

NATIONAL Assessment Centre Services. [part 1 Jan 2009]

Date In: 09/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG/18020349/1?	SAS e-filing		
Veh No: SLN729R	E-mail (within 3hrs, AIC 2hrs)		
DOA 08/11/18 0730	I-Motor Claim Form		
(ID) (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: (Tel:	Fax:
TP Particulars:	Veh No: SFH3399S	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

NA1807420	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		In Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao Mobile 30		
	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	09/11/2018 15:45
Date Of Accident	08/11/2018 07:30
Exact Location Of Accident	PIE TWDS CHANGI B4 ENG NEO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN729R
Insured/Policyholder	
Name Of Registered Owner	CHANG CHEE MENG(ZHENG ZHIMING)
NRIC No	S7133796J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96780433
Alternative Phone No	OTHERS-96780433

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	2100507555-01
Cover Note Number	

Driver

Name of Driver	LI SHI QIAO
NRIC No	S7584114J
Date Of Birth	28/11/1975
Occupation	INDOOR
Date Of Driving Pass	13/10/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81822072
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 128 RIVERVALE STREET #07-818
Postcode	540128
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRLFRIEND
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	
Was any body injured in the Accident?	YES
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

I WAS DRIVING ALONG PIE TWDS CHANGI ON THE EXTREME RIGHT LANE OF A6-LANES RD.SOMEWHERE B4 ENG NEO EXIT VEH AHEAD OF ME SLOWED DOWN AND STOPPED DUE TO THE TRAFFIC FLOW.AS SUCH I APPLIED BRAKE AND STOPPED ACCORDINGLY.OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFH3399S
Vehicle Make/Model/Colour	KIA
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 INJURED PERSON 1

Name	LI SHI QIAO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN729R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



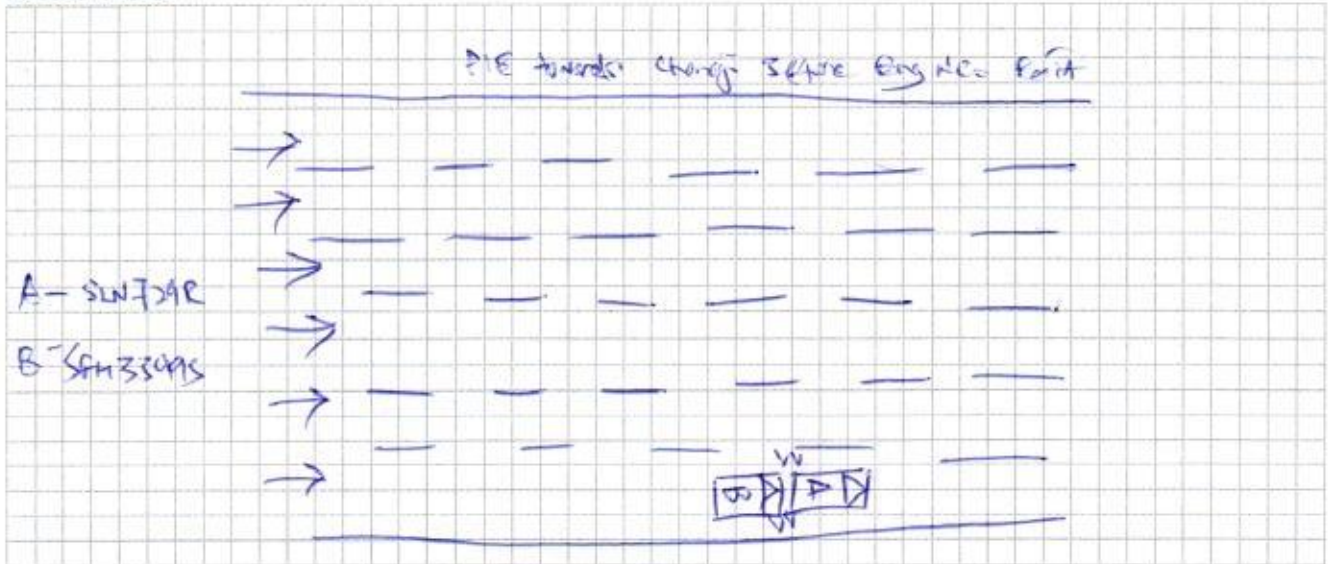
Driver's Signature
(If driver is not the policyholder)
Date & Time:



09/11/15

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Chongli Square on the northern side lane of a 6-lane, 2-way road. Somewhere before Eng Neo Exit, vehicles ahead of me slowed down and stopped due to heavy traffic jam. As such, I checked back and stopped accordingly. Out of the sudden, vehicle (B) came from the rear and collided directly into the rear portion of my vehicle.

A - SW 791 S
B - SW 5594 S

DECLARATION

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

Chongli
Policyholder's Signature
Date & Time:

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

[Signature] 09/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 8/11/18 Accident Time: 7:32AM (24-HR-Format)
 Accident Place : NIE Students Campus Before Fog New Exit
 Vehicle No. (Car Plate No.) : SLN 729R Make/Model: Samsung Frontier
 Insurance Company : ATI Policy No: 2140501555-101
 Owner or Company Name /IC No. : Chang Chee Meng (Zheng Zhiming)
 Owner or Company Contact No. : 96780433 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LT SHI QIAO
 DRIVER'S Date Of Birth : 28/11/1975 DRIVER'S License Pass Date 15/10/2029
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Girlfriend & Boyfriend
 DRIVER'S Address : 31C 128, Riverside St, #07-818, 11570128
 DRIVER'S Contact No./ Alt No. : (1) 81922072 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Jimmychangcm@yahoo.com.sg
 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): 0 No passengers
 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): Yes LT SHI QIAO

Other Party Driver's Particular (if any)

Vehicle No: <u>SHH 3399S</u>	Vehicle No: _____
Vehicle Make/Model: <u>Kia</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Workshop
 NSI Automotive Pte
 6842 0051

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7133796J**



Name



CHANG CHEE MENG
(ZHENG ZHIMING)

郑志明

Race

CHINESE

Date of Birth

26-09-1971

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S7133796J**

Name:

CHANG CHEE MENG
(ZHENG ZHIMING)

Birth Date: **26 Sep 1971**

Issue Date: **19 Jul 2003**



2136103



NRIC No: S7133796J

Blood Group: A+ Date of issue: 16-06-1994

APT BLK 313 BUKIT BATOK STREET 32 #12-35
SINGAPORE 650313

NRIC No: S7133796J Date: 06/05/2018

SINGAPORE 2204

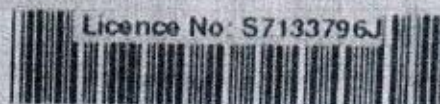
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DA

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

11 Jul 199

NP 428A



Licence No: S7133796J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7584114J



Name

LI SHI QIAO

李诗桥

Race

CHINESE

Date of birth

28-11-1975

Sex

F

Country of birth

CHINA

S7584114

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7584114J

Name:

LI SHI QIAO

Birth Date: 28 Nov 1975

Issue Date: 13 Oct 2009



001793700A



NRIC No. S7584114J

Date of issue

05-11-2007

Address

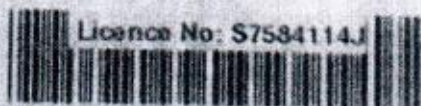
APT BLK 128 RIVERVALE STREET
#07-818
SINGAPORE 540128

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Oct 2009

NP 428A



Licence No: S7584114J



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chang Chee Meng (Zheng Zhiming)
Period of Insurance : 21 Apr 2018 To 20 Apr 2019
Engine No. : FB20Y599435
Chassis No. : JF1SJ5KC5HG086617

Vehicle No. : SLN729R
Policy No. : 2100507555-01
Endorsement No. : 000000000185232
Issued Date : 08 Mar 2018

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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" ("YIDP") 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 operative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chang Chee Meng (Zheng Zhiming) - \$1000 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Tee Payoh Singapore 319255 64172100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6328 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: MayBank

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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500519209

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Y. Tan

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSP/0000