (Wu Junrong)
Period of Insurance : 15 Oct 2017 To 14 Oct 2018
Engine No. : FB16A827803
Chassis No. : JF1VMK55GG002314

Vehicle No. : SLG8265X
Policy No. : 2100486429-01
Endorsement No. :
Issued Date : 22 Sep 2017

ABOUT THE COVER

Make/Model : SUBARU Levorg 1.6GT-S AWD CVT
Engine Capacity/Tonnage : 1,600.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person whom driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the third-party liability of the 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" (YEDN) if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or he/she is 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 damage of goods other than samples in connection with any trade or business or for any purpose in connection with Motor Trade.

Covers of up to 1500cc - 1800cc

* Limitations provided in compliance 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) - \$500 (Theft) - \$0 (Third Party) - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Goh Chuan Yong (Wu Junrong) - \$500 (Own Damage)

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

1. Aikwei Image Restoration Pte Ltd Add: 11 Coleman Rd, Tanjong Pagar, Singapore 059251 54170100

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG web site www.aig.com.sg or AIG SG Mobile App. Search, search and download AIG SG App (iTunes or Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby verify 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).

0900619217

TAN CHONG CREDIT SUBARU-TOW
 911 BUKIT TIMAH ROAD
 SINGAPORE 589522

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Handwritten signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

SEP 2017