

NATIONAL Assessment Centre Services. [part 1 Jan 03] **MAA419044633**

Date In: 05/04/2019 18:16	Job description	Date & Time Completed	Done by
Ref No: UBA181990062717	SAS e-filing		
Veh No: SKH 1108 U	E-mail (Wjola 2hrs, AIC 2hrs)		
D.O.A: 04/04/2019 15:30	I-Motor Claim Form		
OID <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (With: 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: () Toll () Fax ()

TP Particulars: Yeh No: **GBB 37K** 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

NA1902419	Invoice #	1) AR: Accident Reporting (\$30)	
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:		3) TP: Towing Fee	\$10/\$45
Damaged Portion:		4) FT: Follow-Through Survey	\$120
QC Checked by (Engi-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:		For claiming against INC Only (waf 10 Jan 2003)	
		6) TR: Re-inspection	\$75
		7) NI: Idax DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		OID	
		* NS: Courtesy Car / TPR Allowance	\$5
		* NG: Repair Coordination	\$10
		* NR: Post-Repair Inspection	\$25
		* NO: DV / Collect Excess Coordination	\$5
		TP (NI) / TP (Non-INC) against INC	\$20
		9) NI: Idax 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	05/04/2019 18:16
Date Of Accident	04/04/2019 15:30
Exact Location Of Accident	OUTRAM SERVICE RD OF CTE TOWARDS AMK DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1108U
Insured/Policyholder	
Name Of Registered Owner	PEARL TAN SOCK PENG (CHEN SHUBING)
NRIC No	S7240405Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91890081
Alternative Phone No	OTHERS-97252881

Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK 2.5
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	2100505604-02
Cover Note Number	

Driver

Name of Driver	CHIA CHOON KIT
NRIC No	S7033827J
Date Of Birth	29/09/1970
Occupation	INDOOR
Date Of Driving Pass	20/05/1988
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91890081
Fax Number	
Contact Number	OTHERS-97252881
Email Address	NOEMAIL

Address	19 LORONG BIAWAK
Postcode	358785
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : PEARL TAN SOCK PENG (CHEN SHUBING) 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

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	GBB37K
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM PENG SIANG
NRIC/Passport Number	F8162804K
Contact Number	83167793
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCY3211X
Vehicle Make/Model/Colour	LEXUS RX 270
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG CHUI HO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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)

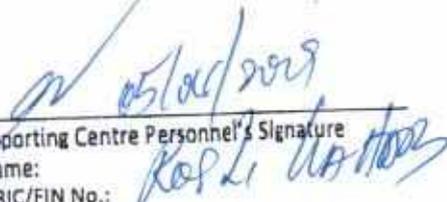
I understand, acknowledge, agree and consent that:

- (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
Date & Time:



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



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

SKETCH PLAN

(A) SKH 11084

(B) GBB 37K

(C) SCY 3211X

Ang direction

(from outtram)

Service Road of CTE towards N



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(from outtram)

On 04/04/19, at about 3.30pm, I am travelling along service Road of CTE towards Ang mo kio direction. At that point of time, the car are travelling slowly, cars ahead of me slow and stopped. I too slow down, and suddenly I felt an impact on my rear and my vehicle came to a stopped. I did not hit onto any vehicle aheads when I got down, I found myself in a 3 cars chain collision and I am the first car. My wife whom is the passenger and also the owner of this vehicle felt some unwell and will go seek doctor after which.

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/ID No.:

Date of Accident : 04/08/19
 Accident Time: 3:30pm (24-HR-FORMAT)
 (From outtram Rd)
 Accident Place : Service Road of CTE towards Ang mo kio direction.
 Vehicle Reg. No (Car plate No.) : SKH 11084
 Vehicle Make/Model : Subaru outback 2.5 1-5
 Insurance Company : AIG Policy No. 2100505604-02
 Owner or Company Names / IC NO: Pearl Tan sock peng (chen shubing) / S72404057
 Owner or Company Contact No. : 91840081 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : Chia choon kit / S7033827J
 DRIVER'S Date of Birth : 29/09/1970 DRIVER'S License Pass Date 20 may 1988
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 19 Lorong Biauwak (S) 358785
 DRIVER'S Contact No./ Alt No. : 1) 9725 2881 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) director
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET light rain.
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 2 male, 1 female
 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

(B)

Other Party Driver's Particulars (if any)

(C)

Vehicle Reg No: GBB 37K

Vehicle Make/Model: Nissan

Name DRIVER: Lim Peng Siang

IC No. DRIVER: F8162804K

DRIVER'S Contact & add: 8316 7793

Vehicle Reg No: SCY 3211X

Vehicle Make/Model: LEXUS RX270.

Name DRIVER: Kang Chul Ho

IC NO. DRIVER: _____

DRIVER'S Contact & add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7033827J



CHIA CHOON KIT

謝俊傑

CHINESE
Date of Birth: 29-09-1970 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7033827J

CHIA CHOON KIT

Birth Date: 29 Sep 1970
Issue Date: 19 Apr 2003

000398186E



1314988

NRIC No. S7033827J



Valid Until: 28-09-1993

18 LORONG DUAWAK
SINGAPORE 358785
NRIC No: S7033827J

Date: 05/03/2015

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

Class	Description	PASS DATE
Class J	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 May 1988



NP 428A

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Pearl Tan Sock Peng (Chen Shubing)
Period of Insurance : 31 Mar 2019 To 30 Mar 2020
Engine No. : FB25Y626894
Chassis No. : JF1BS9KC2HG059677

Vehicle No. : SKH1108U
Policy No. : 2100505604-02
Endorsement No. :
Issued Date : 26 Mar 2019

ABOUT THE COVER

Make/Model : SUBARU OUTBACK 2.5 I-S
Engine Capacity/Tonnage : 2,498.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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.

Loss of Use 1500cc - 1600cc

* 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, 1967 (Malaysia) are not to be included under these headings

EXCESS**Section 1**

Fee - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100 *

Named Driver and Excess (where applicable)

Pearl Tan Sock Peng (Chen Shubing) - \$1400 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 310255 64170100

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: United Overseas Bank Limited

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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619218

TAN CHONG CREDIT SUBARU-ACL
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

ESP/DM

78 Shenton Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the