

NATIONAL Assessment Centre Services (MAY 1 2008)

MMAY18/28769

Date In: 25/10/2018 15:17	Job description	Date & Time Completed	Done by
Ref No: NBA/AGG/019426/Y	SAS e-Milling		
Veh No: SLJ 700 E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 25/10/2018 10:58	E-Motor Claim Form		
OD (TP) Reponing Only	E-Motor W/O (within 2hrs, 2hrs, 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeli No: FBG 2012 K	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 0016	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	Action

Human's Particulars:	Invoice Preparation Checklist:	Amount:	Amount:
	1) AJ: Accident Reporting (\$20)		
	2) DA: Damage Assessment (\$100)	INC (\$20)	
	3) TP: Towing Fee	\$40/\$42	
	4) FT: Follow-Through Survey	\$120	
	5) XT: Follow-Through Survey (Resurvey)	\$30	
	Excess/Initials against INC Only (over 10 Jan 2008)		
	6) TR: Re-inspection	\$23	
	7) NI: IDA DA + SMRT Survey	\$180	
	8) NTUC Additional Services:		
9) Q1:			
10) NI: Courtesy Car / Tpl Allowance	\$3		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$23		
13) NI: DY / Collect Excess / Coordination	\$3		
14) TR (NI) / TP (NI) INC against INC	\$20		
15) NI: IDA DA	\$8		
Invoice total		Net Charged	
Invoice Paid		Net Charged	

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	25/10/2018 15:17
Date Of Accident	25/10/2018 10:55
Exact Location Of Accident	WEST COAST HIGHWAY (TOWARDS KEPPEL ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7010E
Insured/Policyholder	
Name Of Registered Owner	CHIA HUNG CHEW
NRIC No	S0410952Z
Email Address	PRIS_CHIA20@LIVE.COM
Mobile Phone No	(LOCAL) +65-97828990
Alternative Phone No	OTHERS-97828990

Vehicle Particulars

Manufacturer	CITROEN
Model	DS5-1.6 BLUEHDI (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	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	2100494504-01
Cover Note Number	

Driver

Name of Driver	CHIA HUNG CHEW
NRIC No	S0410952Z
Date Of Birth	22/02/1950
Occupation	INDOOR
Date Of Driving Pass	01/12/1967
Driving Experience	50 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97828990
Fax Number	
Contact Number	OTHERS-97828990
EEmail Address	PRIS_CHIA20@LIVE.COM

Address	1 PEARL BANK #12-10
Postcode	169016
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	COLLISION - HEAD TO REAR
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?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG3012K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	405463377
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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

West coast Highway Towards KAPPAL ROAD

A) SLJ 7010 E
B) FBG 3012 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on west coast highway, lane no-3. While driving there was a traffic bike police stopped his vehicle on lane 3. We slowing down, and going to change lane, suddenly the rider behind did not slow down and collided with my vehicle.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 10 / 2018 (DD/MM/YYYY), TIME: 10.57 (HH:MM)

LOCATION: WEST COAST HIGHWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 7010E
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100494504-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CITROEN D55 1.6 BLUEHD1
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: CHIA HUNG CHEW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0410952 Z CONTACT: 9782 8990
 c) ADDRESS: 1 PEARL BANK #12-10 S (169016)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS of ABNE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 22 / 02 / 1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1/12/1967

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED YES NO

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBG3012K MODEL: BIKE
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: 4 05463377 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

Email = pris_chia20@live.com

Fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0410952Z



CHIA HUNG CHEW

Race
CHINESE
Date of Birth
22-02-1950
Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0410952Z



CHIA HUNG CHEW

Birth Date 22 Feb 1950
Valid Date 15 Sep 2003





NRIC No. S0410952Z

Blood Group: A+ Date of Issue: 20-10-1991

1 PEARL BANK #12-10
SINGAPORE 109018


NRIC No. S0410952Z Date: 23-08-2002 No. 4100048

THE LICENSEE TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	VEHICLE CLASS	VALID DATE
Class 2B	Motorcycles <= 200 CC	09 Mar 1970
Class 2A	Motorcycles between 201 CC and 400 CC	09 Mar 1970
Class 2	Motorcycles > 400 CC	09 Mar 1970
Class 3	Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver, and motor tractor/vehicles <= 2500 kg	01 Dec 1967

S0410952Z 5 / No. 9000193482

NRIC No. S0410952Z



CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chia Hung Chew
 Period of Insurance : 22 Dec 2017 To 21 Dec 2018
 Engine No. : 10JBHC3051997
 Chassis No. : VF7KFBHGTGS504075

Vehicle No. : SLJ7010E
 Policy No. : 2100494504-01
 Endorsement No. :
 Issued Date : 31 Oct 2017

ABOUT THE COVER

Make/Model : CITROEN DS5 1.6 BlueHDI
 Engine Capacity/Tonnage : 1,560.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2016
 Insuring with COE/PAFF : 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" ("YIDER") 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 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. 169) and Section 85 of the Road Transport Act, 1997 (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)

Chia Hung Chew - \$600 (Own Damage)

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

1. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd # Singapore 408850 67491000

2. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 20 Leong Kee Rd Singapore 159094 64705503

3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6330 3200. 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: NA

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. 169), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504485200

CYCLE & CARRIAGE - ALBERT
 239 ALEXANDRA ROAD
 SINGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE