

# NATIONAL Assessment Centre Services: [wef 1 Jan'05]

Date In: 16/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418018797/13	SAS e-filing		
Veh No: SKL2976C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/18 1215	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: ( VISION AUTOWORK Tel: Fax: )

TP Particulars: Veh No: 5BV13986 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

NA1806600	Invoice Preparation Checklist	Am't (\$) fr Bill	Am't (\$) Add Bill
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	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:-		
	9) N12: Idac Mobile 30		
Auditors' Comments:- Ref 1: Ref 2/3:	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		
	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 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	16/10/2018 17:19
Date Of Accident	15/10/2018 12:15
Exact Location Of Accident	BLK 202 HOUGANG ST 21 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2976C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANG RONA(TANG RUONA)
NRIC No	S7628022C
Email Address	RTHANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91074856
Alternative Phone No	OTHERS-91074856

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	2100435821-02
Cover Note Number	

### Driver

Name of Driver	FAN PO YU @ HELEN FAN ZI XIANG
NRIC No	S2019227E
Date Of Birth	01/01/1948
Occupation	INDOOR
Date Of Driving Pass	24/04/1968
Driving Experience	50 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98678826
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	17 SIRAT ROAD
Postcode	545774
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBV1398G
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBR1628P
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)



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/10/2018		Time: 12:15		(hh:mm) 24 hr format	
Location BLK 202 Hougang Street 21 Open Carpark					
Vehicle Number SKL 2976 C					
Insured Name Thang Rong					
NRIC / FIN 57628022 C		Contact Number 9107 4856.			
Make Toyota		Model Wish.			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company AIG.					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number 2100 435821-02					
Name of Driver Fan Po Yu		( ) Same as Insured			
NRIC / FIN 52019227 F		Contact Number 9867 8826.			
Date of Birth 01/01/1948					
Driving Pass Date 24/04/1968.					
Occupation ( ) Indoor ( ) Outdoor ( <input checked="" type="checkbox"/> ) Retire.					
Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female					
Email Address rthang@hotmail.com		( ) NO EMAIL			
Address of Driver 17 Sirt Road					
Singapore 545774.					
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( <input checked="" type="checkbox"/> ) Parent					
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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others					
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B		SBV 1398 G			
Veh C		SBR 1628 P			
Veh D					
Veh E					
Veh F					

Driver only.



## 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:

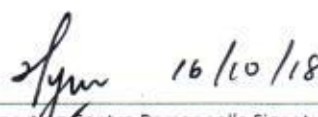
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

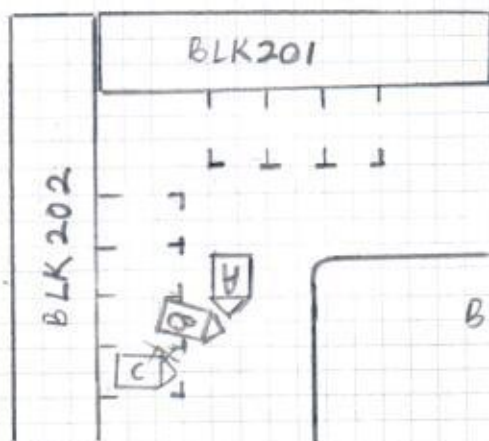


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 16/10/18

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

# SKETCH PLAN



A = SKL 2976C

B = SBV 139BG

C = SBR 162BP

BLK 202 Hougang Street 21  
Open Carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Rashmi*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*Sym 16/10/18*

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

On 15.10.18 at about 12:15 hours at BLK 202 Hougang Street 21 Open Carpark. I was leaving from lot 215 at the above mentioned open carpark, while I was completely on the major road, suddenly vehicle (B) coming out from lot 186 without checking the oncoming traffic and collided onto front right hand side portion of my vehicle (A). It was a chain collision of total 3 vehicles involved. When I alighted, driver of vehicle (B) has admitted that she was at fault and asked me to claim against her insurance.

Vehicle (A): SKL 2976C

Vehicle (B): SBV 1398G

Vehicle (C): SBR 1628P




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2019227E



Name

FAN PO YU  
@HELEN FAN ZI XIANG

范子湘

Race

CHINESE

Date of birth

01-01-1948

Sex

F

S2019227E

Country of birth

INDONESIA

SKL2976C

Driver.

3904160



NRIC No. S2019227E



Date of issue

11-07-2006

17 SIRAT ROAD  
SINGAPORE 545774

NRIC No: S2019227E

Date: 08/06/2012

No: 6936744

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S2019227E**  
Name: **FAN PO YU**

Birth Date: **01 Jan 1948**  
Issue Date: **07 Apr 2003**



 1000357582C

SKL5976C


Driver

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

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>24 Apr 1968</b>

NP 426A

Licence No: S2019227E





SKL 2976C

Owner.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7628022C



Name

THANG RONA  
(TANG RUONA)

唐 若 娜

Race

CHINESE

Date of birth

10-09-1976

Sex

F

Country of birth

SINGAPORE



4493859



NRIC No. S7628022C



Date of issue

02-12-2009

17 SIRAT ROAD  
SINGAPORE 545774

NRIC No: S7628022C

Date: 22/07/2012

No: 7111748



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Thang Rona (Tang Ruona)  
 Period of Insurance : 27 Oct 2017 To 26 Oct 2018  
 Engine No. : 2ZR1310026  
 Chassis No. : JTDGG20W10J000254

Vehicle No. : SKL2976C  
 Policy No. : 2100435821-02  
 Endorsement No. :  
 Issued Date : 22 Sep 2017

### ABOUT THE COVER

Make/Model : TOYOTA NEW WISH  
 Engine Capacity/Tonnage : 1,798.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2013  
 Insuring with COE/PAF : 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\* :

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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Thang Rona (Tang Ruona) - \$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](http://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: 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500495000

TAN TAI TIAM

BLK 546 ANG MO KIO AVE 10 #12-2266

SINGAPORE 560546 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSCPKJ