

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

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 10/10/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG18018412/13 | SAS e-filing | | |
| Veh No: 5042233C | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 09/10/18 1430 | 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: (M GARAGE | Tel: | Fax: |
| TP Particulars: | Veh No: 5H8278X | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA1806466 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: 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:- | | |
| | 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 (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat. 1: | | | |
| Dat. 2 / 3: | | | |

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 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. 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 | 10/10/2018 16:52 |
| Date Of Accident | 09/10/2018 14:30 |
| Exact Location Of Accident | BEGONIA RD TWDS YIO CHU KANG AFT DEDAP RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDY2233C |
| Insured/Policyholder | |
| Name Of Registered Owner | LAI LIANG HAI |
| NRIC No | S7218032A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92376833 |
| Alternative Phone No | OTHERS-92376833 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | 523I |
| 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 | 2100389911-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LAI LIANG HAI |
| NRIC No | S7218032A |
| Date Of Birth | 23/05/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/2017 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92376833 |
| Fax Number | |
| Contact Number | OTHERS-92376833 |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 33 STRATTON DRIVE |
| Postcode | 806895 |
| 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? | 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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

| | |
|---|---------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH WORKSHOP |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------|
| Vehicle Registration Number | SH8278X |
| 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

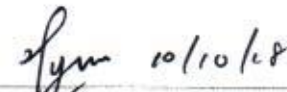
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

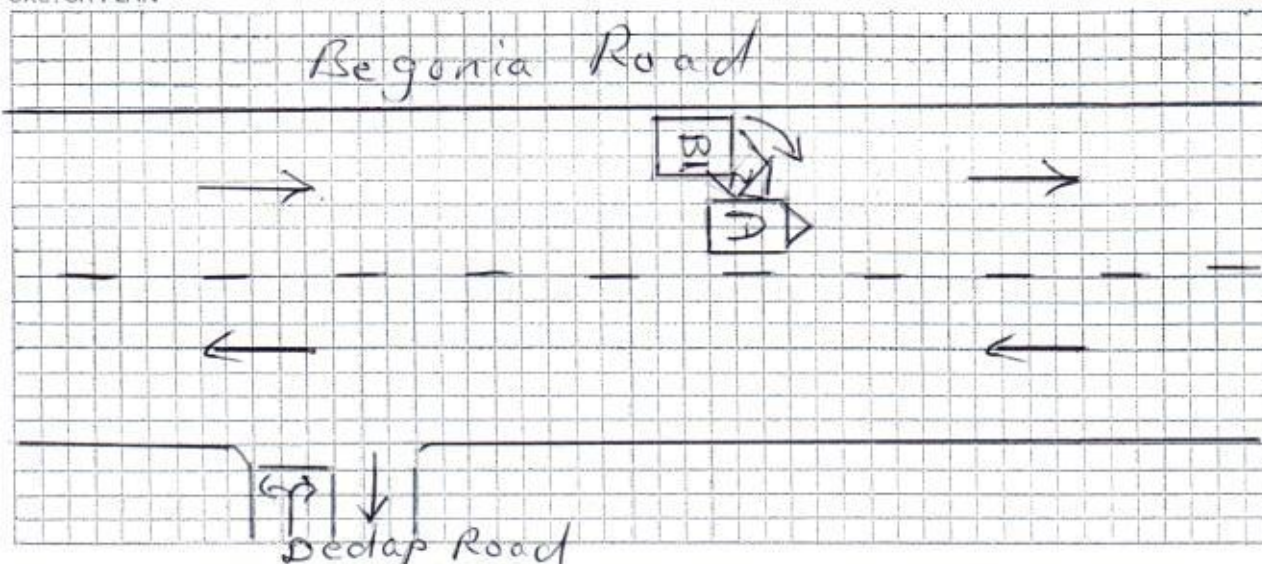
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/10/2018 at about 1430 hrs at along Begonia Road towards Gio Cha Kang Road after Dedap Road. I was travelling on the extreme Left Lane and when by passing a stationary Vehicle (B) parked at the road side, suddenly Vehicle (B) veered out into my path without checking his blindspot and without cautious hence collided onto my Left Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SDY 2233C

(B) SH 8278X

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.

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.:

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|--|-----------------------|-----------|----------------------|
| Accident Date: | 09/10/2018 | Time: | 1430 hrs | (hh:mm) 24 hr format |
| Location | Begonia Road towards Jio Chu Kang after Dedap Rd | | | |
| Vehicle Number | SDY 2233C | | | |
| Insured Name | Lai Liang Hai | | | |
| NRIC / FIN | 57218032 A | Contact Number | 9237 6833 | |
| Make | BMW | Model | 523I | |
| 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 | 2100389911-03 | | | |
| Name of Driver | Lai Liang Hai | (/) Same as Insured | | |
| NRIC / FIN | 57218032 A | Contact Number | 9237 6833 | |
| Date of Birth | 23 May 1972 | | | |
| Driving Pass Date | 30 June 2017 | | | |
| Occupation () Indoor (/) Outdoor | | | | |
| Gender (/) Male () Female | | | | |
| Email Address | (/) NO EMAIL | | | |
| Address of Driver | 33 Stratton drive Singapore 806895 | | | |
| 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 rd party Name / Nric Contact | | | | |
| Veh B | SH 8278X | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

1 person including driver

Owner & driver

SDY 2233C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7218032A



Name

LAI LIANG HAI
(LI LIANGHAI)

黎良海

Race

CHINESE

Date of birth

23-05-1972

Sex

M

Country of birth

SINGAPORE

S7218032A



4951733



NRIC No S7218032A

Date of issue

04-03-2013

Address

33 STRATTON DRIVE
SINGAPORE 806895

owner & driver
SDY 2233C

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7218032A**
Name: **LAI LIANG HAI**
(LI LIANGHAI)

Birth Date: **23 May 1972**
Issue Date: **30 Jun 2017**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 30 Jun 2017 |

NP 428A



AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lai Liang Hai
 Period of Insurance : 01 Mar 2018 To 28 Feb 2019
 Engine No. : 08127819N52B25AF
 Chassis No. : WBAFP320X0C867258

Vehicle No. : SDY2233C
 Policy No. : 2100389911-03
 Endorsement No. :
 Issued Date : 31 Jan 2018

ABOUT THE COVER

Make/Model : BMW 523IA
 Engine Capacity/Tonnage : 2,497.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2011
 Insuring with COE/PARE : 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 "Inexperienced Driver Excess" (TDRE) if You are, or Your Authorised Driver is/are (if appointed) has/have less than 2 years of 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 school, driving test, racing, pace making, liability trial or speed testing, the carriage of goods other than samples in connection with a trade or business or use for any purpose in connection with Motor Trade.

Cash of Use: 1500cc - 1600cc Optional

* Limitations required 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):

Lai Liang Hai: \$600 (Own Damage)

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

Approved Reporting Centres/AIG Authorised Repairers (for claims related repair)

Any accident report to the Vehicle must be reported out to one of our Authorised Repairers. Within the first 3 business days of the first registration of the Vehicle in Singapore, you have the option of having the accident repairs carried out at the Sales Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact your 24-hour accident emergency helpline at 455 4333/4550. Alternatively, You may refer to AIG website www.aig.com.sg or AIG Mobile App. Simply scan the QR code at AIG (SG) Home (Link to Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HITACHI CAPITAL(S) PTE LTD

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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0197005000

CHANG FOOK WAI, JEFFREY

371 ALEXANDRA ROAD #08-23 AIA ALEXANDRA

SINGAPORE 159853 SP-SEKHOO-CTS

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Jonik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

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