

NATIONAL Assessment Centre Services. [ver 1 Jan 05].

NA1902816

Date In: 18/04/2017 15:40	Job description	Date & Time Completed	Done by
Ref No: NBR/0661900694717	SAS e-illing		
Veh No: SMH 7000B	E-mail (w/ job sheet, AIC sheet)		
U.O.A: 18/04/2017 11:10	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (With/In OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: YN 1758X	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 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:	Completed by:	Done by:

NA1902816	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$40.243
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	Forfeiting against INC Only (ver 10 Jun 2005)	
Tel 1:	6) TR: Re-inspection	\$75
2/3:	7) NI: Idco DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OID	\$1
	* NI: Courtesy Car / TPR Allowance	\$1
	* NI: Repair Co-ordination	\$18
	* NI: Post Repair Inspection	\$23
	* NI: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non-INC)	\$28
	9) NI: Idco Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

FOR:

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	18/04/2019 15:40
Date Of Accident	18/04/2019 11:10
Exact Location Of Accident	ALONG TOH YI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7600B
Insured/Policyholder	
Name Of Registered Owner	LIM OI LAI (LIN AILI)
NRIC No	S7418396D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98578322
Alternative Phone No	OTHERS-98578322

Vehicle Particulars

Manufacturer	MAZDA
Model	6
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	1900011523
Cover Note Number	

Driver

Name of Driver	PAU CHEE MENG
NRIC No	S7582815B
Date Of Birth	19/03/1975
Occupation	INDOOR
Date Of Driving Pass	26/03/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98578322
Fax Number	
Contact Number	OTHERS-98578322
Email Address	NOEMAIL

Address	BLK 922 JURONG WEST STREET 92 #08-41
Postcode	640922
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

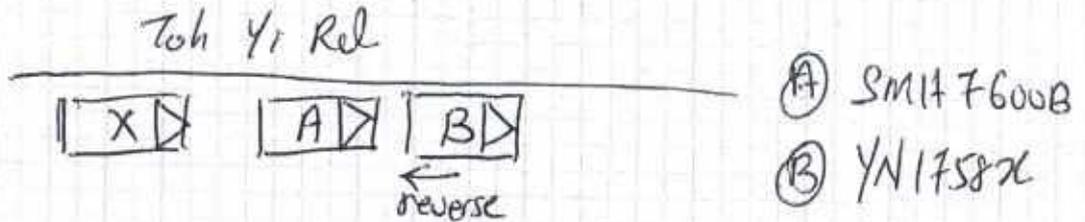
Attachment(s)

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	YN1758X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH SE CHAP
NRIC/Passport Number	
Contact Number	98765873
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, my vehicle was parked at the said location. I was taking my things from the boat. Suddenly I heard beeping sound in front of my vehicle. I saw a lorry reversing towards my vehicle. I try to alert the lorry (veh B) but veh B continue to reverse and collided onto my vehicle front portion.

Note: Veh B wanted to settle privately. Therefore I file this as Reporting Only. In the event private settle not proceed, I will revert to 3rd party claim

DECLARATION

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

Policyholder's Signature
Date & Time:

X

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

18/09/2019

Reporting Centre Personnel's Signature
Name: Rosli Luthar
NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18/04/2019 (dd/mm/yy) Time of Accident: 11:10 (24-HR-FORMAT)

Vehicle No.: SMH7600B Vehicle Make & Model: Mazda 6

Exact location of Accident: Along Teh Yi Rd.

Policyholder's Name / IC No.: Lim Oi Lai / S7418396D

Driver's Name / IC No.: Pau Chee Meng / S7582815B (As Above)

Driver's Contact No.: 98578322 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 922 Jurong West St 92 #02-41 S(640922)

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer 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?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 0 (parked)

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

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' 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: Goh Se Chap Vehicle No: YN1758X

Driver's Contact No: 98765873 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7582815B



Name

PAU CHEE MENG

潘志明

Race

CHINESE

Date of birth

19-03-1975

Sex

M

Country of birth

MALAYSIA

85017



NRIC No. S7582815B



Nationality

MALAYSIAN

Date of issue

22-09-2003

APT BLK 022 JURONG WEST STREET 02 #08-41
SINGAPORE 640922

NRIC No: S7582815B

Date: 07/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7582815B**
 Name: **PAU CHEE MENG**

Birth Date: **19 Mar 1975**
 Issue Date: **20 Mar 2004**

001162830H

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	26 Mar 2003
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Mar 2003

NP 428A

Licence No: S7582815B

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Oi Lal (Lin All)
Period of Insurance : 31 Jan 2019 To 30 Jan 2021
Engine No. : PE21250976
Chassis No. : JM6GL1072K0311289

Vehicle No. : SMH7600B
Policy No. : 1900011523
Endorsement No. :
Issued Date : 13 Feb 2019

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
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 "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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 109) 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 - \$400 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Oi Lal (Lin All) - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 099042 83310808.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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. 109), 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

89CA90