

NATIONAL Assessment Centre Services. [ver 1 Jan03] MNA 119004378

Date In: 10/01/19 14:32	Job description	Date & Time Completed	Done by
Ref No: NAI AIG190006021h4	SAS e-filing		
Veh No: SMA 8091A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/1/19 17:45	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKU 4334H	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

Client's Particulars:	MNA 1900-289
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
At: 1:	
At: 2/3:	

Invoice Ref: ()	Amount (\$)	Amount (\$)
1) AL: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For obtaining against INC Only (wef 10 Jan 2003)		
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 Coordination \$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	10/01/2019 14:32
Date Of Accident	09/01/2019 17:45
Exact Location Of Accident	CHOA CHU KANG NORTH AVE 5 TWDS WOODLANDS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8091A
Insured/Policyholder	
Name Of Registered Owner	LEE TECK BOON
NRIC No	S1387052G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96868543
Alternative Phone No	OFFICE-96868543

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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	1800103726
Cover Note Number	-

Driver

Name of Driver	LEE TECK BOON
NRIC No	S1387052G
Date Of Birth	21/01/1959
Occupation	INDOOR
Date Of Driving Pass	12/05/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96868543
Fax Number	
Contact Number	OFFICE-96868543
EMail Address	NOEMAIL

Address	BLK 464 CHOA CHU KANG AVE 4 #02-27
Postcode	680464
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 - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4774H
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


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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.

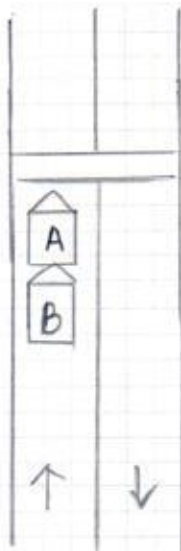

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Red
Light →



A = SMA 8091A

B = SKU 4774H

Choa Chu Kang Avenue 5
towards Woodlands Road

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 09.01.19 at about 17:45 hours. I was travelling along Choa Chu Kang North Ave 5 towards Woodlands Road. While I was travelling on the left lane and stationery waiting for the traffic light to turn green.

Suddenly, I heard a loud bang from behind and when I alighted, I realized it was Vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SMA8091A

Vehicle (B) : SKU4774H

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SINGAPORE ACCIDENT STATEMENT

Accident Date: 09/01/2019		Time: 17:45		(hh:mm) 24 hr format	
Location Choa Chu Kang North Ave 5 towards Woodlands Road.					
Vehicle Number SMA 8091A					
Insured Name Lee Teck Boon					
NRIC / FIN 513870526		Contact Number 9686 8543.			
Make Mazda		Model 6			
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					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 21/01/1959					
Driving Pass Date 12/05/1977					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor Self-Employ.					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address weijing1993@hotmail.com		() NO EMAIL			
Address of Driver Blk 464 Choa Chu Kang Avenue 4					
#02-27 Singapore 680464.					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () 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		SKU 4774H			
Veh C					
Veh D					
Veh E					
Veh F					

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1387052G



LEE TECK BOON

Race
CHINESE

Date of Birth 21-01-1959 Sex M

Country of Birth
SINGAPORE

SMAS091A

Owner Schneider

A0116448



NRIC No S1387052G

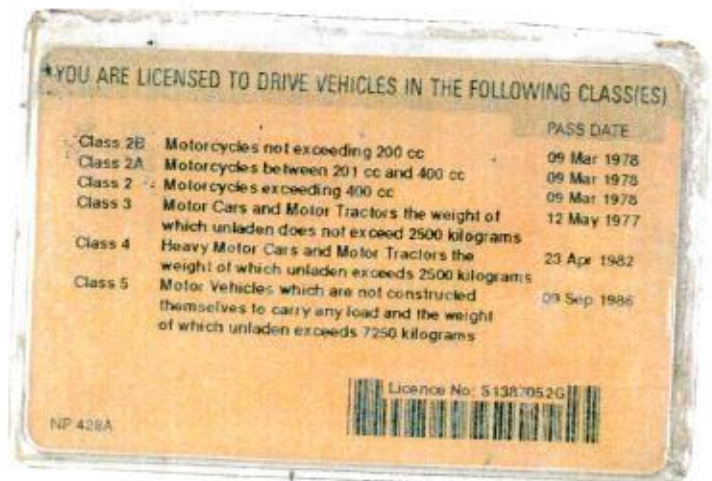
Blood Group O+ Date of issue 25-03-2002

Address
APT BLK 464 CHOA CHU KANG AVENUE 4
#02-27
SINGAPORE 680464



SMA 8091A

Arthur Schöner





CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : LEE TECK BOON
Period of Insurance : 28 Aug 2018 To 27 Aug 2019
Engine No. : PY20419154
Chassis No. : JM6GJ1031F0141101

Vehicle No. : SMA8091A
Policy No. : 1800103726
Endorsement No. :
Issued Date : 28 Aug 2018

ABOUT THE COVER

Make/Model : MAZDA 6 2.5

Engine Capacity/Tonnage : 2,488.00 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 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" ("YIDER") 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.

* 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 - \$750 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE TECK BOON

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

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: SING INVESTMENTS & FINANCE LTD

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).

0504615000

COSMO INSURANCE AGENCY PTE LTD

210 TURF CLUB ROAD LOT A16, THE GRANDSTAND

SINGAPORE 287995

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Cosmo Insurance Agency Pte Ltd