# NATIONAL Assessment Centre Services (wef 1 Jan'00)

| | | | |
|---|---|---|---|
| Date In: 12/02/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG190025 69/13 | SAS e-filing | | |
| Veh No: SLC7860E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 08/02/19 2255 | 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: ( Tel: Fax: )

TP Particulars: Veh No: SLU8473M 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%. F: 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |

NA1901272

**Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

**QC Checked by (Engr-In-Charge):**

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:

| **Invoice Preparation Checklist** | | Amt ($) 1st Bill | Amt ($) Add Bill |
|---|---|---|---|
| 1) AR : Accident Reporting ($30); | | | |
| 2) DA : Damage Assessment ($100); INC ($80) | | | |
| 3) TF : Towing Fee | $40/$45 | | |
| 4) FT : Follow-Through Survey | $120 | | |
| 5) FT : Follow-Through Survey (Resurvey) | $30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | | |
| 6) TR : Re-inspection | $75 | | |
| 7) N1 : Idac DA + SMRT Survey | $160 | | |
| 8) NTUC Additional Services:- | | | |
| OD* | | | |
| *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: Idac Mobile | 30 | | |
| *Invoice dated* | *Fee Charged* | | |
| *Invoice dated* | *Fee Charged* | | |

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 12/02/2019 19:02**

# 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 witholding 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 | 12/02/2019 17:49 |
| Date Of Accident | 08/02/2019 22:55 |
| Exact Location Of Accident | KJE ENTER SLIP RD INTO CHOA CHU KANG DRIVE |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLC7860E |
| **Insured/Policyholder** | |
| Name Of Registered Owner | QUA CHOON LING YVONNE |
| NRIC No | S1763854H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97684412 |
| Alternative Phone No | OTHERS-98484849 |
| **Vehicle Particulars** | |
| Manufacturer | SUZUKI |
| Model | X-CROSS |
| 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 | REPORTING ONLY |
| 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 | 2100467734-02 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | OEN BENG KWEE JEROME |
| NRIC No | S6831692H |
| Date Of Birth | 28/09/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/03/1989 |
| Driving Experience | 29 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98484849 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 518 JELAPANG RD<br>#10-265 |
| Postcode | 670518 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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? | 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: : FARHANA<br>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? | NO |
| Was there any audio recorded? | NO |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

| | |
|---|---|
| Vehicle Registration Number | SLU8473M |
| Vehicle Make/Model/Colour | MITSUBISHI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN PUAY LENG |
| NRIC/Passport Number | S8608961J |
| Contact Number | 97933279 |
| 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.

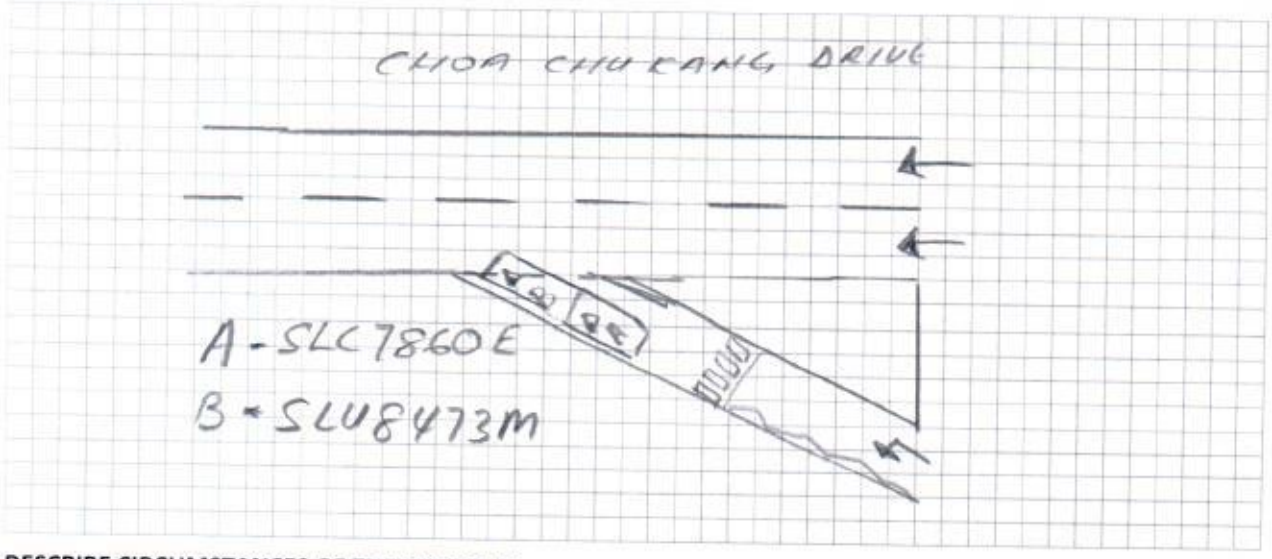
   (e) the information so collected under (d) above may be shared / disclosed:

   (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<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: 9/2/19 | 13/02/19<br>Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

P/s refer to the statement.

**DECLARATION**

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

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: 9/2/19 | 12/02/19<br>Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

I WAS TRAVELLING FROM KJE ENTER SLIP RD INTO CHOA CHU KANG DRIVE.INFRT OF MY VEH(B) STOP AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AND I FOLLOWED SUIT.WHEN VEH B MOVE OFF,I LOOK ONTO MY RIGHT AND WHEN THE ROAD WAS CLEAR,I PROCEED TO MOVE OFF.SUDDENLY VEH B STOP WHEN THE ROAD WAS CLEAR AND I HAVE NOT ENOUGH TIME TO REACT MY VEH HIT ONTO THE REAR PORTION OF VEH B.

# ACCIDENT STATEMENT

ACCIDENT DATE: (08/02/2019) (DD/MM/YYYY), TIME: (~~20~~ 22 : 55) (HH:MM)

LOCATION: ICJE ENTER SLIP ROAD INTO CHUA CHU KANG DRIVE

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLC 7860E
   b) INSURANCE COMPANY: AIG
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: SUZUKI X-CROSS
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A) NAME: QUA CHOON LING YVONNE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1763854H CONTACT: 97684412
   c) ADDRESS: BLK 518, #10-05, JELAPANG ROAD
   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (2)

3. **DRIVER**
   a) NAME: OEN BENG KWEE JEROME (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6831692H CONTACT: 98684849
   c) ADDRESS: BLK 518, #10-205, JELAPANG ROAD

FARHANA (F)

   *d) DATE OF BIRTH: (28/09/1968) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 23
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS )
   b) ROAD SURFACE: (DRY / WET / OTHERS )
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SLM 8423M MODEL: MITSUBISHI
   b) DRIVER'S NAME: TAN PUAY LENG
   c) NRIC/FIN/PASSPORT: S8608961/J CONTACT: 97933279

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (__)

09/02/19
waiting for CI ✓

email =
fax =
VIDEO =

RP or OD
to be
confirm

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6831692H

Name

OEN BENG KWEE JEROME

Race

CHINESE

Date of birth

28-09-1968

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6831692H

Name

OEN BENG KWEE JEROME

Birth Date: 28 Sep 1968

Issue Date: 28 Jan 2015

002389436G

4557871

NRIC No. S6831692H

Date of issue

25-03-2010

Address

APT BLK 518 JELAPANG ROAD
#10-265
SINGAPORE 670518

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

| | | EFFECTIVE DATE |
|---|---|---|
| Class 3 | Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 20 Mar 1989 |

Licence No: S6831692H

NP 428A

AIG

# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE -

| | | | |
|---|---|---|---|
| **Name of Policyholder** | : Qua Choon Ling Yvonne | **Vehicle No.** | : SLC7860E |
| **Period of Insurance** | : 26 May 2018 To 25 May 2019 | **Policy No.** | : 2100467734-02 |
| **Engine No.** | : M16A1989441 | **Endorsement No.** | : |
| **Chassis No.** | : TSMJYA22S00406743 | **Issued Date** | : 10 May 2018 |

## ABOUT THE COVER

| | | | | | |
|---|---|---|---|---|---|
| Make/Model | : SUZUKI S-CROSS | | | | |
| Engine Capacity/Tonnage | : 1,586.00 CC | Sum Insured | : Market Value | First Year of Registration | : 2016 |
| Driver Restriction | : NA | Off Peak Car | : No | 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" ("YIDR") 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 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 - $600 Theft - $0 Flood Cover - $0

**Section 2**
Property Damage - $0

**Windscreen :** $100

Named Driver and Excess (where applicable)

Qua Choon Ling Yvonne - $600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 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: HONG LEONG 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).

0030213358

AIG - AUTO DIRECT
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120
**Underwritten by AIG Asia Pacific Insurance Pte. Ltd.**

**AIG Asia Pacific Insurance Pte. Ltd.**
AUTHORISED REPRESENTATIVE
AIGSOMOBILEAPP

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