

NATIONAL Assessment Centre Services. [ref: 1 Jan 2005] <b>MAY 9049167</b>			
Date In: <b>15/04/2019 17:48</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NEA/AUG19006650/Y</b>	SAS e-filing		
Veh No: <b>SL 5603 Y</b>	E-mail (w/old 4hrs, AIC 2hrs)		
D.O.A: <b>14/04/2019 11:30</b>	I-Motor Claim Form		
OD <b>(TP)</b> 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/Whsp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>SL 9152 P</b>	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 ( )		
<input type="checkbox"/> Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair. <input type="checkbox"/> 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: _____			
<b>1801902703</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engi-In-Charge): <b>ASD 0</b> Address: _____ Tel: _____			
		1) AR: 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 Parallel parking (INC Only, (ref 10 Jan 2007)) 6) TR: Re-inspection \$75 7) NI: Idio DA + SMRT Survey \$160 8) NTUC Additional Services: ON: • NI: Courtesy Car / TP Allowance \$1 • NI: Repair Coordination <b>28080829</b> \$10 • NI: Post Repair Inspection \$25 • NI: DV / Collect Excess Coordination \$5 • TP (NI): TP (NI) INC \$10 9) NI: Idio Mobile \$30 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	15/04/2019 17:48
Date Of Accident	14/04/2019 11:30
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5603Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIAM SIHAN LYNN MRS LYNN LOI
NRIC No	S8230948I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92223326
Alternative Phone No	OTHERS-92223326

### Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	2100505694-02
Cover Note Number	

### Driver

Name of Driver	CHIAM SIHAN LYNN MRS LYNN LOI
NRIC No	S8230948I
Date Of Birth	05/10/1982
Occupation	INDOOR
Date Of Driving Pass	07/12/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92223326
Fax Number	
Contact Number	OTHERS-92223326
Email Address	NOEMAIL

Address	491 YIO CHU KANG ROAD #03-07
Postcode	787078
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	CHAIN COLLISION
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	5
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)	3
Passenger 1	NAME: : LOI TSUAN YAO GENDER: : MALE
Passenger 2	NAME: : CALLUM LOI RUI HENG GENDER: : MALE

#### 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	SJJ9152P
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD711G  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
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

Date & Time: 15.04.19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15.04.19

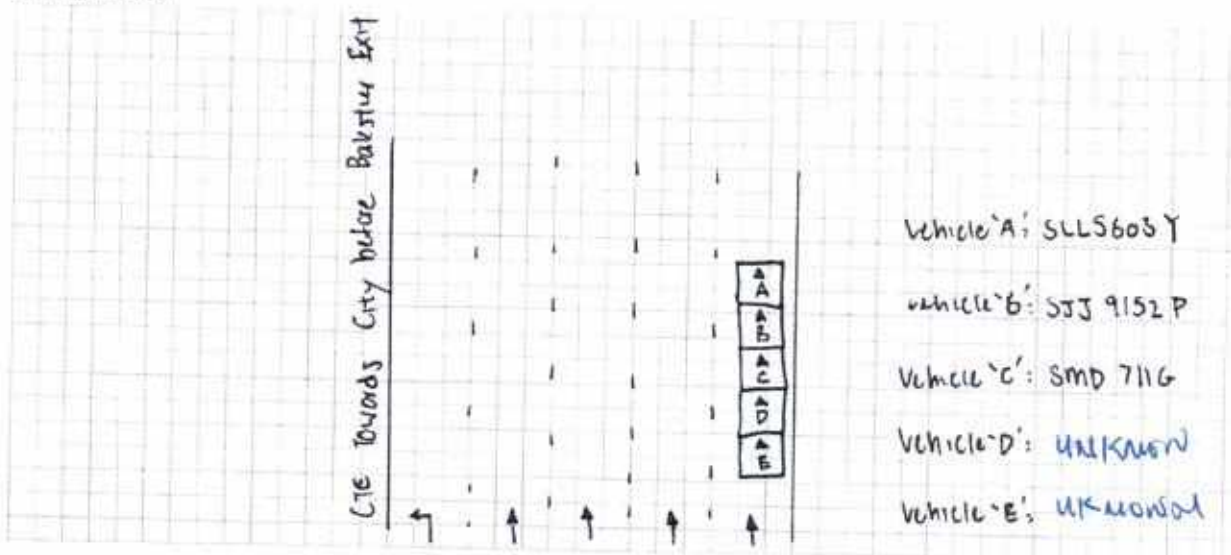
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/04/2019  
Rashid Umar

# SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my designated lane along CTE towards city before balestier exit. The vehicle in front of me came to an abrupt stop and hence i followed suit. I was able to stop in time without hitting the vehicle in front of me but i felt an impact whilst coming to a stop. I got down from my vehicle to realised that i was involved in a 5 car chain collision. That is all.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 15-04-19

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 15.04.19

  
 Reporting Centre Personnel's Signature  
 Name: PSK  
 NRIC/FIN No.: 150620019

Ref : WGV 19000 830

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 14/4/2019 (dd/mm/yy) Time of Accident: 11:30 (24-HR-FORMAT)  
Vehicle No.: SLL5603Y Vehicle Make & Model: MAZDA 2  
Exact location of Accident: CTE CITY BEFORE BALESTIER ROAD  
Policyholder's Name / IC No.: Chiam Sihan Lynn S82309481I  
Driver's Name / IC No.: (As Above) ☒  
Driver's Contact No.: 92223326 Company Contact No.:  
Driver's Address: 491 YIO CHU KANG ROAD #03-07, S(787078)  
Insurance Company: AIG Email address (if any):

**Relationship between Owner & Driver:** Owner or Others specify:

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**No. of Passengers (Including Driver):** 3

**Passenger Name:** LOI TSUAN YAO / S8029663J

**Passenger Name:** CALLUM LOI RUI HENG / T1607078A

**Gender:**

**Gender:**

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station:

**The Other Party(s) Details:**

1. Driver's Name / IC No.: Vehicle No: SJJ9152P (B)

Driver's Contact No.: Insurance Company (If any):

2. Driver's Name / IC No.: Vehicle No: SMD711G (C)

Driver's Contact No.: Insurance Company (If any):

\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a woman

License Number: S82309481

Name: CHIAM SIHAN LYNN

Birth Date: 05 Oct 1982

Issue Date: 15 Jul 2003

Barcode: 000663988G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S82309481

Portrait of a woman

Name: CHIAM SIHAN LYNN  
MRS LYNN LOI  
唐思涵

Race: CHINESE

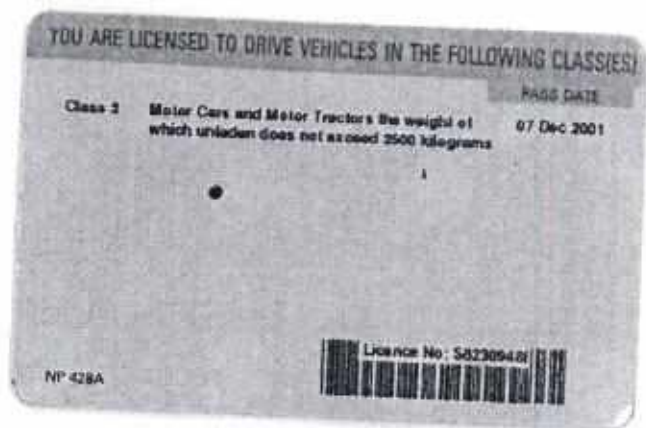
Date of birth: 05-10-1982

Country of birth: SINGAPORE

Sex: F

Identity Card No: S82309481





## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Chiam Sihan Lynn Mrs Lynn Loi  
**Period of Insurance** : 28 Feb 2019 To 27 Feb 2020  
**Engine No.** : P520348513  
**Chassis No.** : MM6DL2SAAGW196901

**Vehicle No.** : SLL5603Y  
**Policy No.** : 2100505694-02  
**Endorsement No.** :  
**Issued Date** : 13 Jan 2019

### ABOUT THE COVER

**Make/Model** : MAZDA 2 1.5 SKYACTIV

**Engine Capacity/Tonnage** : 1,496.00 CC

**Driver Restriction** : NA

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2017

**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 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.

**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)

Chiam Sihan Lynn Mrs Lynn Loi - \$600 (Own Damage)

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

1 Trans Eurokars Pte Ltd Add: 27A Tanjong Pagar Road, Singapore 069042 63310608

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](http://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**: OCBC Bank 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).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

AUTOMOBILEAPP