

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

7/11/2017

Date In: 11/09/2018 15:18	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/2018/282/4	SAS e-filing		
Veh No: SLR 953L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/09/2018 15:18	i-Motor Claim Form		
OD / TP: <u>Reporting Only</u>	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: SLR 481/M	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

N/A/106358	Invoice Preparation Checklist	Ant (\$) 1st 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:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	11/09/2018 15:18
Date Of Accident	10/09/2018 15:55
Exact Location Of Accident	PIE EXIT CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW953L
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Insured/Policyholder

Name Of Registered Owner	TAN CHOW KHENG, ZOE
NRIC No	S7139585E
Email Address	CKTANZOE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92277607
Alternative Phone No	OTHERS-92277607

Vehicle Particulars

Manufacturer	RENAULT
Model	CAPTUR-1.5 D T DCI (A)
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	1800050186
Cover Note Number	

Driver

Name of Driver	TAN CHOW KHENG, ZOE
NRIC No	S7139585E
Date Of Birth	23/10/1971
Occupation	INDOOR
Date Of Driving Pass	19/10/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92277607
Fax Number	
Contact Number	OTHERS-92277607
Email Address	CKTANZOE@GMAIL.COM

Address	103A BUKIT TERESA ROAD #01-00
Postcode	099754
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	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?	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

PLEASE REFER TO SKETCH PLAN

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	SLR4811M
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU LUA MUI JOO
NRIC/Passport Number	S7423371F
Contact Number	81899959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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:

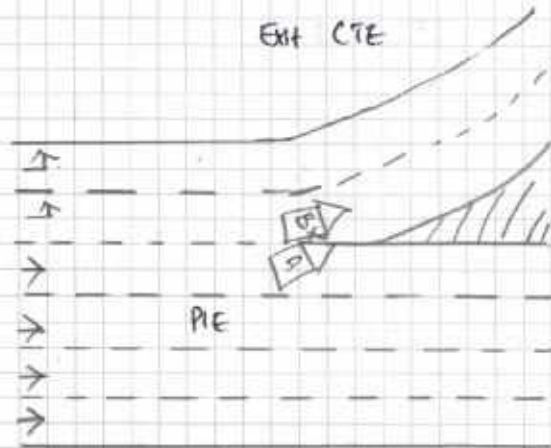
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Veh A: 8LW 953L

Veh B: SLR 4811M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I along PIE the rain was heavy and my car went into the Wrong lane (Twd Jurong) as it was filtered into CTE, due to poor Visibility, my Car was Collided with 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: 11/09/2018
NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 10.9.2018
*Accident Location: PIE (EXH CTE)

*Time of Accident: 1555 HRS

Vehicle Details

*Vehicle Number: SLW 953L *Make & Model: Renault Captur 1.5 T DCI (A)

Insured / Policyholder

*Owner Name: Tan chow kheng 200 *NRIC: S 7139585E
*Address: 103 A Bukit Teresa Rd #01-00 Singapore 049754
*Email: cktan200@gmail.com *HP: 92277607
*Occupation: Manager (Indoor / Outdoor) *Tel / H / Other:

Driver ☒ same as above

*Driver Name: *NRIC:
*Address:
*Date of Birth: 23.10.1971 *Driving Pass Date: 19/10/1995 *HP:
*Email: *Gender: Male / Female
*Occupation: (Indoor / Outdoor) *Tel / H / Other:
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: Adele Tan (Male/Female) *P/Name: (Male/Female)
*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: 1800050186

Detail of other vehicle / Property 1

Vehicle No.: SLR 4811 M
Make & Model: Mazda 3
Vehicle Category:
Name of Driver: Lau Lua Mui Joo
NRIC : S 7423371 F
HP : 8189 9959
No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:
Make & Model:
Vehicle Category:
Name of Driver:
NRIC :
HP :
No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side / others:
*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: NRIC: HP:)
*Accident reported to police: Yes / No *Summon against whom:
*Injured party: Yes / No *No. of passengers (include driver):
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7139585
Name:

TAN CHOW KHENG
(CHEN QIUQIONG)

Birth Date: 23 Oct 1971
Issue Date: 10 Dec 2003



 0010454128

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7139585E



Name

TAN CHOW KHENG, ZOE



陈秋臻

Race
CHINESE

Date of birth Sex
23-10-1971 F

Country of birth
SINGAPORE





4170269



NRIC No. S7139585E

Date of issue
04-02-2008

340 B WEST COAST RD S(127437)

NRIC No: S7139585E Date: 22/11/2014

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

PASS DATE

Class 3

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

19 Oct 1995

NP 428A



AIG**CERTIFICATE OF INSURANCE****WEARNES AUTO PROTECTOR (RENAULT) PRIVATE VEHICLE**

Name of Policyholder : TAN CHOW KHENG ZOE
 Period of Insurance : 15 May 2018 To 16 Jun 2019
 Engine No. : K9KE629D003896
 Chassis No. : VF12RAJ1D53747892

Vehicle No. : SLW953L
 Policy No. : 1800050186
 Endorsement No. :
 Issued Date : 14 May 2018

ABOUT THE COVER

Makes/Model : RENAULT CAPTUR 1.5T DCI (A)
 Engine Capacity/Tonnage : 1,461.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2015
 Insuring with COE/PARF : 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 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.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 5 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAN CHOW KHENG ZOE - \$800 (Own Damage)

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

1. Wearn's Automotive Pte Ltd. Add: 28 Leng Kee Road Singapore 159105 64304890 83789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 5338 8200. 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: HL Bank

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. 189), Part IV the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0503454550

WEARNES AUTO-RENAULT/ANDROVER

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MWA418117917 Vehicle Registration No: 8LW 953 L
Name (as shown in NRIC): Tom Chao Khuan, ZOE NRIC/FIN/Passport No: S7139585 E
☒ Vehicle Driver / ☐ Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92277607
Email Address: _____
Date of Accident: 10/02/2018 Time of Accident: 15:55
Place of Accident: PRK EXIT 7 CRE
Insurance Company: Any

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF REVIEW PERS TO 19.10.1995

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rehman
NRIC/FIN No: 0361012018
Date: