

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNAN 118620

Date In: 12/11/18-17:37	Job description	Date & Time Completed	Done by
Ref No: NA/1615016702/24	SAS e-filing		
Veh No: JHE256U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/11/18-09:00	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: CB6343A	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:	Date & Time Completed	Done by
(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

NA1825833	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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 claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N-in 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 17:27
Date Of Accident	11/09/2018 09:00
Exact Location Of Accident	CTE EXIT 15 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE256U
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN LOO
NRIC No	S1143552A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96704991
Alternative Phone No	OFFICE-96704991

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO
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	2100453075-02
Cover Note Number	

Driver

Name of Driver	CHIA TECK SHYUE
NRIC No	S1674231G
Date Of Birth	21/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98185258
Fax Number	
Contact Number	OFFICE-98185258
EMail Address	NOEMAIL

Address	BLK 341 HOUGANG AVENUE 7 #05-467
Postcode	530341
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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

REFER TO 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	CB6343A
Vehicle Make/Model/Colour	GREY/VAN
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

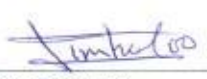
SKETCH PLAN


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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.

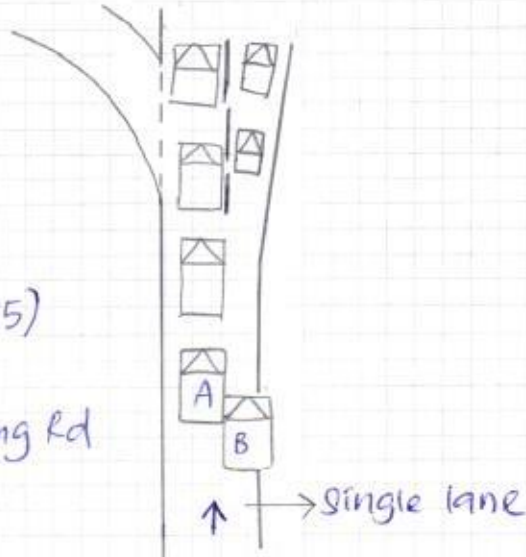

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

CTE (Exit 15)
towards
Yio Chu Kang Rd



(A) SGE256U
(B) CB6343A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/9/2018 at about 9.01am, I was exiting CTE towards Yio Chu kang Road (Exit 15). There is a single lane and heavy traffic. I was queueing to exit the lane. Suddenly, I heard a bang sound and realised a van (B) CB 6343A squeeze into my right lane (single lane). I stuck inside my vehicle due to the van (B) CB 6343A blocked my door. Therefore, I move my car (A) SGE256U to the left and alight from my car. No one was injured.

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.:

Particular of Insured / Driver & Details of the Accident

Location of Accident: CTE (Exit 15) towards Yio Chu Kang Road Date of Accident: 11/9/2018
Landmark of Accident Area: _____ Time of Accident: 9.01 AM
Purpose when vehicle was used at the time of accident: Private Use
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SGE256 U Make / Model: Toyota Camry
Claiming Own insurance: YES ☒ NO ☐ If No, Reporting only / Third Party Claim ☒
Name of Preferred workshop: Optima Werkz Pte Ltd Contact: 6484 9919

Insured / Policy Holder

Name of Registered Owner: Lim Chin Loo NRIC: S1143552A ☒
Address: 30 Choa Chu Kang St. 64 #03-02 (S) 689098 HP: 9670 4991 LM

Driver

Name of Driver: Chia Teck Shyue NRIC/ Fin: S1674231G
Driving License Pass Date: 16/9/1985 DOB: 21/4/1964
Address: Blk 341 Hougang Ave 7 #05-467 (S) 530341
Occupation: INDOOR ☒ OUTDOOR ☐ Mobile No: 9818 5258 Alan
Gender: MALE ☒ FEMALE ☐ Other Contact: Home No. / Office / Others: _____
Vehicle registration No. of Driver's own vehicle (if applicable) _____ Insurance Company: AIG
Applicable if driver and policyholder are two different person _____ Email: sparklingmovers@singnet.com.sg

Driver an employee: YES / NO _____ If no, what is relationship with the policyholder: relative
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐ Policy Number: 2100453075-02 Type of Coverage: Comprehensive

General information of Accident


Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____
Weather Conditions: CLEAR / RAINING / OTHERS: _____
Road Surface: DRY / WET _____ Material / Property damaged: YES ☒ NO ☐
Any police report made: YES / NO _____ Injured party: YES ☒ NO ☐
For injured Party details, it must be supported by police report

Details of other vehicle Property 1

Vehicle Registration No: CB 6343 A
Vehicle Make / Model / Colour: Grey / Van
Name of Driver: _____
No. of Passenger (Including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____

Details of Other vehicle Property 2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1143552A




Name
LIM CHIN LOO

•

Race
CHINESE

Date of birth Sex
06-04-1955 M

Country of birth
SINGAPORE



NRIC No. S1143552A



Date of issue
10-01-2005

Address
30 CHOA CHU KANG STREET 64
#03-02
SINGAPORE 689098

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1674231G

Name: CHIA TECK SHYUE

Birth Date: 21 Apr 1964

Issue Date: 13 Nov 2003

000999650B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1674231G

Name: CHIA TECK SHYUE

谢德学

Race: CHINESE

Date of birth: 21-04-1964

Sex: M

Country of birth: SINGAPORE



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 16 Jan 1985

Licence No: S1674231G

NP 428A



NRIC No: S1674231G

Date of issue: 31-03-2010

Address: APT BLK 341 HOUGANG AVENUE 7 #05-467 SINGAPORE 530341





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Chin Loo
Period of Insurance : 01 Mar 2018 To 28 Feb 2019
Engine No. : 6ARP121136
Chassis No. : MR053DK5100105431

Vehicle No. : SGE256U
Policy No. : 2100453075-02
Endorsement No. :
Issued Date : 05 Feb 2018

ABOUT THE COVER

Make/Model : TOYOTA NEW CAMRY 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : No

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 appliances 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. 159) and Section 95 of the Road Transport Act, 1967 (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)

Lim Chin Loo - \$600 (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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK 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. 159), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Y. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

50CRBA