

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA1866547**

Date In: 27/12/18 - 19/14	Job description	Date & Time Completed	Done by
Ref No: NA/A168023229/24	SAS e-filing		
Veh No: 5VE855	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/12/18 - 24/15	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **RZ5 197R** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Tot Bill	Adj Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
Cat 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat 2 / 3:	9) N12: Idac Mobile 30		

For claiming against INC Only. (wef 10 Jan 2005)

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 willful 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	27/12/2018 19:14
Date Of Accident	26/12/2018 21:55
Exact Location Of Accident	JUNC GRANGE RD TWDS ORCHARD BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8585S
Insured/Policyholder	
Name Of Registered Owner	KELVIN FOO YONG KEAT
NRIC No	S7723648A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96358585
Alternative Phone No	OFFICE-96358585

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	2100351287-04
Cover Note Number	

Driver

Name of Driver	KELVIN FOO YONG KEAT
NRIC No	S7723648A
Date Of Birth	26/08/1977
Occupation	INDOOR
Date Of Driving Pass	16/09/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96358585
Fax Number	
Contact Number	OFFICE-96358585
EMail Address	NOEMAIL

Address	BLK 623 SENJA ROAD #17-112
Postcode	670623
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : NONG THI TRIIC GIANG 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ5197R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWOK SAU YI CHARMAN
NRIC/Passport Number	S8270080C
Contact Number	90937895
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KELVIN FOO YONG KEAT
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJV8585S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NONG THI TRIIC GIANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJV8585S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

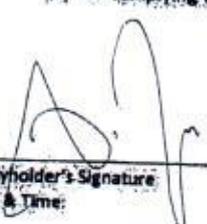
SKETCH PLAN

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 Authorized 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at the Junction of Grange^{road} turning to Orchard Boulevard. When the traffic light turn green, I proceed to make a left turn. However vehicle (B) who was travelling on the lane to my left proceed straight instead. I wish to state that the lane which vehicle (B) was travelling on is only for left turn.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 26 Dec 2018 (DD/MM/YY) Time: 2155 (HH:MM)
Exact location of accident	Grange Road Junction turning to Orchard Road

Details of vehicle

Vehicle registration number	SFV 85855		
Vehicle make and model	Mercedes E250		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	AIG		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	kelvin Foo Yong Keat	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 7723648A		
Contact	9625 8585		
Address	Block 623 Lengua Road #17-112 Singapore 670623		

Driver

Same as insured above (skip to D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	26 Aug 1977		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	16 Sept 2000		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>self.</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>2</u>	(Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name	_____	

Third party vehicle 1

Name	kwok lau yi chornchn .
Contact number	9093 7895
NRIC / Fin / Passport number	8 8270080C
Vehicle registration number	8125197R.
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Kelvin Foo Young Keat.	
Injuries sustained	Neck & Back.	
Which vehicle person in?	SV 85855.	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name	NONG THI TRUC GIANG	
Injuries sustained	Neck & Back	
Which vehicle person in?	SV 85855.	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7723648A**
 Name: **KELVIN FOO YONG KEAT**
 Birth Date: **26 Aug 1977**
 Issue Date: **15 Feb 2012**

0020430938

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7723648A**




 Name: **KELVIN FOO YONG KEAT**
符永杰
 Race: **CHINESE**
 Date of birth: **26-08-1977** Sex: **M** **S7723648A**
 Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	05 Jul 1995
Class 2A Motorcycles between 201 cc and 400 cc	20 Jul 1999
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	16 Sep 2000

NP 428A



Licence No: S7723648A

483303



NRIC No: S7723648A



Date of issue: 14-02-2012

APT BLK 623 SENJA ROAD #17-112
SINGAPORE 670623

NRIC No: S7723648A Date: 07/11/2018

AUTOPLUS PRIVATE VEHICLE

 Policy No 2100351287-04
 Period of Insurance 28 Dec 2017 to 27 Dec 2018

Issued Date 24 Nov 2017

ABOUT THE POLICYHOLDER

 Name of Policyholder Kelvin Foo Yong Keat
 Address 623 Senja Road
 #17-112
 SINGAPORE 670623
 Occupation/Nature of Business Manager/Director/Management

ABOUT THE VEHICLE

Registration No.	SJV8585S	Engine Capacity/Tonnage	1,796.00 CC
Chassis No.	WDD2120472A092898	Engine No	27186030007363
Seating Capacity	4	First Year of Registration	2009
Make/Model	MERCEDES BENZ E250 CGI BE	Body Type	Sedan
Hire Purchase Company/Employer's Loan	MayBank		

ABOUT THE COVER

Sum Insured	Market Value	Off Peak Car	No
Driver Restriction	NA	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 Inexperienced Driver Excess" (YIDPE) 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
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Limitation as to use

Use only for social, domestic and pleasure purposes and for the Policyholder's private use. This Policy does not cover use for hire or reward, driving lesson, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than 480kg, in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits

Act of God, Dealer (7 yrs 3 years from original registration) + AIG Authorized Workshops, Waiver of Excess, PA to Authorized Driver / Unnamed Passenger - \$10,000, PA Insured - \$10,000, 11yr Replacement Cover - \$600, Vitec, Robt and Civil Corrothers, Loss of Use 1500hr - 1600hr, Original In-Car Camera Excess Waiver, NCD Protector

EXCESS

Section 1
 Fire - \$0, Over Damage - \$600, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver
 Kelvin Foo Yong Keat - \$500 (Over Damage)

PREMIUM

Premium	\$	985.23
GST (7%)	\$	68.97

Total \$ 1,054.20

Your Premium includes the following discount(s)

Safe Driver Discount - 5.00%, No Claim Discount - 50%