

# NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119038545

Date In: 25/13/19 11:23	Job description	Date & Time Completed	Done by
Ref No: NAI 1161900 5272164	SAS e-filing		
Veh No: SDW 8193E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 23/13/19 13:05	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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 / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SKS 4302Y	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 Refine 67886016)

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:	NA 1902154	Invoice Duration Check	Amount (\$)	Amount (\$)
Driver/Owner:		1) AL: Accident Reporting (\$30)	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/45		
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120		
Auditor's Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
Tel: 1		For claiming against INC Only (ver 10 Jan 2003)		
21/3/3		6) TR: Re-inspection \$75		
		7) NI: Idan DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repairs Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Bxone Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idan 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	25/03/2019 11:23
Date Of Accident	23/03/2019 13:05
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH EXIT LANE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW8193E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA SZU CHIAP (CAI SIJIE)
NRIC No	S7531406Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98717189
Alternative Phone No	OFFICE-98717189

### 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	2100495704-02
Cover Note Number	-

### Driver

Name of Driver	CHUA SZU CHIAP (CAI SIJIE)
NRIC No	S7531406Z
Date Of Birth	20/10/1975
Occupation	INDOOR
Date Of Driving Pass	20/02/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98717189
Fax Number	
Contact Number	OFFICE-98717189
Email Address	NOEMAIL

Address	108 GERALD DRIVE #01-23
Postcode	799035
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS4302Y
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

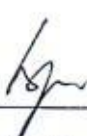
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

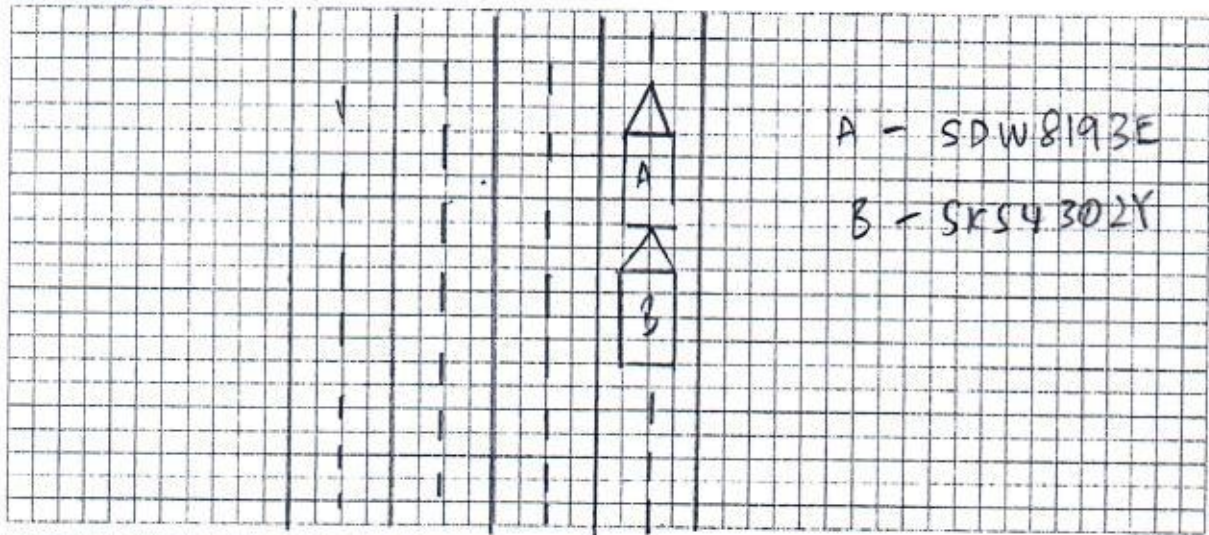
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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

On the stated date and time, I was driving my vehicle A along PIE towards Changi before Ton Pagar exit, in front of the vehicle slow down, I follow suit. Suddenly Vehicle B hit on my rear portion.

## 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.:



Date of Accident : 23/03/19 Accident Time: 13-05 (24-HR-Format)  
Accident Place : PIE TOWARDS CHHNGI BEFORE TDA PAYOH EXIT Lane 1  
Vehicle. No. (Car Plate No.) : SDW 8193E Make/Model: Subaru Forester  
Insurance Company : AIG Policy No: 2100495704-02  
Owner or Company Name /IC No. : chua szu chiap / 575314062  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHUA SZU CHIAP  
DRIVER'S Date Of Birth : 20/10/1975 DRIVER'S License Pass Date 20/2/1997  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : 760 Bedok Reservoir Road #10-07 S(4479245)  
DRIVER'S Contact No./ Alt No. : 1) 98717189 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : chuaszuchiap@gmail.com  
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): 01  
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): NO

Other Party Driver's Particular (if any)

Vehicle. No: SKS 4302Y CWTUC

Vehicle. No: \_\_\_\_\_

Vehicle Make/Model: Hyundai Elantra

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

6045829

NRIC No. S7531406Z

Date of issue  
19-05-2012

Address  
108 GERALD DRIVE  
#01-23  
SINGAPORE 799035

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7531406Z

Name

CHUA SZU CHIAP  
(CAI SIJIE)

蔡思捷

Race

CHINESE

Date of birth

20-10-1975

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7531406Z**  
Name

**CHUA SZU CHIAP**  
(CAI SIJIE)

Birth Date **20 Oct 1975**

Issue Date **23 Sep 2013**

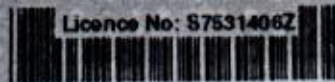


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

**Class 3** Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **20 Feb 1997**

NP 428A







# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chua Szu Chiap (Cai Sijie)  
Period of Insurance : 30 Dec 2018 To 29 Dec 2019  
Engine No. : FB20Y494044  
Chassis No. : JF15J5KC5GG081175

Vehicle No. : SOW8193E  
Policy No. : 2100495704-02  
Endorsement No. :  
Issued Date : 07 Dec 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 : 2016  
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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and/or inexperienced Driver Excess" ("YIDER") if You are or Your Authorized 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\*

One 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 tour 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 1500pc - 1600pc

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Chua Szu Chiap (Cai Sijie) - \$800 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Tua Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 513 Mobile App. Simply search and download "AIG 513" from iTunes or Google Play.

### IMPORTANT NOTES


Hire Purchase Company/Employer's Loan: HL Bank

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) and Part 5A of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

05/06/19221

TAN CHONG CREDIT SUBARU-SJT  
#11 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Singapore: 100-100 AIG Building 1078120 TEL: +65 6416 3839 / [www.aig.com.sg](http://www.aig.com.sg)