

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 118118150.

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 12/9/18 09:02   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/AG18016608/14 | SAS e-filing                             |                       |         |
| Veh No: SJR 839P         | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 318/18 14:30.     | 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: SKD 4545 S.                                      | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |   |             |                      |                      |
|---------------------------------|--|---|-------------|----------------------|----------------------|
| NA1805835                       |  | <b>Invoice Preparation Checklist</b>            |             | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars :-       |  | 1) AR : Accident Reporting (\$30);              |             | 30.00                |                      |
| 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             |             |                      |                      |
| QC Checked by (Engr-In-Charge): |  | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |                      |                      |
| Auditors' Comments :-           |  | For clearing against INC Only (wef 10 Jan 2005) |             |                      |                      |
| Cat. 1:                         |  | 6) TR : Re-inspection \$75                      |             |                      |                      |
| Cat. 2 / 3:                     |  | 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 (N11 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             | 12/09/2018 09:02            |
| Date Of Accident           | 03/08/2018 14:30            |
| Exact Location Of Accident | KPE (ECP) EXIT TO PIE(TUAS) |
| Country/State of Loss      | SINGAPORE                   |

#### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ839P              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHUA JUE BOON        |
| NRIC No                     | S8027374F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97722072 |
| Alternative Phone No        | OFFICE-97722072      |

#### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | JAGUAR         |
| Model  | XF 2.0L GTDI   |
| 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             | 1800045696                           |
| Cover Note Number         | -                                    |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHUA JUE BOON        |
| NRIC No              | S8027374F            |
| Date Of Birth        | 15/08/1980           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/10/2008           |
| Driving Experience   | 9 YEARS AND 9 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-97722072 |
| Fax Number           |                      |
| Contact Number       | OFFICE-97722072      |
| Email Address        | NOEMAIL              |

|   |                                  |
|---|----------------------------------|
| Address   | 100 CLEMENCEAU AVE NORTH #14-105 |
| Postcode  | 229491                           |
| 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       | 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?   | 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)   | 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 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         | SKD4545S    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| 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

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.

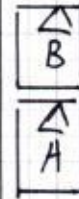
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vehicle A: SJG 839P  
Vehicle B: SKD 45455



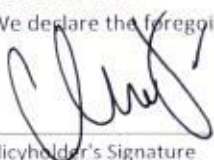
→ PIE (TUDAS)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

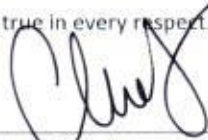
~~we~~ There was a heavy traffic. Our vehicles were stationary. My vehicle suddenly lightly tapped into vehicle B.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 08 / 2018) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: KPE (ECP) EXIT TO PIECTUAS

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ6839P  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Jaguar  
 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: Chua Jue Boon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8027374F CONTACT: 9772 2072  
 c) ADDRESS: 100 Clementi Ave North #14-105  
 S(229491)

\* 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: (15 / 08 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

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: SPD4545C MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 (01)

\* No of passenger  
 (Including driver)  
 (01)

\* No of passenger  
 (Including driver)  
 ( )

waiting veh

email =

fax =

video =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Chua Jue Boon.

Licence Number: **S8027374F**  
Name:

**CHUA JUE BOON**  
**(CAI ROUWEN)**

Birth Date: **15 Aug 1980**  
Issue Date: **24 Oct 2008**

Barcode: 001668473F

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8027374F**

Portrait photo of Chua Jue Boon.

Name: **CHUA JUE BOON**  
**(CAI ROUWEN)**  
**蔡 柔 文**

Race: **CHINESE**

Date of Birth: **15-08-1980** Sex: **F**

Country of Birth: **SINGAPORE**

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

PR-SS DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the Driver; and other motor vehicles without clutch pedals  $\leq$  2500kg

NP 478A



License No: S8027374F



NRIC No. S8027374F



Blood Group: A+ Date of issue: 16-12-2000

100 CLEMENCEAU AVENUE NORTH #14-105  
SINGAPORE 229491

NRIC No: S8027374F

Date: 13/02/2017



# CERTIFICATE OF INSURANCE

## PLUS PRIVATE VEHICLE

**Name of Policyholder** : Chua Jue Boon  
**Period of Insurance** : 25 Apr 2018 To 24 Apr 2019  
**Engine No.** : 191012203257204PT  
**Chassis No.** : SAJAC05N4DPS71853  
**Vehicle No.** : SJQ839P  
**Policy No.** : 1800045696  
**Endorsement No.** :  
**Issued Date** : 25 Apr 2018

### ABOUT THE COVER

**Make/Model** : JAGUAR XF 2.0 GTDI LUXURY  
**Engine Capacity/Tonnage** : 1,999.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2013  
**Insuring with COE/PAFF** : Yes

### 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 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 Optional

\* 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 - \$1400 Theft - \$0 Flood Cover - \$0

**Section 2**  
**Property Damage - \$0**

**Windscreen** : \$100

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

Chua Jue Boon - \$1400 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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.

# CERTIFICATE OF INS

## PLUS PRIVATE VEHICLE

Name of Policyholder : Chua Jue Boon  
 Period of Insurance : 25 Apr 2018 To 24 Apr 2019  
 Engine No. : 191012203257204PT  
 Chassis No. : SAJAC05N4DPS71853

Vehicle No. : SJQ83  
 Policy No. : 180004  
 Endorsement No. :  
 Issued Date : 25 Apr

### ABOUT THE COVER

Make/Model : JAGUAR XF 2.0 GTDI LUXURY  
 Engine Capacity/Tonnage : 1,999.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registratic  
 Insuring with COE/PAR

#### 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 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 21 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 Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* 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 (Cap. 374).

### EXCESS

#### Section 1

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#### Section 2

Property Damage - \$0

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### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503956000

TOH CHIN HAO MELVIN  
 371 ALEXANDRA ROAD #10-25 AIA ALEXANDRA  
 SINGAPORE 159963 SP-MELVINTOH-CO  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
 AIG Asia Pacific Insurance  
 AUTHORISED REPRESENTATIVE