

NATIONAL Assessment Centre Services.

(ref 1 Jan 08)

NA902145

Date In: 25/02/2019 17:51	Job description	Date & Time Completed	Done by
Ref No: NA902145	SAS e-filing		
Veh No: SFU 257B	E-mail (e-mail 2hrs, AIG 2hrs)		
D.O.A: 25/02/2019 10:10	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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PA 98HE	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Location	Notes

NA902145	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$20)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	NS: Courtesy Car / Tpr Allowance \$5	
	NR: Repair Co-ordination \$25	
	NR: Post Repair Inspection \$5	
	NR: DV / Collect Excess Coordination \$30	
	FP (NI): TP (INC) \$30	
	NI: Idas Mobile	
	1) Date dated	Fee Charged
	2) Date 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 17:51
Date Of Accident	25/03/2019 10:10
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU2097B
Insured/Policyholder	
Name Of Registered Owner	PUA KIM LING NEE TEO PUEY SOO
NRIC No	S0131603F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90554150
Alternative Phone No	OTHERS-90554150
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100521447-13
Cover Note Number	
Driver	
Name of Driver	PUA KIM LING NEE TEO PUEY SOO
NRIC No	S0131603F
Date Of Birth	18/06/1943
Occupation	INDOOR
Date Of Driving Pass	15/02/1968
Driving Experience	51 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90554150
Fax Number	
Contact Number	OTHERS-90554150
Email Address	NOEMAIL

Address	10 LEMON AVENUE
Postcode	277810
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	SIDE SWIPE
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)	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 SKETCH PLAN

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	PA9878E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG KIM SOON
NRIC/Passport Number	S0937168J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

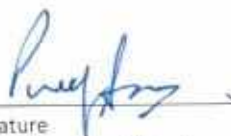
IMPORTANT NOTICE


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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.:

Shell.



① SFU 2097B
② PA9878E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Duneen Road when the accident happened.

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: Rosh
NRIC/FIN No.: U101000000

ACCIDENT STATEMENT

ACCIDENT DATE: 25/03/2019 (DD/MM/YYYY), TIME: 10:10 ^{9M} (HH:MM)

LOCATION: Along Dunearn Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFU 20978
 b) INSURANCE COMPANY: AIA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios (1.5L)
 f) TYPE: (SEDAN / 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Pua Kim Ling Nee Teo Poo Soo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0131603F CONTACT: 90554150
 c) ADDRESS: 10 Lemon Ave (S) 277810

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Pua Kim Ling Nee Teo Poo Soo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0131603F CONTACT: 90554150
 c) ADDRESS: 10 Lemon Ave (S) 277810

* d) DATE OF BIRTH: 18 / June 1943 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 Feb 1968

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: PA 9878E MODEL: _____
 b) DRIVER'S NAME: Ang Kim Soon
 c) NRIC/FIN/PASSPORT: S0937168J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0131603F



Name

PUA KIM LING NEE TEO
PUEY SOO

张佩纯

Race

CHINESE

Date of Birth

18-06-1943

Sex

F

Country of Birth

CHINA



1823275



NRIC No. S0131603F

Blood Group

A+

Address

10 LEMON AVENUE
SINGAPORE 1027

PAY CHECK

PLUS!

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S0131603F**
 Name:
PUA KIM LING NEE TEO
PUEY SOO

Birth Date: **18 Jun 1943**
 Issue Date: **27 Dec 2002**


 000062613G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Date
Class 1	Motor Cars and Motor Tricycles the weight of which unladen does not exceed 2000 kilograms	18 Feb 1968


 Licence No: S0131603F

NP 426A



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Pua Kim Ling Nee Teo Puey Soo
Period of Insurance : 26 Apr 2018 To 25 Apr 2019
Engine No. : 1NZX257687
Chassis No. : MR053HY4204127169

Vehicle No. : SFU2097B
Policy No. : 0100521447-13
Endorsement No. :
Issued Date : 23 Mar 2018

ABOUT THE COVER

Make/Model	TOYOTA VIOS	Sum Insured	Market Value	First Year of Registration	2005
Engine Capacity/Tonnage	1,497.00 CC	Off Peak Car	No	Insuring with COE/PAFF	Yes
Driver Restriction	NA				

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.

Age Condition : 30 years old and above

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 imperative 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 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Pua Kim Ling Nee Teo Puey Soo, PUA KIM LING / EXCESS=\$31500.00

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 can be carried out at the Repairer of Your Choice (unless specifically excluded by Us)

For 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: The Hongkong and Shanghai Banking Corporation Ltd

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).

0207008000

CHEW JUAN NGOH JANET
371 ALEXANDRA ROAD #10-15 AJA ALEXANDRA
SINGAPORE 159963 SP-FS VISION
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
JUAN NGOH JANET CHEW