

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Date In: 29/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1618019594/13	SAS e-filing		
Veh No: SLG4892L	E-mail (within 8hrs, AIC 2hrs)		
DOA: 28/10/18 1600	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: (TORQUE 5 Tel: Fax:)

TP Particulars:	Veh No: GBC7075C	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: 678816616)	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

NA1807025

Claimant's Particulars:	Invoice Preparation Charge	Am (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Ref 1:

Ref 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	29/10/2018 12:34
Date Of Accident	28/10/2018 16:00
Exact Location Of Accident	BLK 319 ANG MO KIO AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4892L
Insured/Policyholder	
Name Of Registered Owner	TAN BUAN SHENG FREDDY(CHEN WANSHENG FREDDY)
NRIC No	S8305989C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90076616
Alternative Phone No	OTHERS-90076616

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	2100486339-02
Cover Note Number	

Driver

Name of Driver	TAN BUAN SHENG FREDDY(CHEN WANSHENG FREDDY)
NRIC No	S8305989C
Date Of Birth	02/03/1983
Occupation	INDOOR
Date Of Driving Pass	09/07/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076616
Fax Number	
Contact Number	OTHERS-90076616
Email Address	NOEMAIL

Address	BLK 319 ANG MO KIO AVE 1 #09-1499
Postcode	560319
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
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	GBC7075C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 3

Vehicle Registration Number UNKNOWN
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 4

Vehicle Registration Number SJH4425X
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:

 29/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Along Ang Moku 319 Ave
Car park.

V. A) SL614892L
V. B) GBC7075C
V. C) unknown Black car
V. D) unknown Blue/grey car
V. E) SJH4425X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was parked stationary on the stated venue. Before I left my vehicle, everything was intact. At around 4pm I went down to retrieve my vehicle and came to realise that my vehicle was damaged. There were total 5 cars involved and police were at the scene. Based on the positions of our vehicle, I believed that vehicle 'E' SJH4425X had hit onto vehicle 'D' an unknown grey/blue car, then hit onto vehicle 'C' together with vehicle 'B' GBC7075C which caused vehicle 'B' to hit onto my vehicle front left fender, bumper, bonnet, side mirror, headlamps, rims and rear left door and fender.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 29/10/18

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



**SINGAPORE
POLICE FORCE**



F/20181029/7036

1 of 2

POLICE REPORT (NP299)

Report No. F/20181029/7036

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 29/10/2018 16:40	Vide Report No.	Station Diary No.
Name Of Informant TAN BUAN SHENG, FREDDY	Address APT BLK 319 ANG MO KIO AVENUE 1 #09-1499 SINGAPORE 560319	
ID Type / ID No. NRIC NO / S8305989C	Contact No. Home/Office:	Mobile: 90076616
Nationality SINGAPORE CITIZEN	Email Address fredtan83@gmail.com	
Occupation Police officer	Sex Male	Age 35
Institution/School Name	Date of Birth 02/03/1983	Race Chinese
Date/Time Of Incident 28/10/2018 16:00 - 28/10/2018 16:00	Language English	
	Location Of Incident APT BLK 319 ANG MO KIO AVENUE 1 #09-1499 SINGAPORE 560319	

Brief details.

On 28.10.2018 at about 1200hrs, I parked my vehicle, SLG4892L at Blk 319 Ang Mo Kio Ave 1 open space carpark lot 469, everything was intact. On the same day at about 1600hrs, when I returned back to my vehicle, I discovered that my vehicle hit by another vehicle which was parked beside mine. My neighbour approached me and informed that about 1500hrs, there was one accident involving one vehicle, SJH4425X. The said vehicle had bang into a total of 4 vehicles including mine. There first two vehicle being knocked by the vehicle were unknown to me and the impact had hit onto the three vehicle,

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 16:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20181029/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181029/7036

GBG7075C which was parked at lot 470. Due to the impact, the white van, GBG7075C had hit onto the left side of my vehicle causing my vehicle to be damaged. The damages to my vehicle as follow: 1) Left front bonnet dent 2) scratches on both my left rim 3) scratches on my front and rear left side door. Police had attended to the incident vide F/20181028/0170. I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 16:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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 : MNA115139991 Vehicle Registration No: SLG4892L
Name(as shown in NRIC) : TAN BUAN PHENG (FREDDY) NRIC/FIN/Passport No : S8305989C
(*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
Address : BLK 319 ANG MO KIO AVE 1 #09-1499 Singapore(560319)
Contact (Tel) : _____ Mobile No.: 96076616
Email Address : _____
Date of Accident : 28/10/18 Time of Accident : 1600
Place of Accident : BLK 319 ANG MO KIO AVE 1 CARPARK
Insurance Company: AIG

(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:

ADD IN POLICE REPORT: YES

Policyholder / Driver's Signature
Date:

2/Jan 29/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (28/10/18) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: Blk 319 Ang Mo Kio Ave 1 car park

1. DETAILS OF VEHICLE

Q/VEHICLE NUMBER: SLG4892L

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 2100486339-02

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

③/MAKE & MODEL: Mazda 3 4-Door Sedan

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Private

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: Tan Buan sheng Freddy (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 58305989C CONTACT: 9007 6616

C/ADDRESS: 319 Ang Mo Kio Ave 1
#09-149d S'pore 560319

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

C) ADDRESS:

*d) DATE OF BIRTH: (03 / 03 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO) ☒ NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: GBC7075C

b) DRIVER'S NAME: _____ MODEL: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
Black car

e) DRIVER'S NAME: _____ MODEL: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: (D)

288
Capeabi Industrial Park 2

100-25, 51061 Ave

S(408 933)

Email = REPORTING@

fax = 6452 4584

Unknown
Blue/Grey car

57H14425X

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S8305989C**
 Name: **TAN BUAN SHENG, FREDDY**
(CHEN WANSHENG, FREDDY)
 Birth Date: **02 Mar 1983**
 Issue Date: **10 Mar 2014**

002283118G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8305989C


 Name: **TAN BUAN SHENG, FREDDY**
(CHEN WANSHENG, FREDDY)
陈万胜
 Race: **CHINESE**
 Date of birth: **02-03-1983**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**






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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **09 Jul 2002**

NP 428A

Licence No: S8305989C



5277740


 NRIC No: **S8305989C**
 Date of issue: **10-03-2014**
APT BLK 319 ANG MO KIO AVENUE 1 #09-1499
SINGAPORE 560319
 Date: **23/10/2016**





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Buan Sheng Freddy(Chen WanSheng Freddy)
Period of Insurance : 30 Sep 2018 To 29 Sep 2019
Engine No. : P520371629
Chassis No. : JM6BM42A8G0344956

Vehicle No. : SLG4892L
Policy No. : 2100486339-02
Endorsement No. :
Issued Date : 14 Sep 2018

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction : NA

Off Peak Car : No

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 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" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 55 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)

Tan Buan Sheng Freddy(Chen WanSheng Freddy) - \$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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPBEO