

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

Date In: 19/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18020848/13	SAS e-filing		
Veh No: SFR85P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 16/11/18 1000	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: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Veh No: SM84763A 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: 67884616)	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

NA1807524	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 \$0		
	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	19/11/2018 10:44
Date Of Accident	16/11/2018 10:00
Exact Location Of Accident	PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR85P
Insured/Policyholder	
Name Of Registered Owner	CHENG TONG HEE(ZHUANG TONGXI)
NRIC No	S79293051
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96691881
Alternative Phone No	OTHERS-86979660

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS
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	1800044153
Cover Note Number	

Driver

Name of Driver	CHENG TONG WEE(ZHUANG TONGWEI)
NRIC No	S7633923F
Date Of Birth	01/03/1976
Occupation	INDOOR
Date Of Driving Pass	27/09/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86979660
Fax Number	
Contact Number	
Email Address	DERRICK_CHENG_76@HOTMAIL.COM

Address BLK 16 MARINE TERRACE
#12-46
Postcode 440016
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SIBLING
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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? 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) 3
Passenger 1 NAME: : LOW LAI KIM
GENDER: : FEMALE
Passenger 2 NAME: : MIKKO CHENG KA HWEE
GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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 SHB4763A
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

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)

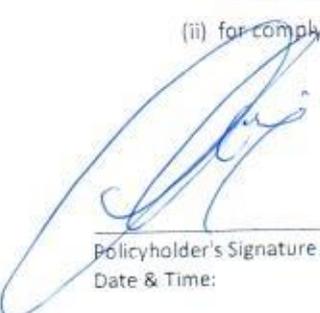
SKETCH PLAN

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:

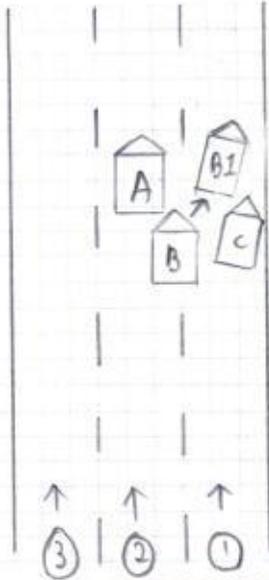


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/11/18

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

SKETCH PLAN



A = SFR85P
B = SHB4763A
C = unknown

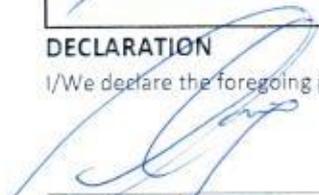
P/E towards Tinas
(Before CTE Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

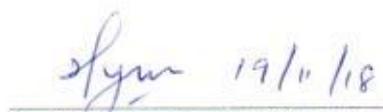
Refer to attach

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:

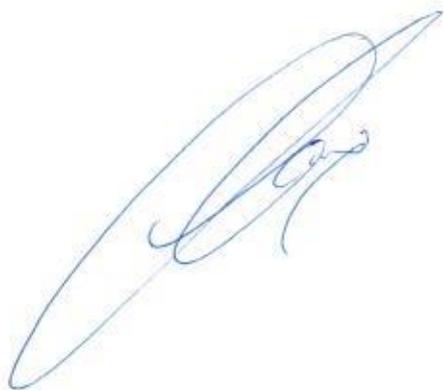

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 16.11.18 at about 10:00 hours along PIE towards Tuas (Before CTE Exit). I was travelling straight on the lane 2, suddenly I heard a loud bang and I realised it was vehicle (B) cut into my lane (from lane 1) and collided onto rear right hand side portion of my vehicle (A). It was a chain collision of total 3 vehicles involved and I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SFR 85P

Vehicle (B): SHB 4763A

Vehicle (C): Unknown



SINGAPORE ACCIDENT STATEMENT

Accident Date:	16/11/2018	Time:	10:00	(hh:mm) 24 hr format
Location	PIE towards Tuas (Before CTE Exit).			
Vehicle Number	SFR 85P			
Insured Name	Cheng Tong Hee			
NRIC/FIN	S79293051	Contact Number	9669 1981	
Make	Toyota	Model	Lexus GS350.	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	AIG.			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	1800044153.			
Name of Driver	Cheng Tong Wee	() Same as Insured		
NRIC / FIN	S7633923F.	Contact Number	8697 9660.	
Date of Birth	01/03/1976.			
Driving Pass Date	27/09/2017.			
Occupation	(<input checked="" type="checkbox"/>) Indoor	() Outdoor		
Gender	(<input checked="" type="checkbox"/>) Male	() Female		
Email Address	derrick_cheng_76@hotmail.com.	() NO EMAIL		
Address of Driver	Blk 16 Marine Terrace #12-46 Singapore 44016.			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend (<input checked="" type="checkbox"/>) Relative () Children (<input checked="" type="checkbox"/>) Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party				
	Name / Nric	Contact		
Veh B	SMB 4763A			
Veh C	unknown.			
Veh D				
Veh E				
Veh F				

Passenger = Low Lai Kim (F)

= Mikko Cheng Ka Hwee (F).

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7633923F



CHENG TONG WEE
(ZHUANG TONGWEI)

庄通伟

CHINESE

Date of birth: 01-03-1978 Sex: M

Country of birth: SINGAPORE

SLZ 1137D
driver

4057669



NPIC No: S7633923F

Date of issue: 28-05-2007

APT BLK 16 MARINE TERRACE #12-46
SINGAPORE 440016

NPIC No: S7633923F

Date: 07/08/2008

No: 6021082

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7633923F
Name: CHENG TONG WEE (ZHUANG TONGWEI)
Birth Date: 01 Mar 1976
Issue Date: 27 Sep 2017

002728079C



SLZ 1137D

driver

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	27 Sep 2017

NP 42SA



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7929305I



Name
CHENG TONG HEE
(ZHUANG TONGXI)

姓 名
莊 通 喜

Race
CHINESE

Date of birth
16-09-1979

Sex
M

Country of birth
SINGAPORE

SL Z1137D

Owner

4489390



NRIC No. S7929305I



Date of issue
29-09-2009

APT BLK 880A TAMPINES AVENUE 8 #02-29B
SINGAPORE 521880

NRIC No. S7929305I

Date: 23/03/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S79293051**
 Name: **CHENG TONG HEE (ZHUANG TONGXI)**

Birth Date: **16 Sep 1979**
 Issue Date: **04 Jun 2003**

000532571F





SLZ 1137D

Owner

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

	PASS DATE
Class 2B Motorcycles <= 200 CC	18 Nov 2014
Class 2A Motorcycles between 201 CC and 400 CC	23 May 2016
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2700 kg	16 Jul 2001
Class 4 Heavy motor cars and motor tractors > 2700 kg	24 Jun 2005

S / No. 9000042486

S79293051

NP 428A

License No. S79293051





CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : CHENG TONG HEE (ZHUANG TONGXI)
Period of Insurance : 24 Apr 2018 To 29 Apr 2019
Engine No. : 2GR8752521
Chassis No. : JTHBE1BL605007592

Vehicle No. : SFR85P
Policy No. : 1800044153
Endorsement No. : 000000000205513
Issued Date : 05 Jun 2018

ABOUT THE COVER

Make/Model	LEXUS GS350	Sum Insured	Market Value	First Year of Registration	2012
Engine Capacity/Tonnage	3,456.00 CC	Off Peak Car	No	Insuring with COE/PARF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving in the Policyholder's order or with his/her permission.
 *The Policy will cover only the Policyholder or any authorized driver only. The driver needs the specified car condition.
 *You have to pay an additional sum of \$1,000 for using motor Insured/Registered Driver Excess (MIDRE) if you are a New Authorized Driver (named or unnamed) 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 will not cover use for hire or reward, driving school, driving licence training, taxi-hailing, limousine, hire or loan, including the carriage of goods or other third parties in connection with any trade or business or use for any purpose in connection with Motor Cycle.

*Limitation as to use is subject to Section 8 of the Motor Vehicles Third Party Risk and Compensation (Act Cap. 186) and Section 45 of the Road Transport Act 1987. Maximum amount to be insured under these headings.

EXCESS

Section 1
 Fire, \$1,000; Car Damage, \$500; Theft, \$0; Flood Cover, \$0.

Section 2
 Private Damage, \$0.

Windscreen : 100

Named Driver and Excess (where applicable)

CHENG TONG HEE (ZHUANG TONGXI) - \$500 (Car Damage)

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

All claims must be repaired by the vehicle may be claimed only by one of our Authorized Repairers.
 For other Approved Reporting Centres/Authorised Repairers, please contact us at your accident emergency hotline at 9113 02 6233. Alternatively, you may refer to AIG website www.aig.com.sg or 800-50 0000 (Singapore), AIG 50 0000 0000 (AIG 50 0000 0000 (Singapore).

IMPORTANT NOTES

Hire Purchase Company Employers 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 Risk and Compensation (Act Cap. 186) Part A, of the Road Transport Act 1987, Malaysia and Motor Vehicles Third Party Risk and Compensation (Act Cap. 186) Part A, of the Road Transport Act 1987, Malaysia.

1504631000

B A S INSURANCE AGENCY
 NO 30 KAN BUNT ROAD SINGAPORE
 SINGAPORE 478119

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE