

# NATIONAL Assessment Centre Services. [wef 1 Jan 00] MMA 118138196.

Date In: 24/10/18 14:25.	Job description	Date & Time Completed	Done by
Ref No: MA/AIG18019335164.	SAS e-filing		
Veh No: SL2 2915 T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/18 08:30.	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SGA 8528 D.	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

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Ref 1: Ref 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		32.22	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: 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				
Invoice dated Invoice dated		Fee Charged 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	24/10/2018 14:25
Date Of Accident	24/10/2018 08:30
Exact Location Of Accident	PIE TWDS CHANGI B4 THOMSON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2915T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QIN TIANHAO
NRIC No	S8876914G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92373083
Alternative Phone No	OFFICE-92373083

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4D 2.0I-S EYESIGHT AWD CVT
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	1800045479
Cover Note Number	-

### Driver

Name of Driver	QIN TIANHAO
NRIC No	S8876914G
Date Of Birth	25/05/1988
Occupation	INDOOR
Date Of Driving Pass	13/08/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373083
Fax Number	
Contact Number	OFFICE-92373083
Email Address	NOEMAIL

Address	319 CHOA CHU KANG AVE 3 #15-20
Postcode	689863
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	CHAIN COLLISION
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	SGA8528D
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	SLP754G
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





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


DUE TO HEAVY TRAFFIC AHEAD, THE FRONT VEHICLE SLOWED DOWN AND  
 STOPPED AND I FOLLOWED SUIT. SUDDENLY, I FELT A GREAT  
 IMPACT FROM BEHIND. AND I GOT OUT OF MY VEHICLE AND I  
 REALISED VEHICLE B (SFA8528D) HAD HIT THE REAR OF MY  
 VEHICLE. AND IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED.

## 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.:



Date of Accident : 27/10/2018 Accident Time: 0830 (24-HR-Format)  
 Accident Place : PIE TOWARDS CHANGI BEFORE THANGIN RT  
 Vehicle No. (Car Plate No.) : S23 2915T Make/Model: SUBARU IMPREZA  
 Insurance Company : AIG Policy No: 180045479  
 Owner or Company Name /IC No. : Qin Tianhao / 5887691401  
 Owner or Company Contact No. : 92373083 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : as above  
 DRIVER'S Date Of Birth : 25/5/1988 DRIVER'S License Pass Date 12/8/2013  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 319 CLK AVE 3 #15-20 5689863  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SFA 8528D (AIG)</u>	Vehicle No: <u>SLP 7524G</u>
Vehicle Make/Model: <u>TOYOTA ALTIS</u>	Vehicle Make/Model: <u>HONDA FIT</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8876914G**  
 Name: **QIN TIANHAO**  
 Date of Birth: **25 May 1988**  
 Date of Issue: **13 Aug 2013**

002212823E

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8876914G**


 Name: **QIN TIANHAO**  
**秦天浩**  
 Race: **CHINESE**  
 Date of Birth: **25-05-1988**  
 Country/Place of Birth: **CHINA**  
 Sex: **M**

5648266

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**

**Class 3** Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **13 Aug 2013**

NP 428A

Licence No: S8876914G

**5648266**


 NRIC No: **S8876914G**


 Date of Issue: **13-09-2016**

Address:  
**319 CHOA CHU KANG AVENUE 3**  
**#15-20**  
**SINGAPORE 689863**



# CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Qin TianHao  
**Period of Insurance** : 27 Apr 2018 To 26 Apr 2019  
**Engine No.** : FB20YC14955  
**Chassis No.** : JF1GK7KL5JG008276

Vehicle No. : SLZ2915T  
Policy No. : 1800045479  
Endorsement No. :  
Issued Date : 15 May 2018

## ABOUT THE COVER

Make/Model	SUBARU IMPREZA 2.0I-S EYESIGHT AWD CVT (4dr/5dr)		
Engine Capacity/Tonnage	1,995.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		Insuring with COE/PARE	: 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\* :

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

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

Windscreen : \$100

Named Driver and Excess (where applicable)

Qin TianHao - \$800 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 310255 64170100

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: MayBank

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. 193), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500619216

TAN CHONG CREDIT SUBARU-HHK  
911 BUKIT TIMAH ROAD  
SINGAPORE 589822

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

**5075W**