

# NATIONAL Assessment Centre Services. [wef 1 Jan'03]

Date In: 31/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418019805/13	SAS e-filing		
Veh No: SC59963Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/10/18 1620	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: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SC571176	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:	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

NA1807110	Invoice Preparation Checklist		Am (\$)	Am (\$)
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 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-on INC) against INC \$20			
	9) N12: Idao Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors Comments:	Invoice dated	Fee 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	31/10/2018 12:38
Date Of Accident	30/10/2018 16:20
Exact Location Of Accident	EAST COAST RD TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ9963Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INGE IRAWATY SURYADI
NRIC No	S2190892D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710288
Alternative Phone No	OTHERS-96710288

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX270
Exact Purpose for which vehicle was being used at time of accident	OUTING
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	2100399584-03
Cover Note Number	

### Driver

Name of Driver	INGE IRAWATY SURYADI
NRIC No	S2190892D
Date Of Birth	20/03/1954
Occupation	INDOOR
Date Of Driving Pass	07/12/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96710288
Fax Number	
Contact Number	OTHERS-96710288
EEmail Address	NOEMAIL

Address	9 EAST COAST DRIVE
Postcode	459145
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	RAINING
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181030/2134

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP7117G
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

SJP8645J

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

SHD3350D

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:

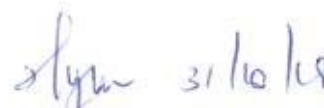
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

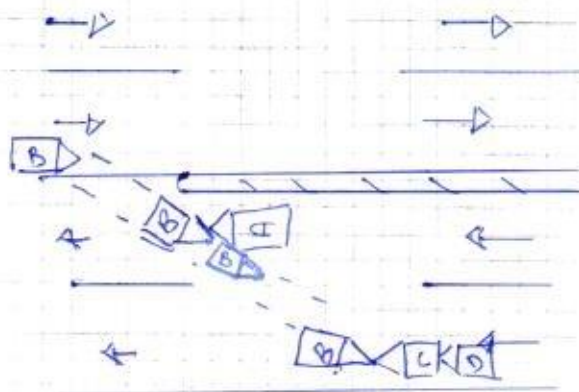
EAST COAST RD TWAS MOUNTBATTEN RD  
( OUTSIDE ST  
PATRICK  
SCHOOL )

Vehicle A: SCJ 9963Z

Vehicle B: SCP 7117G

Vehicle C: SJP 8645J

Vehicle D: SHD 3350D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20181030/2134  
dated 30/10/2018 18.24

## 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:

31/10/18

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





# SINGAPORE POLICE FORCE



T/20181030/2134

1 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20181030/2134

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 18:24	Vide Report No.: G/20181030/0134	Station Diary No.: 70
--	-------------------------------------	--------------------------

### Informant's Particulars

Name of Informant: INCE RAWATY SURYADI			Address: 9 EAST COAST DRIVE SINGAPORE 459145		
ID Type / ID No.: NRIC NO / S2190892D			Contact No.: Home/Office: Mobile: 96710288		
Nationality: INDONESIAN			Email:		
Sex: Female	Age: 64	Date of Birth: 20/03/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Homemaker			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCJ9963Z	Car	TOYOTA	LEXUS RX270 SPORT AUTO	Black	Slightly Damaged	0
SCP7117G	Car				Seriously Damaged	1
SHD3350D	Car				Seriously Damaged	1
SJP8645J	Car				Seriously Damaged	0



Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20181030/2134

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCJ9963Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100399584-03	21/01/2018	20/01/2019

**Brief Details.**

On 30/10/2018, at about 1620hrs, I was driving along East Coast Road, towards Mountbatten Road. At that point of time I was driving along the first lane, my car plate number is SCJ9963Z.

As I was driving along the said lane, suddenly another car (SCP7117G), from the opposite direction came into the lane which I was driving. The car then knocked onto the passenger side of my car and knocked onto another car (SJP8645J) and the said car knocked onto the taxi (SHD3300D) behind it.

All of us then stop our vehicle and came out to make a check. The passenger inside car (SCP7117G) was injured and ambulance was called to the scene. The said passenger was then conveyed to the hospital by the ambulance. The left front wheel rim was damaged and the front passenger door and the left side skirt was dented.

We then took photos of the accident and was informed by the traffic police to lodge a report regarding the matter.





SINGAPORE  
POLICE FORCE



T/20181030/2134

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

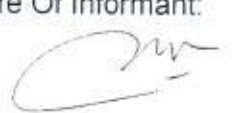


Report No. T/20181030/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt KWOK WEI JIE, DANIEL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2018 18:24
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:
Authentication Stamp NP168	<div> SINGAPORE POLICE FORCE  SIGNATURE</div>

<b>Vehicle No.</b>	SCJ9963Z	<b>Model / Make</b>	Lexus New RX270
<b>Date of Accident</b>	30/10/2018		
<b>Time of Accident</b>	16:20	<b>HRS</b>	
<b>Location of Accident</b>	East Coast Road Towards Mountbatten Road (outside St Patrick School)		
<b>Exact purpose use during accident</b>	outing		
<b>Name of Owner</b>	Inge Irawaty Suryadi (Mrs Tan)		
<b>Telephone No.</b>	H/P: 96710288	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S2190892D		
<b>Address</b>	9 East Coast Drive (S) 459145		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	AIA		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	2100399584-03		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	S2190892D	<b>Any Passengers :</b>	0
<b>Date of birth</b>	20/3/1954		
<b>Occupation</b>	Outdoor /	<b>Indoor</b>	
<b>Driving License Pass Date</b>	07 DEC 1975		
<b>Gender</b>	Male /	<b>Female</b>	
<b>Contact No.</b>	H/P: 96710288	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	9 East Coast Drive (S) 459145		
<b>Driver have any own vehicle</b>	No,	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	
<b>Weather condition</b>	Clear	<b>Raining</b>	<b>Other</b>
<b>Road Surface</b>	Dry	<b>Wet</b>	<b>Other</b>
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	SCP7117G	<b>Any Passengers :</b>	1
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SJP8645J	<b>Any Passengers :</b>	0
<b>Vehicle D No.</b>	SHD3350D	<b>Any Passengers :</b>	1
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Side fender, Rim & Side Door (left).		
<b>Camera Recorder</b>	<b>Yes/ No</b>		
<b>Email Address</b>	sales@n51.com.sg		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			<b>Yes</b> <b>No</b>
<b>PARTICULAR WORKSHOP</b>	TWINCAR Automotive Pte Ltd.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



07/02/1975







# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Inge Irwaty Suryadi  
 Period of Insurance : 21 Jan 2018 To 20 Jan 2019  
 Engine No. : 1AR1220281  
 Chassis No. : JTJZA11A202476978

Vehicle No. : SCJ9953Z  
 Policy No. : 2100399584-03  
 Endorsement No. :  
 Issued Date : 03 Jan 2018

### ABOUT THE COVER

Make/Model : LEXUS NEW RX270  
 Engine Capacity/Tonnage : 2,672.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2015  
 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 authorized 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" ("YIDE") if you are or Your Authorized Driver (named or unnamed) is under the age of 25 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 school, driving test, racing, pace-making, reliability trial or speed-testing, the damage 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 - \$500 Theft - \$0 Flood/Lower - \$0

#### Section 2

Property Damage - \$0

Windscreen - \$150

### Named Driver and Excess (where applicable)

Inge Irwaty Suryadi - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. 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: DBS BANK 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, 1979 (Malaysia).

0030211000

AIG ASIA PACIFIC INSURANCE PTE. LTD.

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. P. N. L.*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE