

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MA 119 051902

Date In: 22/4/19 15:43	Job description	Date & Time Completed	Done by
Ref No: MA1A1619007046164	SAS e-filing		
Veh No: SKK 6813T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/4/19 09:00.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLE 5982 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 repair.

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

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

Remarks: (INC Routine 07/08/06/0)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( ) Actions: ( )

NA1902880

Client Particulars:	Invoice No: NA1902880	And (55) (55) (55)
Driver/Owner:	1) AIC: Accident Reporting (\$30)	30.00
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming at least INC Only (see 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (N-in INC) against INC \$20	
	9) N12: Idan Mobile 20	
	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	22/04/2019 15:43
Date Of Accident	21/04/2019 09:00
Exact Location Of Accident	BEDOK NORTH AVE 3 TWDS BEDOK RESERVOIR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6813T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN JIANYE
NRIC No	S8223790I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98276983
Alternative Phone No	OFFICE-98276983

### Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE COUPE CABRIOLET 2.0L CVT ABS D/AB
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	2100339330-05
Cover Note Number	-

### Driver

Name of Driver	TAN KIM HUAT
NRIC No	S2146516Z
Date Of Birth	01/10/1949
Occupation	INDOOR
Date Of Driving Pass	08/12/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98276983
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	17 TAMPINES AVE 8 #01-28
Postcode	529602
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	3
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)	2
Passenger 1	
	NAME: : KANG YOKE LIN
	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 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	SLE598Z
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	SMG6900Y
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

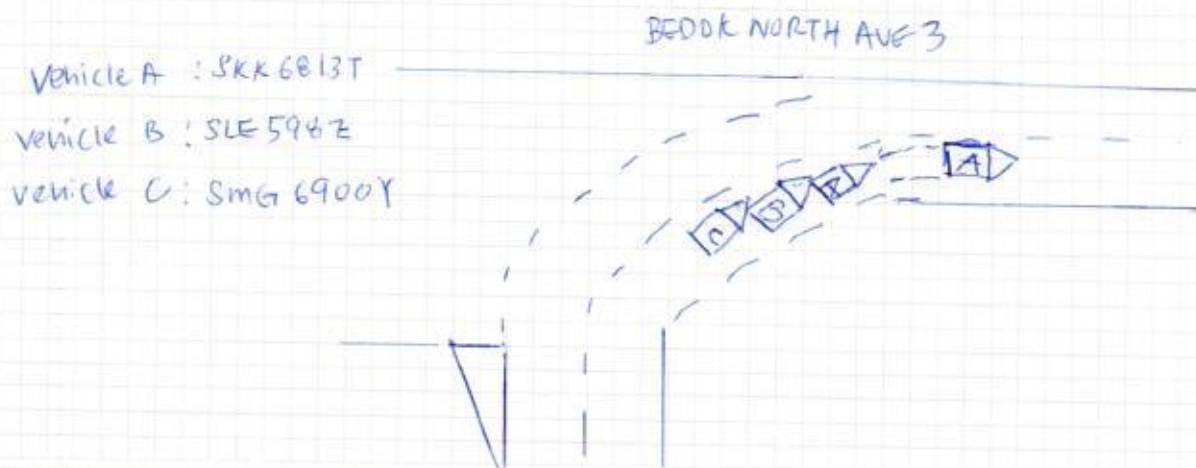
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I vehicle A was travelling on  
 Bedok North Ave 3 after exiting from PIE Tuas Bedok North Ave 3  
 EXIT heading towards Bedok Reservoir Road. I felt a huge  
 impact from the rear and stopped the car. I alight and  
 realised vehicle B has collided onto my vehicle rear portion.  
 we taken pictures and exchange details and left.

## 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 : 21/04/2019 Accident Time: 0900 (24-HR-Format)  
 Accident Place : BEDOK NORTH AVENUE 3 TOWARDS BEDOK RESERVOIR  
 Vehicle No. (Car Plate No.) : SKK 6813 T Make/Model: RENAULT MEGANE COUPE CAB  
 Insurance Company : AIG Policy No: 2100339330-05  
 Owner or Company Name / IC No. : CHEN JIANYE S82237901  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : TAN KIM HUAT S2146516Z  
 DRIVER'S Date Of Birth : 01/10/1949 DRIVER'S License Pass Date 23/08/2014  
 Relationship of Owner & Driver : Spouse ☒ Parents ☐ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 17 TAMPINES AVENUE 8 #01-28 (S21602)  
 DRIVER'S Contact No./ Alt No. : (1) 9827 6983 2) \_\_\_\_\_  
 DRIVER'S Occupation : ☒ INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : jychenjianye@gmail.com , limsokhwee@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): 02  
 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): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLE 598Z</u>	Vehicle No: <u>SMG 6900Y</u>
Vehicle Make/Model: <u>TOYOTA ALPHARD</u>	Vehicle Make/Model: <u>SKODA</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Kang yoke Lin  
female

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2146516Z



Name

TAN KIM HUAT

陳金發

Race

CHINESE

Date of birth

Sex

01-10-1949

M

Country of birth

MALAYSIA

S2146516Z

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S2146516Z

Name:

TAN KIM HUAT

Birth Date: 01 Oct 1949

Issue Date: 23 Aug 2014



002336902D





4744881



NRIC No. S2146516Z

Date of issue  
13-07-2011

17 TAMPINES AVENUE 8 #01-28  
SINGAPORE 529602

NRIC No: S2146516Z Date: 07/02/2019

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 03 Dec 1978



Licence No: S2146516Z

NP 428A

## WEARNES AUTO PROTECTOR (RENAULT) PRIVATE VEHICLE

Name of Policyholder : CHEN JIANYE  
 Period of Insurance : 08 May 2018 To 07 May 2019  
 Engine No. : M4RF713N181121  
 Chassis No. : VF1EZ1P0T47681227

Vehicle No. : SKK6813T  
 Policy No. : 2100339330-05  
 Endorsement No. :  
 Issued Date : 19 Apr 2018

## ABOUT THE COVER

Make/Model : RENAULT MEGANE COUPE CABRIOLET  
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2013  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

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.

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, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0 Den Damage - \$1600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

## Named Driver and Excess (where applicable)

CHEN JIANYE - \$1600 (Den Damage)

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

1 Wearnes Automotive Pte Ltd Add: 28 Leng Kee Road Singapore 159105 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6336 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: HITACHI CAPITAL(S) PTE 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).

0503484228

WEARNES AUTOMOTIVE - ECY (RP)  
 45 LENG KEE ROAD  
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Nile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSPNEU